

Sustaining the Container: Consulting to Therapists in Conflictual Terminations



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What a therapist needs from a supervisor/consultant

- Time – slow it down, notice feelings, talk it out
- Non-judgmental listening
- Balance advocacy for client and therapist
- Specific practical strategies
 - Informing, referring, negotiating boundaries



What else therapists need from a supervisor/consultant

- Address factors out of therapist's awareness
- Encourage non-defensive clarity about the therapist's contributions
- Hold the therapist so s/he can hold the therapeutic relationship to its closure
- Model R.I.C.H. relationship (Respect, Information, Connection, Hope) (Saakvitne, et al, 2000)



Five Components of Trauma Supervision

- Information about trauma responses
- Ideas about managing trauma adaptations
- Focus on the therapeutic relationship
- Safety to address countertransference and self of therapist
- Attention to vicarious traumatization and self care



Information about trauma responses

- Physiology of trauma & threat response
 - Fight, Flight, Freeze
- Attachment trauma and self capacity dev't
 - Capacity to hold internal positive other
 - Capacity to feel worthy of life
 - Capacity to manage strong affects
- Paradox of dependence in therapy
- Adaptations and symptom formation



Ideas about managing trauma adaptations

- **Strategies to:**
- manage physiological arousal
- strengthen self capacities
- negotiate relationships (RICH)
- manage symptoms -adaptations - collaboratively

Focus on the therapeutic relationship



- Assess attachment themes, alliance
- Transference and Countertransference
- Reenactment and developmental parallels and vulnerabilities
- Areas of primary vulnerability (Elkind, 1992)
- Parallel process



Safety to address countertransference & self of therapist issues

- Management of shame; *offer RICH*
- Therapist affect management – and physiological arousal; *resourcing*
- Assessment of vicarious traumatization
- Boundary negotiation; *support balance*
- Trauma transference/countertransference dynamics; *observe with understanding*

Attention to vicarious traumatization and self care



- Educate
- Recognize
- Address
- *Transform*



Common Reasons for Unplanned Terminations in Trauma Treatment

- Attachment – Abandonment issues
- Around therapist absences
- Around increased attachment or dependence
- Around shameful revelations



Reasons for Termination

- Need to control distance and closeness
- Locus of control with client
- Having a choice
- Resisting entrapment and helpless dependence
- Pacing



Reasons for Termination

- Self capacities and feelings management
- Overwhelm or flooding
- Pacing
- Titration
- Return to resources
- Strengthen self capacities



Reasons for Termination

- Reenactments – how to recognize and rework
- The Trauma Triad (Victim, Abuser, Bystander)
- Bad/toxic child identity
- Identification with the aggressor
- Fight, Flight, Freeze responses



Reasons for Termination

- Traumatic transference and countertransference
- Therapist as sadist
- Therapist as indifferent
- Client as terrorist/tormenter
- Client as insatiable



Termination: Management of Symptoms/Adaptations

- Use feelings skills to manage strong feelings
- When the termination is part of a destructive enactment (includes suicide threats)
- Frame the ending as part of the journey not a crisis; not all-or-nothing



Focus on the relationship as a therapy is ending

- Holding onto the good
- Link to past experiences of ending –and do it differently, if possible
- Therapies end; internal relationships can continue



Therapist's role and countertransference in ending

- How is it to let go? To hold on?
- Realistic self-expectations
- Therapist feelings about ending
- Personal history of transitions, leavings and losses
- Countertransference with this particular client – who is s/he to you?



Vicarious Traumatization and terminations

- How does this termination fit in the larger picture of one's practice and well-being?
- Overlap with other work trauma: law-suits, work conflicts, suicide(s)
- When VT impedes therapist's ability to rise to challenge of particular therapy



Summary

- Realistic expectations
- Compassion for self and client
- Honesty with self
- Being a part of the journey
- No therapist is right for all clients - or at all stages of their process
- Recognition of the complex and difficult task of these therapies



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