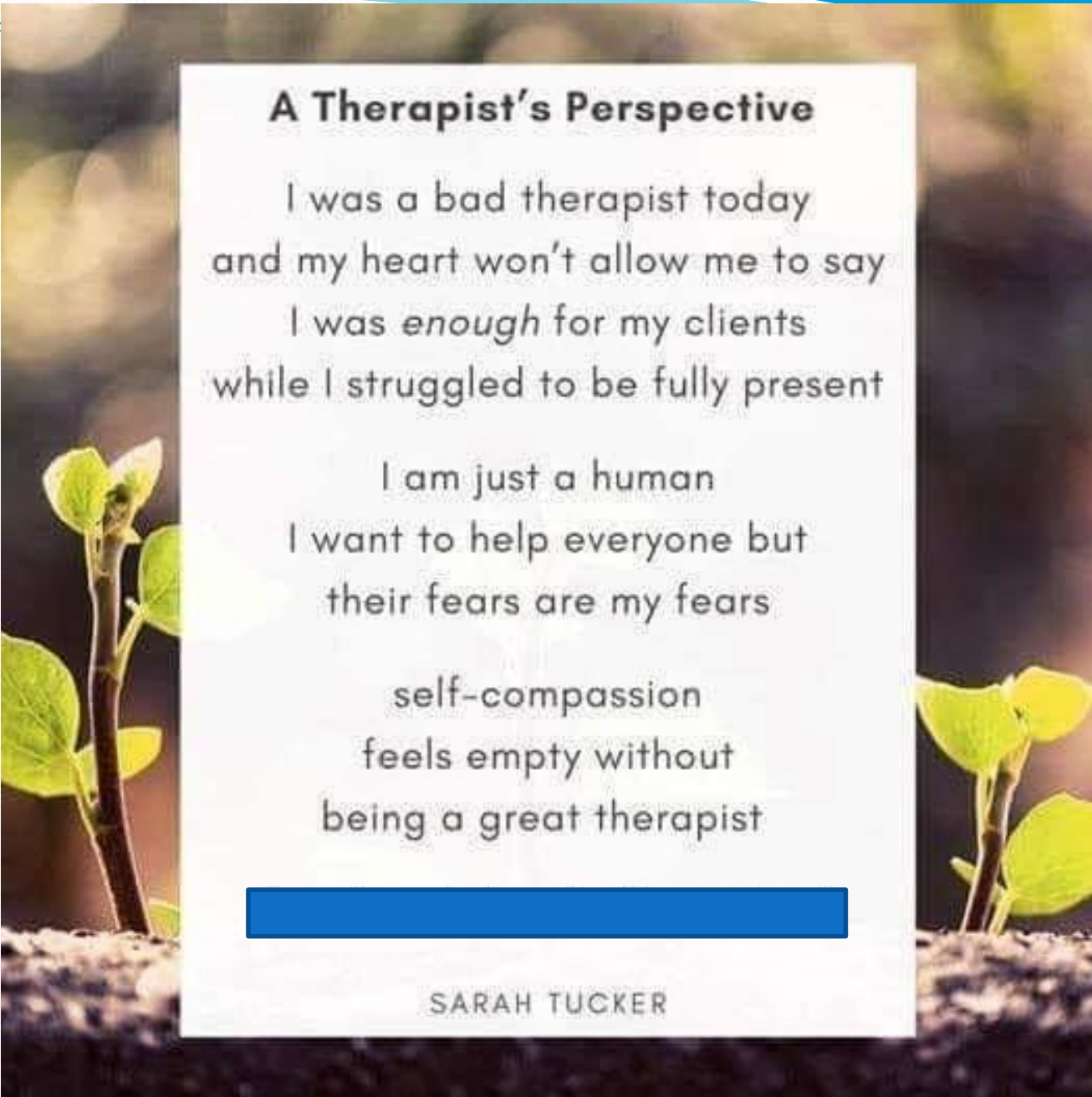




Taking it to “Third Space:” Uncovering Biases Through the Use of Selves

Shannon Kratky, MS, LPC, NCC, LCDC
Nancy Tamburo-Treviño, MA, MSW, LPC-S, LMSW, LCDC



A Therapist's Perspective

I was a bad therapist today
and my heart won't allow me to say
I was *enough* for my clients
while I struggled to be fully present

I am just a human
I want to help everyone but
their fears are my fears

self-compassion
feels empty without
being a great therapist

SARAH TUCKER



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(she, her, hers)

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Objectives



Participants will be able to list the processes involved in the concept of use-of-selves.



Participants will be able to explain the domains inherent in the Use-of-Selves Interdependent Model (USIM) and describe how these domains may impact unconscious and/or conscious bias.



Participants will be able to identify and then discuss which domain would most impact their clinical outcomes and prepare a “Discovery Plan,” to aid in managing unconscious bias responses.





***BLACK.
MALE.***

BLACK. MALE.

“Implicit bias is not a new way of calling someone a racist. In fact, you don’t have to be a racist at all to be influenced by it. Implicit bias is a kind of distorting lens that’s a product of both the architecture of our brain and the disparities in our society. We all have ideas about race, even the most open-minded among us. Those ideas have the power to bias our perception, our attention, our memory, and our actions – all despite our conscious awareness or deliberate intentions. Our ideas about race are shaped by the stereotypes to which we are exposed on a daily basis. And one of the strongest stereotypes in American society associates Blacks with criminality. This stereotypic association is so powerful that the mere presence of a Black face, even one that appears so fleetingly we are unaware of it, can cause us to see weapons more quickly – or to imagine weapons that are not there. The mere thought of violent crime can lead us to shift our eyes away from a white face and toward a Black face. And although looking Black is not a crime, jurors are more likely to deliver a death sentence to Black felons who have stereotypically Black facial features than to those who do not, at least when their victims are white. Bias can lead to racial disparities in everything from preschool suspensions to corporate leadership. And the disparities themselves then bolster our biases... Confronting implicit bias requires us to look in the mirror. **To understand the influence of implicit racial bias requires us to stare into our own eyes – much as the undercover police officer who found that he had been tailing himself had done – to face how readily stereotypes and unconscious associations can shape our reality. By acknowledging the distorting lens of fear and bias, we move one step closer to clearly seeing each other. And we move one step closer to clearly seeing the social harms – the devastation – that bias can leave in its wake. Neither our evolutionary path nor our present culture dooms us to be held hostage by bias. Change requires a kind of open-minded attention that is well within our reach”** (Eberhardt, 2020, p. 6-7).

Kevin



*Focus on anything beyond
the generic “Black male”
description ...
Remember what’s
distinctive ...*

What is Bias?

- Implicit (unconscious)
- Explicit (conscious)

“The social categories we use to sort people are filled with beliefs and feelings that may direct our actions....

Categorization can be a precursor to bias. We label the beliefs we have about social groups ‘**stereotypes**’ and the attitudes we have about them ‘**prejudice**.’ **Whether good or bad, whether justified or unjustified, our beliefs and attitudes can become so strongly associated with the category that they are automatically triggered, affecting our behavior and decision making.** So, for example, simply seeing a Black person can automatically bring to mind a host of associations that we have picked up from our society: this person is a good athlete, this person doesn’t do well in school, this person is poor, this person dances well, this person lives in a Black neighborhood, this person should be feared. **The process of making these connections is called bias. It can happen unintentionally. It can happen unconsciously. It can happen effortlessly. And it can happen in a matter of milliseconds. These associations can take hold of us no matter our values, no matter our conscious beliefs, no matter what kind of person we wish to be in the world....** People tend to seek out and attend to information that already confirms their beliefs. We find such information more trustworthy and are less critical of it, even when we are presented with credible, seemingly unassailable facts that suggest otherwise. Once we develop theories about how things operate, that framework is hard to dislodge. Confirmation bias is a mechanism that allows inaccurate beliefs to spread and persist.... [it] removes from view those facts that are uncomfortable, inconvenient, and incongruous to what we already believe and leaves us susceptible to ‘fake news’ that supports our preconceived notions” (Eberhardt, 2020, p. 32-34).

Bias

Implicit Bias

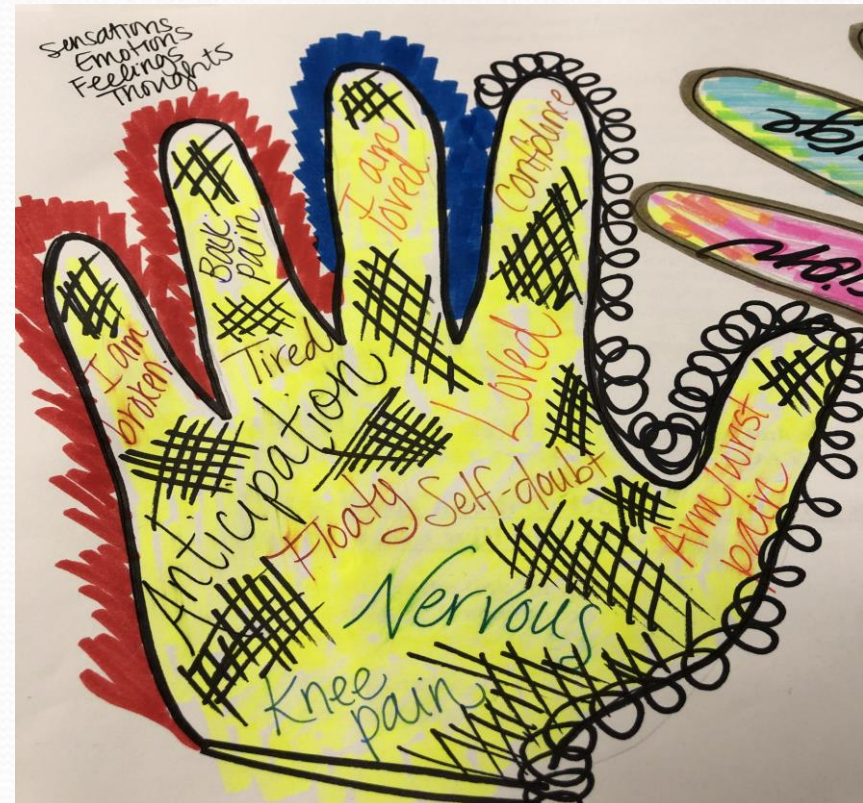
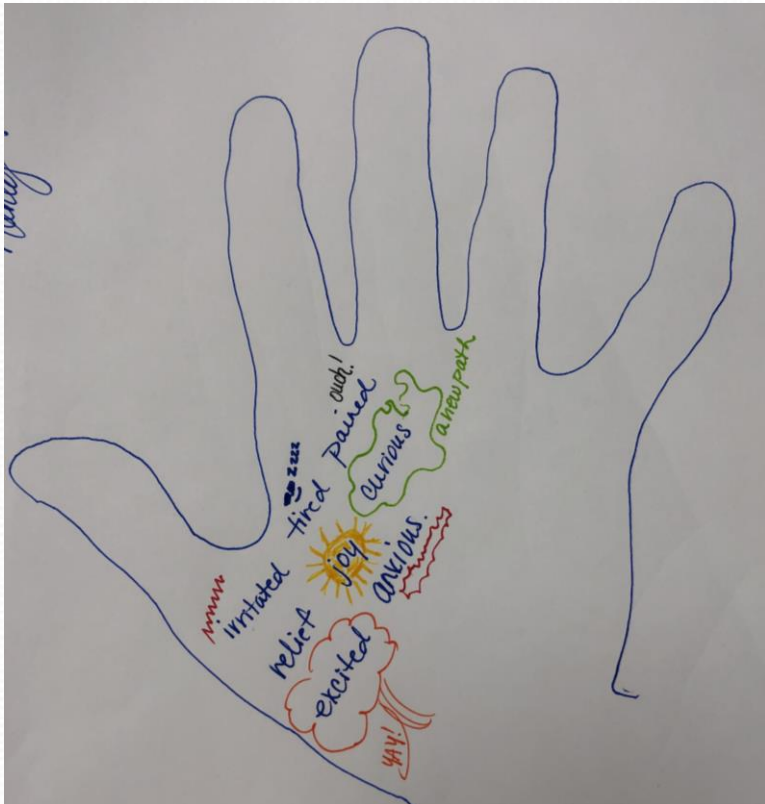
- “I don’t see color.”
- “I don’t care if you are pink, purple, or polka-dotted.”
- Spiritual or religious messages in counseling offices
- “Excuse me. Let me get out of your way.”
- “My client...”

Explicit Bias

- Uncle James
 - “Your life doesn’t matter!”
- “WLM”
- Overt racism, sexism, homophobia, ageism, ableism, classism, xenophobia, religious prejudice ...

“Value-Free”

- Some of us were taught to be “value-free” in our counseling sessions.
 - This is a MYTH.
 - We are not blank screens (Sleater & Scheiner, 2019).





Taking it to “Third Space:” Uncovering Biases Through the Use of Selves

The Quintessential Integrative Variable

- When reviewing research on what contributes to clients' perception of successful therapy, **the RELATIONSHIP established is the key contributor, NOT the therapeutic modality.**
 - “The quality of the client–therapist alliance is a reliable predictor of positive clinical outcome independent of the variety of psychotherapy approaches and outcome measures” (Ardito and Rabellino, 2011).
- Use of Selves is the **“integration of practice and theory...enacted in the worker-client relationship”** (Liechty, 2018).

“Third Space:”

Where the MAGIC Happens!



This idea is not new!

Yet, there is little empirical evidence to date.

Kegly (1975) stated, “**What we hope for ourselves, we transfer to those whom we seek to help**” (p. 8).

Haber (1990) spoke about “the **influence of our personhood** in the therapeutic system” and how counselors have to take “an **active part in the evolutionary process** of the therapeutic system” (p. 7).

Elkäim (1997) stated, “The meaning and function of the therapist’s feelings in the context of the therapeutic system are the **tools both for understanding the system and intervening in it**” (p. xxvi).

Robers (2010) shared about the “**inner conversation**” representing “observations and evaluations of client’s process, reflections about ...client’s story...therapist’s own experience...and “how the therapist can be helpful to the client” (p.159).

Aponte & Kissil (2014) said, “It is how we use these wounds that **makes the difference beyond technique in the human experience called therapy**” (p.152).

Definitions of “Use of Selves”

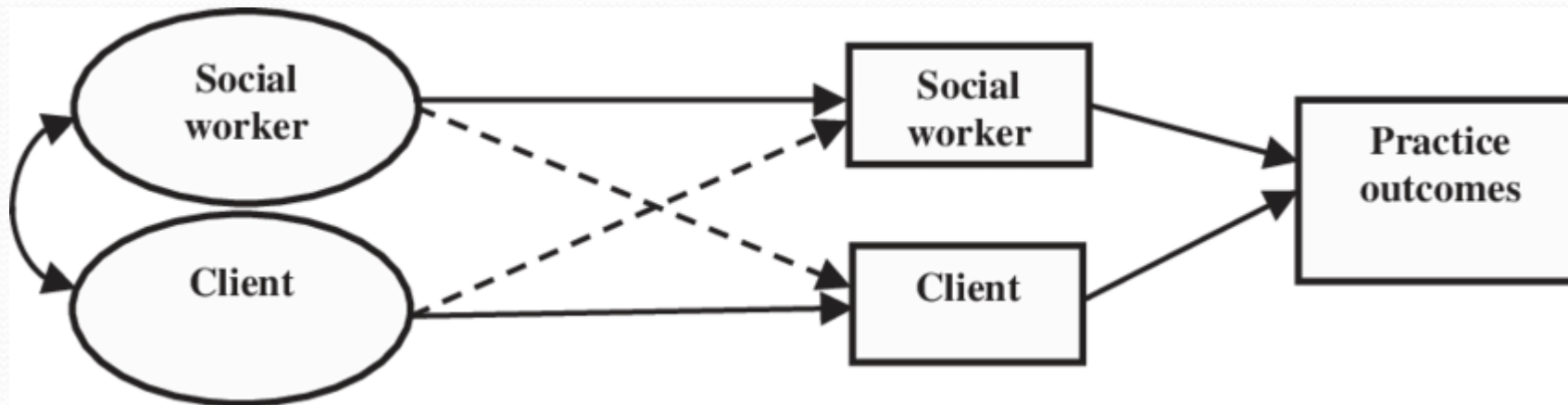
- There is not one definition of what “use-of-selves” means.
- Different theoretical orientations have established how “use of selves” is incorporated into the therapy session.
 - **Humanistic/Integrative** – Therapeutic relationships are “mutual, co-constructed, and intersubjective” (Sleater & Scheiner, 2019).
 - **Existential** – Our existence is relational and “we spend our lives in a state of being with others” (Sleater & Scheiner, 2019).
 - **Psychoanalytical** – The counselor and client are affected by the therapeutic relationship through “transference” and “countertransference” (Sleater & Scheiner, 2019).

No matter what model you work within, counseling takes place within a RELATIONSHIP.

Use of Selves Interdependent Model (USIM)

(Koh & Boisen, 2019)

- “Dynamic, interdependent, reciprocal process in which we interact with our clients (broadly defined), consciously and unconsciously, in the service of a common purpose that facilitates movement towards goals” (p. 338).



(p. 342)



Use of Selves Interdependent Model (USIM)

Domains and Elements

(Koh & Boisen. 2017)



Domain 1

Selves

Visual:

- Physical appearance
- Social identity categories (including acknowledgement of self and others)
- Kinesthetic (movement and touch)

Intrapersonal:

- Sense of humor
- Traits ("Big Five:" openness, neuroticism, agreeableness, conscientiousness, and extroversion)
- Values and beliefs
- Narratives, history (storytelling with no reference to counter-transference)



Domain 2

Processes

Interpersonal:

- Nonverbal communication
- Sympathy, empathy
- Paraverbal communication (use of tone, pitch, etc)
- Self-disclosure (to advance therapeutic goals)

Knowledge:

- Conceptual, didactic



Domain 3

Context

Critical Reflection:

- Internal thought processes and perceptions
- Relational and critical and analytical thought (beyond internal and individual and extend to include others)
- Transference
- Counter-transference

Contextual:

- Practice (setting and modality)
- Culture
- Power
- Ethics

What USIM is not...

- (just) self-disclosure
- (just) counter-transference
- (just) self-awareness
- (just) authenticity





Case Studies

Disclaimer:

Photos and case information have been disguised to protect the identity of the clients we serve.

Maria



(Getty Images, 2021)

What is **your** reaction?

- 41-year-old Hispanic, divorced female
- Entered substance use outpatient treatment after her 14-year-old daughter was caught smoking marijuana at school. The school counselor was worried the daughter had obtained the marijuana from his mom and thought it would be best to contact child protective services to further investigate. Mom had failed to show up to some meetings with the school counselor, stating she overslept or had to work. When she did come to the school, her eyes were glassy, red, and she was not very well groomed.
- Child Protective Services investigator determined that mom was not providing appropriate supervision and reported that mom screened positive for marijuana/THC use.

My initial reaction...

- *I'm curious if the school counselor asked Mom questions about how she looked? Was she sick? Stressed out?*
- *OMG! I have a 14-year-old!*
- *I need to ask her more about her own marijuana use.*
- *I'll bet this mom is trying to the do the best she can.*
- *I want to see what I can do for Mom to trust me.*
- *My gut says there is more to this story than what CPS investigator saw.*



Applying the Domains and Elements

- *I'm curious if the school counselor asked Mom questions about how she looked? Was she sick? Stressed out?*
 - Selves, Processes, Context
- *I need to ask her more about her own marijuana use.*
 - Processes--Knowledge, Conceptual regarding substance use
- *I'll bet this mom is trying to the do the best she can.*
 - Context--Culture, Power
- *OMG! I have a 14-year-old!*
 - Selves--Social identity as a mom of a 14-year-old
 - Processes--Critical reflection—countertransference
- *I want to see what I can do for Mom to trust me.*
 - Processes--Nonverbal and Paraverbal Communication, Empathy
- *My gut says there is more to this story than what CPS investigator saw.*
 - Context--Contextual--Culture, Power



Amy

- 21-year-old Caucasian, transgender female (AMAB)
- Presented to outpatient counseling services to “deal with a ton of trauma”
- Lives with a friend and her friend’s family and reports minimal contact with her family of origin
- “My family is super-Christian and super-conservative. When I told my dad I was gay, he told me he was going to beat my face in because no man that looks like him could be gay. We don’t talk anymore. They don’t even know I’m trans.”
- To the first session, Amy wore sweatpants, t-shirt, tennis shoes, and a hat.
- To the second session, Amy wore torn, stone-washed jeans, a polo shirt, and high heels.
- “I sit in this place of they/them and androgyny. Pronouns don't mean that much to me. As long as you treat me with the decency and respect of a human being.”

What is **your** reaction?



(Getty Images, 2021)



My initial reactions...

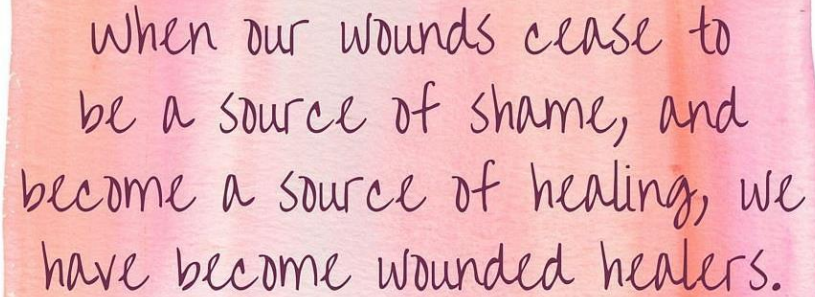
- *WHAT THE HELL, DAD?!*
- *And MOM! WHERE ARE YOU IN THIS?!*
- *Gahhh... sounds like my sperm and egg donors...*
- *How can I, a cis-gender female, prove my trustworthiness to this transgender woman?*
- *I have so much more to learn...*
- *Note to Self: It's about the relationship... It's about the relationship... It's about the relationship...*
- *She reminds me of Skye and Emily... Gosh, Self! Not all trans-identifying individuals are the same... My privilege is showing again...*
- *She only has one leg shaved. That's interesting.*

Applying the Domains and Elements

- WHAT THE HELL, DAD?!
 - *Domain 1 (Selves): Intrapersonal – Values and Beliefs*
- And MOM! WHERE ARE YOU IN THIS?!
 - *Domain 1 (Selves): Intrapersonal – Values and Beliefs*
- Gahhh... sounds like my biological parents...
 - *Domain 2 (Processes): Critical Reflection - Countertransference*
- How can I, a cis-gender female, prove my trustworthiness to this transgender woman?
 - *Domain 1 (Selves): Visual – Social Identity Categories*
- I hope she saw the LGBTQIA+ sign in the waiting room....
 - *Domain 3 (Context): Practice (Setting and Modality); Culture*
- I have so much more to learn... I feel nervous!
 - *Domain*
- Note to Self: It's about the relationship... It's about the relationship... It's about the relationship...
 - *Domain*
- She reminds me of Skye and Emily... Gosh, Self! Not all trans-identifying individuals are the same... My privilege is showing again...
 - *Domain*
- She only has one leg shaved. That's interesting ... and one more leg than I have shaved...
 - *Domain*



We are Wounded Healers



When our wounds cease to
be a source of shame, and
become a source of healing, we
have become wounded healers.

Henri Nouwen

debbyhudson.com

(Hanshew, 1998; Nouwen, 1979; Sedgwick, 1994; Stone, 2008)

Applying the Domains to the Therapeutic Relationship

- Our clients get **who we are TODAY**, flaws and all... **NOT** who **we aspire to be...**
- **How many of you have bought something "as is?"**
 - "As is" denotes that the seller is selling, and the buyer is buying an item in whatever condition it presently exists.
 - The buyer is accepting the item "**with all faults**", whether or not immediately apparent.
 - These faults could be referred to as our biases, negative and positive that we carry, unconsciously or consciously.



Creating Your Discovery Plan

When you notice patterns, these are referred to as **signature themes**.

- No shame, no blame ... We **all** have them. They are universal.
- Our themes impact our clinical decision-making daily (and moment-by-moment!)
- It is important to have supervisory and collegial relationships for consultation and personal and professional development.
 - Not just “in your circle” ...

Signature themes are typically...

- Lifelong struggles that shape our relationships with ourselves and others.
- Not specific events in our lives
- Numerous
- Developed in your environment (nurture), under particular contexts you experienced.

Signature Themes – Underlying Core

- Most common themes include:
 - Need for control.
 - Lack of self-worth.
 - Fear of being vulnerable.
 - Fear of rejection.
 - Connect us to our emotional vulnerabilities.
 - Are **ACTIVE** factors that get triggered when we work with clients.

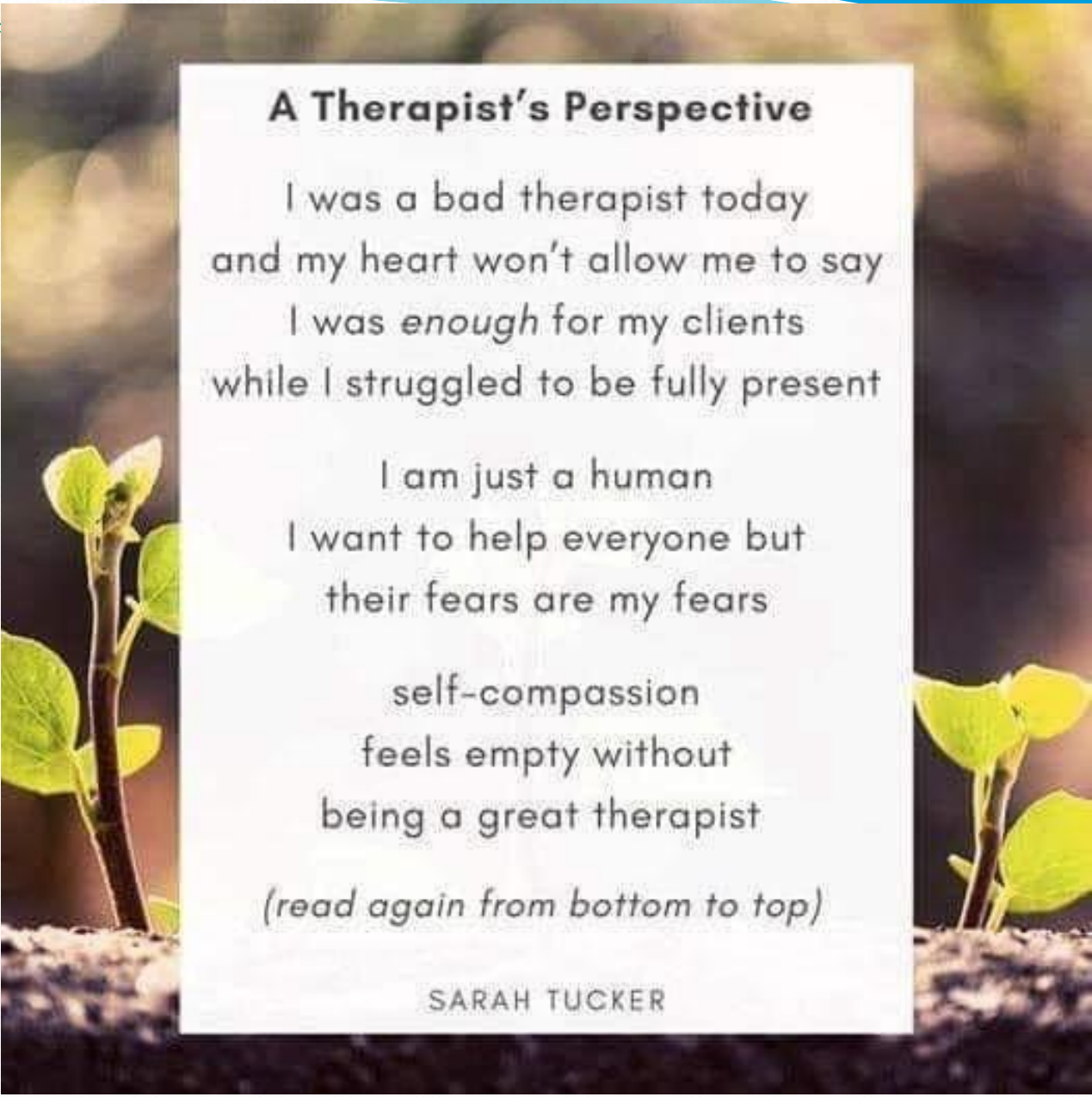
It doesn't matter how many signature themes we have. ..

- It's how we pay attention to them.
- Discern when we're triggered.
- How we use them to facilitate our counseling sessions.
- After all, it's all relational.

Examples of Signature Themes...

As you read these, think about how these themes could affect your counseling relationships...

- “It’s hard for me to stay in my emotions and be vulnerable. I ask more thought questions than feeling questions of my clients.”
- “I am always thinking the worse. I can’t enjoy the good things but always waiting for the worst to happen.”
- “I am afraid that I am alone or will forever be alone.”
- “I’m afraid to be vulnerable. Vulnerability is weakness.”
- “I don’t trust other people. Especially CPS.”
- “Rejection is my main problem.”
- “I am inadequate, not good enough.”
- “I don’t belong in this profession... I’m the ‘crazy’ one.”
- “I have low self-esteem.”



A Therapist's Perspective

I was a bad therapist today
and my heart won't allow me to say
I was *enough* for my clients
while I struggled to be fully present

I am just a human
I want to help everyone but
their fears are my fears

self-compassion
feels empty without
being a great therapist

(read again from bottom to top)

SARAH TUCKER

References

- Aponte, H. J. & Kissil, K. (2014). "If I can grapple with this I can truly be of use in the therapy room": Using the therapist's own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy*, 40 (2), 152-164.
- Aponte, H. J. , Powell, F.D., Brooks, S., Watson, M.F. Litzke, C. Lawless, J, & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, 35, 381-394.
- Ardito, R. & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology*, 2, 270.
- Brenner, G. (2020, January 26). How therapists use the self during therapy. Retrieved April 09, 2021, from <https://www.psychologytoday.com/us/blog/experimentations/202001/how-therapists-use-the-self-during-therapy>.
- Elkaïm, M. (1997). *If you love me, don't love me. Undoing reciprocal double binds and other methods of change in couple and family therapy*. Northvale, NJ: Aronson.
- Flaskas, C. (1997). Engagement and the therapeutic relationship in systemic therapy. *Journal of Family Therapy*, 19-263-282.
- Haber, R. (1990). From handicap to handy capable: Training systemic therapists in use of self. *Family Process*, 29, 375-384.
- Hanshew, E. R. (1998). *An investigation of the wounded healer phenomenon: Counselor trainees and their self-conscious emotions and mental health*. Dissertation Abstracts International. 58 (10-A), Apr 1998, 3846, US: University Microfilms International.

Papillon, K. (n.d.). Two types of bias. Retrieved April 09, 2021, from <https://nccc.georgetown.edu/bias/module-3/1.php>

Rober, P. (2010). The therapist's experiencing in family therapy practice. *Journal of Family Therapy*, 33, 233-255.

Kegley, J. F. (1975). *The Myth of Value Free Counseling*. Presented at the Annual Meeting of the American personnel and guidance Association (31st, New York, NY, March 23 -26, 1975.

Liechty, J. (2018). Exploring Use of Self: Moving Beyond Definitional Challenges. *Journal of Social Work Education*, 54(1), 148-162.

Nouwen, H.J.M. (1979). *The wounded healer*. New York: Image.

Sedgwick, D. (1994). *The wounded healer: Coutertransference from a Jungian perspective*. London: Routledge.

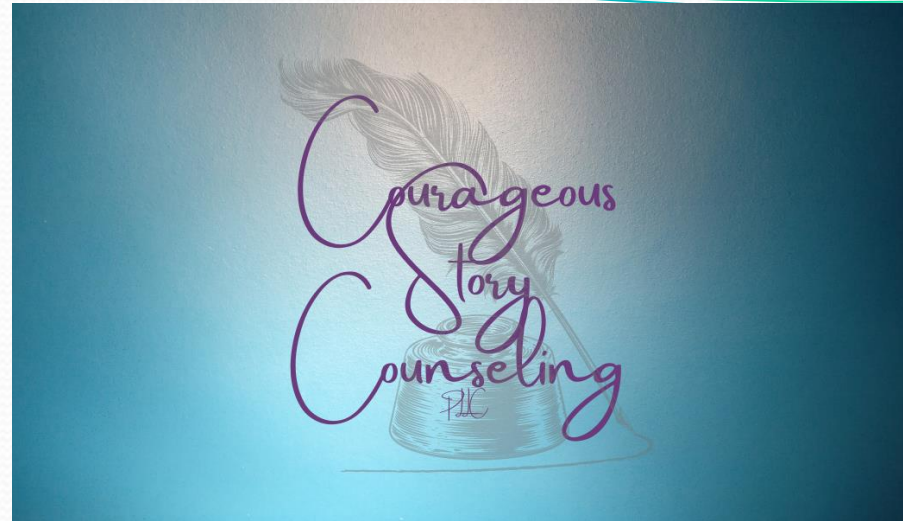
Sleater , A. M. & Scheiner, J. (2019). Impact of the Therapist's "Use of Self." *The European Journal of Counselling Psychology*, 8 (1), 118-143.

Stone, D. (2008). Healing: Exploring the circle of compassion in the helping relationship. *The Humanistic Psychologist*, 36, 45-51.

To watch Harry Aponte from Drexel University talk about POTT or “use of self,” go to:

- The Person of the Therapist Training Model Part 1 - Drexel University
 - https://www.youtube.com/watch?v=_y2-O1nXzB0
- The Person of the Therapist Training Model Part 2 - Drexel University
 - <https://www.youtube.com/watch?v=DBpcW7QRb5Q>

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