

Minnesota Women in Psychology

December 2003 Newsletter

Private Practice Group is Thriving!

The MWP Private Practice Special Interest Group has scheduled regular meetings through May 2004. These meetings will be taking place on the second Saturday of each month and will meet from 9:30 am until 11:30 am at the Black Bear Crossing at the Como Park Pavilion (the group previously met on the third Saturday of each month). The group continues to grow in numbers of participants who are either new in the private practice arena or have been in private practice and are considering a different path in their private practice career.

Everyone is welcome, whether new or seasoned. If you come, be prepared to be supported in your new venture by your MWP peers. Issues that have been discussed during the past meetings have included 1) the positives and negatives of incorporation; 2) marketing, public relations, and networking strategies; 3) insurance versus self pay clients; 4) billing and accounting options and considerations; and 5) sharing of experiences by the other members. Upcoming meeting dates are Saturday, December 13, January 10, and February 14. If you have questions, comments, or concerns, please feel free to contact Dawn Ulrich at dmulrich@chartermi.net or 507-351-2547.

— Dawn Ulrich

Notes From The Chair

Winter is upon us but Minnesota Women in Psychology is doing anything but hibernating. Committees are planning events, strategizing organizational growth and implementing supportive member services. The Steering Committee is also looking at dynamic measures to grow

the organization, ways to better meet member needs and creative ideas to build member loyalty and participation.

This month, the Steering Committee is looking for feedback on a possible way for MWP to more efficiently meet member needs and be more environmentally and economically conscious. Discussion is underway on making the newsletter available by email to MWP members and/or available on the MWP web site. Members would be given the option of having the newsletter sent to them through the mail or given the option of receiving the newsletter online. The Steering Committee is interested in how many members would prefer receipt of the newsletter online vs. paper copy through the mail. Please forward your preference of receipt of the newsletter, along with your feedback and ideas on this issue to MWP, mwp@mn.rr.com, 952-920-9606.

Minnesota Women in Psychology's membership renewal period is in full swing. We have heard back from many of you and appreciate your timely response in renewing your membership with MWP. If you have not already done so, please take the time to renew your membership today.

In health,

Heidi A. Sauder

Welcome New and Returning Members!

Heather Johnson

Mary Ann Meyer

Pamela Russ

Jessica Shallow-Miller

Constance L. Studer

Mary Louise Wise

PDC Update

The Personal Development Committee (PDC) is small, but mighty. We welcome Sara Gurganus to the PDC. Sara is a new MWP Steering Committee member and, already, she has been very active in helping the PDC coordinate planning for the Fireside Chat series, along with the Women's Division from MPA.

By the time you read this update, our first chat, "Therapists' Grief at the Death of a Client" will have taken place on November 20, 2003. We will recap the event in the next newsletter edition. At this time, the PDC is turning its attention to our second chat in the series. An initial conversation with our own Steering Committee member, Nili Sachs, has led us to another fascinating topic related to the therapist's side of the relationship. Nili will be sharing information on therapists' body image and how it impacts their work with clients. Additionally, she will be selling her recently published book *Booby Trapped: How to Feel Normal in a Breast-Obsessed World.*"

Planning for the second chat is beginning and we will be providing you with more information as the event draws near, in early 2004. We do look forward to bringing more quality programming in this series. There is clearly a need for interaction about these topics.

— Amy Swanson

Positions Available

Outpatient Psychologist: Southern MN private practice seeking therapist with interest and/or experience in treating eating disorders. Full-time position available for outpatient psychologist for general caseload with some assistance in Eating Disorder Program (to include individual, group and possibly family therapy). Please contact Lisa Franck at Mental Health Professionals, Inc. in Owatonna, 866-446-8123.

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Co-Occurring Disorders Therapist: Chrysalis seeks LP, PsyD, LICSW or CNS with 3 years post-license experience to work in new Co-Occurring Disorders Program. MI/CD experience required. Computer literate. 40 hours per week; \$33,000 - 38,000 with full benefit package. Some evenings. Send letter and resume by Nov. 7 to: Director of Programs, Chrysalis, 4432 Chicago Ave. S., Minneapolis, MN 55407. EEO/AA

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Mental Health Clinic Program Manager: Chrysalis seeks LP, LICSW, LMFT or CNS to manage large Rule 29 clinic. Supervision of clinical staff, budget and program development, contract compliance, limited direct service. Qualifications: 3-5 years management experience, 3 years post license clinical experience. \$48,000 - 55,000 with full benefit package. Send letter and resume by December 5 to: Director of Programs, Chrysalis, 4432 Chicago Ave. S., Minneapolis, MN 55407. EEO/AA

THANK YOU!

Thank you to all of you who recently renewed your membership in MWP! Regardless of your level of involvement with the organization, your monetary support is critical to the continuation of this vibrant women's organization. Your new membership directory should be in your hands by now; if not, contact the MWP office at 952-920-9606, or mwp@mn.rr.com.

Space Available

South Minneapolis: Newly built office available to sublet one-half to three days per week. Day, evening and weekend times available. Large waiting room and office, both furnished. Located at 4100 Harriet Ave. S., Minneapolis. FFI: Velma Wagner, 612-877-1436

St. Paul: Office space in charming, older building beautifully restored by architect/building owners. Prime location near 94 & 280, easy access to Minneapolis and St. Paul. Share a suite with six experienced private practitioners. Space available Monday, Thursday, Friday & Saturday, daytime and evening hours. Reasonable cost, fax, copier, ample parking lot. Available immediately. Contact Marianne Kelley, Psy.D., L.P., 651-645-8300, x-204.

A Good Enough Therapist

— by Amy Swanson

For a variety of reasons, I have been thinking a lot lately about my role as a therapist. In particular, I have been thinking about my effectiveness in this role. My thoughts have been gravitating towards this topic as I have been looking at the pressures imposed by the jobs I have held as a psychologist (or intern) since I began this process. Additionally, I have been reflecting on the personal experiences I have had especially over the last two years and considering how my professional interests have been evolving from those personal experiences. I am choosing to write about these concerns not only because they are of self-interest of late and are on my mind but also because they reflect what I hear other therapists are thinking and what we are dealing with in our work.

From my job experiences, it has been fascinating to see how often the term “accountability” gets mentioned. When I think of accountability, I think of it in terms of the personal responsibility that I encourage my clients to take in their lives—to own up to the difficulties they have created or participated in, to release themselves from the guilt and shame that their choices have caused, to take corrective action when possible, to enter more fully into their lives—and that I strive for in my own life. With that view, accountability is fluid and freeing, empowering and even exciting. However, the accountability that many organizations are touting seems to translate more into quantity,

production, numbers, and, only on rare occasions, quality. It seems to be used such that employees are guilty until proven innocent and the integrity of their work is doubted until there is some quantifiable way of demonstrating it, often within narrow definitions of success. Now, I am not bringing this issue up with any personal vendetta. I have never failed to meet the accountability standards set in front of me in any of my jobs. However, I still resent those standards because they tell only half-truths about this work we do. These standards may say I saw enough clients, that they were satisfied with the service provided to them, and their functioning improved, all registered on tidy Likert scales and expressed in means and standard deviations. The other half of the picture, the half that is usually neglected, is the quality—the richness—of the work we do with our clients, the relationships we establish with them. Though I get immense intrinsic reward and I value the richness of this work, I find it difficult to feel I am truly proving my effectiveness when I need to neglect this entire subset of data within the overall evidence I am required to provide. Moreover, I have had difficulty reconciling how I will maintain the rigid and limiting accountability standards at a constant rate when my own functioning cannot always, at every moment in my life, be maintained at that constant rate.

This brings me to my second line of thinking—the personal experiences I have dealt with over the past couple of years. I am nearing the second anniversary since my father died, so it seems like a natural time to be looking back at some of those things that continue to have an influence on me, personally and professionally. At the time he died, I had just moved to a new home and was a fairly newly licensed psychologist. Additionally, I had started a part-time job at a university counseling center and an almost full-time job at a mental health center, both within the month prior to his death. My life already had been in a state of flux, though those changes seemed energizing and were completely welcomed into my life. After my father's death, those changes seemed overwhelming. It felt like there were very few constants in my life. I felt torn between my own grief, the need to be there for my family, and between the need to have the presence of mind to organize my time away from my clients as well as thinking ahead to my transition back to work. I was faced with the choice of interrupting the ties I had established with a number of new clients and putting myself in financial risk if I chose to take a longer amount of time

off or of taking a shorter amount of time off, continuing to grow my case load in these new jobs during a time of great personal stress, and dealing with my concerns on my time. Knowing there would be personal and professional implications no matter which choice I made, I choose the latter and returned to work within a few days.

Not surprisingly, my frame of mind changed how I was with my clients during that time, both in positive and negative ways. On the positive side, I felt more in tune to my clients' distress and felt able to listen to, support, and validate their struggles so that they felt deeply heard and understood. Their feedback during that time reassures me of this. On the negative side, though I did not take cases specific to grief issues, several of my clients were dealing with some form of loss and I was not in a place to help them move very far in processing those losses, at least not for awhile. Additionally, it was a challenge to determine how much to disclose to my clients about my own experience. The clients who had the flow of their sessions interrupted because of my abrupt departure were informed of my loss by the office staff, in brief. Upon my return, some clients had expressions of sympathy, questions about the loss, and concerns about my welfare and about my ability to continue to work with them. Some did not. Generally, I followed the lead that each individual client set. I was aware that they needed to have their questions and concerns validated about how my personal concerns were potentially going to affect the work we did together. At times, I felt a need to provide more details than might be appropriate and, though I was able to keep those impulses in check (and to get them met elsewhere), I keenly felt the boundary lines drawn between therapist and client and questioned myself for the choice I had made to continue to work in the early stages of dealing with things. For the clients I met with for the first time after I had gotten back to work, I generally did not reveal any aspects of my recent loss.

As I was processing through the loss and finding my equilibrium again, I started thinking about therapists in crisis—all sorts of personal crises—and how that affects their work. Over time, I have become deeply intrigued by this topic and it has been driving some of my professional pursuits. I came to MWP this past May and joined the Personal Development Committee, discovering that there were plans to develop the Fireside Chats, a series of lectures and discussions which

will focus on many different aspects of the therapists' side of the relationship. I also have been reading up on the issues regarding therapists' personal life crises and hope to conduct research on some aspect of this topic. Much of the literature I have studied has to do more with impairment, incompetence, and unethical behaviors that occur during the time when therapists are in crises. What I am most interested in, however, has to do with the reasons that most therapists do **not** become significantly impaired. Though I acknowledge my working relationships with my clients did change when I was struggling the most, I was able to maintain my professionalism and continue to help them—at least to some extent—throughout that time, without causing any harm. It was not a problem to protect the main boundaries and ethics expected of me. I made no egregious errors in judgment and my professional functioning was not significantly altered. I was still present for my clients. But, I am not entirely sure why it is the case that I did not succumb to impairment. It likely helped that I had support from family, friends, and colleagues. I was tending to my personal and emotional needs when I was outside of work. Maybe work was a relief at times, as well—a break from my own cares. As most therapists will experience personal crises over the course of their work, and most do not succumb to impairment, I find the possibility of identifying the protective factors that keep therapists from harming clients, even when their own lives are in turmoil, to be absorbing and intellectually stimulating.

In the literature I have reviewed, there have been a few brief mentionings on therapists' personal crises and how those crises relate to the concept of being a “good enough therapist.” It is a concept that is an offshoot from Winnicott's views on the good enough mother. What it means to be a good enough therapist is that we can give ourselves permission to be human as therapists, to allow ourselves to be merely good enough at times, as to demand any more is to place too high a burden on ourselves and to trap us in inflexible expectations. We can consider it acceptable to be imperfect—but good enough—in our work with our clients, especially when our personal lives are disrupted. We can use our understanding of our own strengths and limitations in deciding how we can manage our work when we are emotionally raw ourselves. We can also give our clients enough credit to understand and deal with the very fact of our humanness.

In thinking and writing about all of these things, I am laying out the reasons that I dread being confronted with the word “accountability” when it is used by organizations in the rigid ways that I discussed above. When the concept of accountability is used in these ways it loses the humanity of the work we do and does not take into consideration how we, as part of the equation our clients’ change and growth, are not immune to alterations in our personal—and, thus, our occupational—functioning. It is invalidating, unrealistic, and shaming. Thus, on my little soapbox, I can balk at those things I find unfair. My writing about these issues is also a way for me to find my own internal sense of things. And I have come to find it absolutely amazing how the different paths of my life can converge into the same point and then, suddenly, it all makes sense. It reminds me that, as a therapist, the professional is never far from the personal—that the two are intertwined by design—and that it is no real wonder that I entered into this field.

Can We “Overcome Appearance” Obsession in an Obsessed Society?

Body image issues. My female clients talk about it all the time. They are mortified with the size of their chest. They don’t have a completely flat stomach. Their butts are too large. They are all a perfect size 6 or 8 or 10 or 12, but still consider themselves “fat”. They have curves in the wrong places, and to top it all off, their nose is too big. Sadly, for a number of them, it was one insensitive comment made in junior high by an ex-boyfriend, an angry friend, or naïve family member that keeps resonating in their heads, convincing them they don’t look good. I find myself getting frustrated that I can’t seem to help them get past that one devastating but incredibly reinforcing comment, no matter how beautiful they are.

On my college campus, every spring and summer signals the return of skimpy spaghetti strap halter tops paired with low-ride short shorts,

causing body image insecurity to run rampant even in the students who show up in my office dressed that way. My clients constantly compare themselves with half naked students on the way to class, while in class, when eating in the cafeteria, and walking back to their dorm rooms. As if that weren't bad enough, they turn on the TV and are barraged with television programs and advertisements filled largely with models. They go to the movies and read magazines and are assaulted with the same images. The media proclaims that women simply aren't good enough; we need to color our hair, lose weight, use anti-shine make-up, anti-aging cream, control-top panty hose, anti-wrinkle lotion, lipstick that lasts for 18 hours, and let's not forget that wonderbra to complete the impeccable appearance for those who don't wish to consider plastic surgery. I can't imagine this helps anyone feel better about their body, much less my students who live in a culture where parading around in as little as possible is the norm.

According to psychologist and author Joni Johnston, my clients are all suffering from what she calls "appearance obsession." She defines this dilemma as "a chronic, painful preoccupation with physical appearance." She goes on to explain that it is a normative coping mechanism for dealing with our society's insistence with achieving the perfect body, and commonly includes being overly concerned with self-improvement, having a negative body image, suffering from a "fragile appearance esteem" (one's evaluation of appearance being significantly influenced by outside factors and other's opinions), and feeling self-conscious in relationships (always needing reassurance from significant others that one looks good, feeling threatened and/or jealous by someone who is judged to be better looking, etc.).

Although this book was published ten years ago, I still find "appearance obsession" to be a very common presenting problem in my practice. As the students on my campus survive in a society where Ramen noodles and box macaroni and cheese reign, plastic surgery is usually out. So how does a girl get "the look"? I have found that several students who started out just not being happy with their bodies graduate to eating disordered behavior, and find further short term comfort in eating disorders as they continue their pursuit of perfection. What happened to the good old days when eating disorders were about girls and their interactions with their families? I would like to think

that restricting students from magazines that use air brushed creations as opposed to realistic bodies, encouraging movies and television programs that include a female cast of anything other than waifs, banning commercials dedicated to changing women's bodies, and strictly enforcing a mumu dress code would help combat this "appearance obsession." Since that is not likely to happen any time soon, I guess I'm just stuck with trying to get through to these girls before they start developing eating disordered behavior. Perhaps chasing them around campus to see the nutritionist, discouraging them from obsessively comparing themselves to fellow students (clothed or otherwise), and being mindful of media's messages will get through to them eventually, even if results aren't immediately apparent.

— Karen Much, Psy.D., LP

Reference:

Johnston, J. E. (1994). *Appearance obsession: Learning to love the way you look*. Deerfield Beach, FL: Health Communications, Inc.

For Your Information

*In this section, **For Your Information**, we print items of particular interest to women psychologists, MWP members, and women clients. Most of the programs listed here for professionals offer CEU's for psychologists, or have applied for them. Be sure to confirm before registering, if CEU's are important to you.*

Items for this section are limited to approximately 30 words; exceptions for that policy are made for non-profit organizations which serve primarily women (e.g., YWCA, Women's Consortium, Continuing Education for Women, etc.).

*A special service **for members of MWP** who are offering services, events: you may contribute items for **For Your Information** irrespective of whether the event is aimed for women. All other events (those which are not presented by MWP members) must be of particular interest to women in order to be included here. The Editor often uses her own judgment in determining if the event is of particular interest to women, e.g., events which address issues of families and children.*

Friday-Saturday **Thought Field Therapy**, Levels I and II combined. TFT works through tapping acupressure
December 5 – 6 points to elimi-

nate emotional stress in minutes. Self-administered, it empowers clients during sessions. Presented by Jill Strunk, Ed.D., LP, MWP member. FFI: 952-936-7547.

Professional Training Available

Sensorimotor Psychotherapy: For the first time in the Twin Cities, starting in February 2004, there will be a six-part Sensorimotor Psychotherapy training, which integrates both cognitive and somatic methods in the treatment of trauma. This training is for psychotherapist interested in integrating current neurobiological research on trauma and the brain into expediently effective and practical clinical applications that access the wisdom of inner body sensations. Limited enrollment. FFI: Sharon Koukkari, 952-830-1019, or Lisa Johnson-Taylor, 952-432-0046, both of whom have taken this training.

Client Groups/Classes Available

Psychomotor Therapy Group for men and women [Note corrected phone number]: Psychomotor integrates tracking the energy of the body, identifying inhibiting core beliefs, and closely tracking affect. Protective, comfort, and Ideal parent figures are role-played to offer a symbolic, healing experience of “how life could have been back then” had those kinds of figures been present in history. FFI: Julie Kogan-White, M.A., 651-649-2625.

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MySky: Overcoming Fear of Flying – monthly weekend seminar. This seminar includes psychological and technical information, a short commercial flight, a hangar tour and follow-up. Conducted by Julie Kenfield Ph.D., LP, MWP member, and Ruth Markowitz, M.A., LP, MWP member, and Captain Tom Roberts. For information call 612-871-3355, e-mail rumark@aol.com, or go to www.myskyprogram.com

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Recovering the Sexual Self: A Workshop for Heterosexual, Bisexual, Gay and Lesbian Couples, Friday, January 30 to Saturday, January 31. This workshop is specifically geared to couples where one or both partners have sexual abuse in their history. Workshop is overnight at the Creamery in Wisconsin. Limited to nine couples. Conducted by Ruth Markowitz, M.A., L.P., MWP member, and Jeff Brown, Ph.D., L.P. To register and for information call Ruth at 651-222-5457.

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10-week Mind-Body Program for Infertility. A program based on Dr. Alice Domar's Mind/Body Program to cope with the stressors of infertility. For any woman experiencing the stress of infertility (partners are welcome for some sessions). The program is approximately 30 hours total and begins **Saturday, January 3, 9:30 – Noon**. Instructor: Jeanette Truchsess, Ph.D., LP, MWP member. Register early as space is limited. FFI: Jeanette, 651-226-4704, or doctorjeanette@comcast.net.