Transference vs Countertransference

Self-awareness, therapeutic conflicts, and asking for help.

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Disclaimer

•I do not have any financial or commercial relationship relevant to the educational content of my presentation and/or in the planning of this educational activity.

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- Master of Social Work: LSU 2008 Licensed Master Social Worker (sitting for LCSW – Licensed Clinical Social Worker)
- Licensed Addictions Counselor
- Certified Group Psychotherapist (CGP) with American Group Psychotherapy (AGPA) – member since 2008
- Full-time with Palmetto Addiction Recovery Center over three years
- Owner of Voices of Recovery, LLC over three years (providing presentations to motivate clients, in-house education, keynote speaking, and private practice for addictive disorders providing individual and group counseling)
- LASACT member and Board Member
- Souldrama – Louisiana State coordinator
- Workaholic – According to my wife
- Sobriety Date: February 4, 2010

My name is Greg and I am an alcoholic (and I did lots of drugs, too . . .)

- Hospitalized 8 or more times with regularly having blood pressure at 205/165
- PEC'd – Four times with plan of suicide; one police intervention
- Two drinking careers with Residential Treatment: Five months (First admission in 2002) followed by nine months in sober-living totaling over three years of abstinence. Drank for another four years with a second residential Tx admission for over 50 days.
- Refused to file taxes from 1994 to 2001 (not recommended)
- History of entitlement, self-pity (victim), Betrayal Trauma (re-enforced self-pity), and high risk behavior

Objectives

- Identify difference between Transference and Countertransference
- Discuss Regulation vs Attachment Theory in both client and counselor
- Explore Boundaries: Enmeshment and Co-dependence with unskilled counselors
- Building Therapeutic relationship (Affect, Productivity, or Consequences)
- Professional Peer support (asking for help with client interactions and boundaries).

*All data/research with Regulation and Attachment in group setting is provided graciously by Judy McLaughlin-Ryan MFT of Los Angeles, CA, "Treating Co-Occuring PTSD and Addictions in Group"

DISCLAIMER #2

- I do not know everything there is to know about the neurobiology of PTSD, and/or ALL of Judy McLaughlin-Ryan's work . . . She is an amazing clinician and clinical member of American Group Psychotherapy Association (AGPA) and refer to her work:
- http://asrtherapy.com/
- Her research is used to support the necessity for a counselor's or clinician's awareness of self in facilitating groups.
- Thank you!

What is Transference?

Transference:

"In a therapy context, transference refers to redirection of a patient's feelings for a significant person to the therapist. Transference is often manifested as an erotic attraction towards a therapist, but can be seen in many other forms such as rage, hatred, mistrust, parentification, extreme dependence, or even placing the therapist in a god-like or guru status."

What is Countertransference?

Countertransference:

"is defined as redirection of a therapist's feelings toward a patient, or more generally, as a therapist's emotional entanglement with a patient. A therapist's attunement to their own countertransference is nearly as critical as understanding the transference."

- Multicultural Awareness and Skills culturally diverse population: in Group Practice:Corey
- Group counselors acknowledge that ethnicity and culture influence behavior.
- Group counselors consider the impact of adverse social, environmental, and political factors in assessing problems and designing interventions.
- Group counselors are aware of how their own cultural background, attitude, values, believes, and bias, influence their work, and they make efforts to correct any prejudice they may have.
- Group counselors respect the roles of family and community hierarchies within a clients culture.
- Group counselors inform members about basic values that are implicit in the group process (such as self-disclosure, striding for independence and autonomy, risk taking expressing emotions, directness in communicating, and trust in the group).
- Diversity consider individual's social identity including age, sexual orientation, physical disability, socioeconomic status, race/ethnicity, workplace role/ position, religious/spiritual orientation and work/ family concerns.

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TWELVE-STEP PROGRAM regulation and attachment

interoception, psychosomatic process of brain's influence on bodily functions and sensory input to the central nervous system/ visceral sensory psychobiology including internal organs in the abdominal cavity resulting in intuitive experience Cameron(2001) *INTEROCEPTION*

van der Kolk presentation 2007 Therapist as interoceptionist to activate effective action with those unable to ga*uge and modulate internal states* where futility becomes the hallmark of daily life. Ogden/ Minton (2000) integration of sensorimotor processing learning to be in here and now

Helps to know warning signs of desire to use addictive substances/learn to read internal states

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Regulation Theory

Optimum regulation between the self and others is directly related to the potential for reparative neurobiological experiences for those with PTSD/SUD. This leads to increased potential for improved secure attachment Experiences.

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Overview, PTSD, SUD similarities: attachment and regulation focus in group

- Co-morbid symptoms and areas addressed in group psychotherapy parallel, both are often present and treatment goals.

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Consequences of Symptoms in Group

- maladaptive appraisals and catastrophic thinking in reaction to a traumatic event. TRIGGERS OCCUR IN GROUP
- posttraumatic cognitions as negative self-cognitions, negative world cognitions, and self-blame cognitions/ cognitive-behavioral therapy and cognitive processing therapy, address these cognitions in therapy. GROUP OFFERS REALITY CHECK
- distorted blame of self or others for causing the traumatic event or for resulting consequences, and persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad." "The world is completely dangerous."). GROUP OFFERS PERSPECTIVE

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- regulation responses and attachment patterns compliment or implicate one another in treatment
- disorders of attachment result manifest in neurobiological impairments result in failures of self and or interaction regulation (Grotstein, 1986)
- Bowlby (1978, 1979) Main & Solomon(1986,1990)(Ainsworth, Blehar, Waters, &Wall, 1978) link between dysregulation /dissociation/dysregulation and attachment patterns of secure, insecure-avoidant, insecure resistent, disorganized attachment.(mp4)

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- GROUP BECOMES A FUNCTION OF BROADING THE MEMORY, WHILE EXPANDING A VARIETY OF EMOTIONAL-AFFECTIVE AND STATE REACTIONS. THIS EXPERIENCE DEPENDENT INTERACTION IS A PATHWAY TO INCREASED REGULATORY FUNCTION VIA THE RIGHT FRONTAL LOBE PROCESSING.

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Group As It Applies to Attachment Theory and Regulation Theory.

descriptions of affective-state responses that inhibit or promote closeness/intimacy vs. isolation, that increase interoceptive responses vs. reactivity, and containment within the group dynamic.

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Traits Secure Attachment

- Demonstrate ability to be Playful
- Trusting
- Mutually responsive
- Dependable relations with first caregivers
- Meaningful relationships that buffer from stress
- Feel emotionally connected

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Secure attachment cont.

- As adult helps face problems better
- Helps better navigate trauma if experienced
- Have some expectation those connected with will meet needs and they can reciprocate
- More likely to articulate feelings
- More easily show appreciation
- More easily show affection

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Insecure Attachment

Avoidant:

- Expressions of distress and affection were discouraged
- Learned hide feelings, block ability to know feeling
- Avoidant children learn to withdraw from social interactions
- Often feel discomfort sharing feelings, harbor mistrust of intimacy

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Insecure Attachment

Ambivalent:

- Not sure whether caregivers will provide comfort and reassurance needed
- Because caregiver unpredictable, child doesn't develop confidence needs will be met
- High levels of eating disorders, depression, and anxiety
- Addicted to potential (Miller, 2000) Souldrama

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Common Process Across All Groups

- UP and DOWN REGULATION is observed and experienced with other's. Path to self-regulation through other regulation.
- Awareness of the effects are explored with
- Diverse input, broadending understanding
- STRESS FROM PTSD: stress reaction, stress due to reaction, stress about anticipation of reaction
- STRESS FROM ADDICTION: absence of substance, got substance, preoccupation obtain substance. Withdraw, got, needs.

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Supportive 12 step group, process group, support group

- GROUP primary purpose to repair, support, heal, witness, observe.
- Regulation theory allows for the development of experience dependent dyadic and other oriented state to state, affective to affective, experiences to occur, which adjust, alter, and adapt the endocrine and nervous system.

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- affective-state responses that inhibit or promote closeness/intimacy vs. isolation, that increase interoceptive responses vs. reactivity, and containment within the group dynamic.

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Van der Kolk's (2006)

treatment that addresses

- **mindfulness regarding the integrated interoceptive experiences of body and mind**
- **opportunities for** interactive assistance **with regulatory responses that**
- **mobilize activation**
- **activation results in a safe place to go or run to this mobilization , based on awareness, is vital for those with cptsd(mp2/3)**

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- **Schore (1997) asserts prefrontal limbic cortex retains some plastic capacities throughout adulthood. Right orbitofrontal cortex and its subcortical connections detected in patients result psychological treatment**
- **Experience-dependent plastic changes in nervous system remain throughout lifespan**

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Enmeshment

- No Boundaries (diffused)
- Lack of Autonomy (self-sufficiency)

Co-dependence

- Highly (overly) empathic – and takes on feelings of another
- Controlling – a person's well-being is contingent on another's emotional stability
- "An absence of relationship with self" (Miller, 2002)

Unskilled Counselor

- Overly empathic
- Unhealthy and unprofessional boundaries due to unchecked subconscious relationship/roles demonstrating enmeshment and/or co-dependency.
- Co-dependent – Finds deep needed and almost compulsive desire in connecting to client (often results in romantic relationships with client). How does this Harm the client? How does the client continue to harm others due to a counselor harming client?

Professional Peer Support

- Counselors work with supervisors to seek guidance when underlying emotions are recognized. However, many fear asking a supervisor for help with concerns of being inadequate and possibly judged by job performance.
- Many counselors form confidential professional peer support groups to explore attachments/regulations with their clients to better serve their clients without countertransference interfering with the healing process. American Group Psychotherapy Association.
- Many counselors work with individual counselors/therapists to further explore issues that may create a barriers to working with others.
- Souldrama – Founded by **Connie Miller, NCC, LPC, TEP., ACS**. Souldrama is a spiritually specific group approach using psychodrama that correlates with the 12-steps.

A Twelve Step Perspective – Tradition One

DO NO HARM

- Tradition One: (SHORT FORM) Our common welfare should come first; personal recovery depends upon A.A. unity.
- (LONG FORM) Each member of Alcoholics Anonymous is but a small part of a great whole. A.A. must continue to live or most of us will surely die. Hence our common welfare comes first. But individual welfare follows close afterward.
- Martin Luther King Jr. – "I sought my soul but my soul I could not see. I sought my God, but God eluded me. I sought my brother, and I found all three."

Further questions/references to this presentation to this PowerPoint can be addressed to:

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