

When You Feel Disorganized or Incompetent as a Beginning Therapist: What to do about it

We have a theory that once we have gotten our license that we “know what to do” and we have an identity as a “therapist.” The fact is, once out of school, we don’t always know what to do. We have begun a lifelong journey as perpetual learners. Further, we don’t “have” an identity, we are always developing as therapists, so our “identity”, or the symbol of who we are is always changing because we are always changing.

Every time we learn something new, it conflicts with our earlier learnings or assumptions. We go through a period of integration, which really means a period of disorganization as our usual way of working is shaken up. It takes a while for us to integrate new information and new techniques into our work and into our being. We start relating differently to ourselves and to our patients---if we are learning and growing.

Beginning therapists often approach me thinking there is something wrong because they are feeling overwhelmed or disorganized in their work and their identity. Nothing is wrong; something is right: they are growing and changing. The identity as a therapist in terms of how they work and how they are is changing rapidly. They thought of their identity and way of working as fixed, not realizing that we are always changing if we are growing. Normalizing this is necessary if therapists are going to learn to tolerate the anxiety of changing and growing.

The usual growth process for a therapist is an alternating series of experiences of integration, disintegration, and integration again, throughout the entire career of the therapist---if we keep learning. If we are not feeling periods of disintegration every now and again, we are operating according to fixed rituals, assumptions, and techniques. Learning something new requires us to change not only how we work but *how we are*. Growth as a therapist is not just technical or cognitive; it is also, if not primarily, personal. That’s why growth and change triggers anxiety. We are learning to face feelings, experiences, and relationship issues we avoided. And then we are learning to face those feelings, experiences, and relationship issues at ever deeper levels and more intense levels.

I remember years ago when a therapist consulted with me about how to work with her schizophrenic patient. When I suggested alternative ways of working with him, she replied, “That’s not how I am. I’ll refer him to someone else.” While I admired her integrity in referring the patient to someone else who might be more flexible, I was troubled by her statement, “That’s not how I am.” She had a rigid, defined symbol of who she was, and she equated that dead symbol with the living, changing reality of her being.

She didn’t realize that being a therapist means that we will repeatedly shed these “identities” as we discover new ways and levels of feeling, new ways of relating, and new experiences of ourselves. We discover that we are greater than the fixed ideas we

had. We discover that new interventions do not alter who we are; they reveal who we are beyond our former fixed ideas. Growth as a therapist requires that we let go of these exoskeletons in the service of our growth and in the service of the patient's growth.

In the early phases of our work as therapists, as we shed these old identities, we often feel like frauds: "How can I get paid like this when so often I don't know what I am doing?" The reason we feel incompetent in the early phases of our development as therapists is because we are! There is no way to learn everything we need to learn as a therapist when, at most, we get three years of partial psychotherapy training. The skills and the knowledge necessary to become expert as a therapist take far longer to develop.

Heart surgeons go through years of medical school. They watch surgeons do surgery. They assist at surgery. They begin easy surgeries and, with progressive mastery, go on to do more complex surgeries---all while being observed and assisted. And they have numerous videotapes of successful surgeries to view and study.

Therapists, even during graduate school training, are asked to see the most difficult patients with very little support. In effect, they are asked to do heart surgery in the first week of graduate school! No wonder students are scared. And no wonder beginning therapists feel incompetent. They are not being trained specifically in the skills they need to be effective. So they often feel as if there is something secretly wrong with them because they often don't know what to do.

To compensate for this, some beginning therapists use the defense of omnipotence. I remember a student in graduate school telling us, "I love doing family therapy with multiple families at the same time in the same room. It's like being an orchestra conductor: more trombones, more flute, less violin!" But the defense of omnipotence is no substitute for mere competence.

If you are a beginning therapist and are feeling incompetent, congratulations! You have good reality testing. You are right. You have a lot to learn. You need some good supervision and more training. Get some good books to study that will enhance your understanding and skill. You are on track. This is normal. You are at the beginning of a lifelong process of learning. You are not competent yet. But with time and effort, you can become better and better. And if you work at this long enough, you too will become an expert.

What should you do? Here is what I recommend.

1. Start videotaping your work. Even if you don't look at the videos, your outcome will improve.
2. Use the OQ-45 before each session. It cuts dropout rates down by 50% and it will alert you to when a patient is at risk of dropout. Then you can address any problems in the therapy ahead of time.

3. Get a good supervisor. If one supervisor is not practically helpful, try another. Most supervision, according to research, is actually not very good. So keep trying supervisors until you find one who is helping you become more competent.
4. Study books that will offer practical understanding of patients and practical skills you can put into effect right away. I recommend the following books to start with: *Co-Creating Change* by Jon Frederickson; *Maximizing Effectiveness in Psychotherapy* by Patricia Coughlin; *ISTDP* by Patricia Coughlin; *Resolving Resistances* by Herbert Streen; *Making Contact* by Leston Havens.
5. If you are working with primarily severely disturbed or borderline patients, in addition, you should continue with the following books: *Psychodynamic Psychotherapy with the Borderline Patient* by Otto Kernberg et al; *Dialectical Behavior Therapy* by Marsha Linehan.
6. If you want a book on why we do therapy, on our calling, read, *The Lies We Tell Ourselves* by Jon Frederickson.
7. View videotapes by master therapists. You can find videos on this website and I also recommend you view the videos available at the American Psychological Association Website. The videos show quite different skill levels. But even when you see videos of lower skill levels, you will be able to learn from by contrasting those videos with the ones with skilled clinicians.
8. Do the skill building exercises on this website.
9. Use the self-supervision article to guide your self-supervision each week.
10. When you go to conferences, go to presentations where master clinicians show videotapes of their work. You can read papers at home. You don't need to hear one. What you need is to see skilled work that you can learn from.