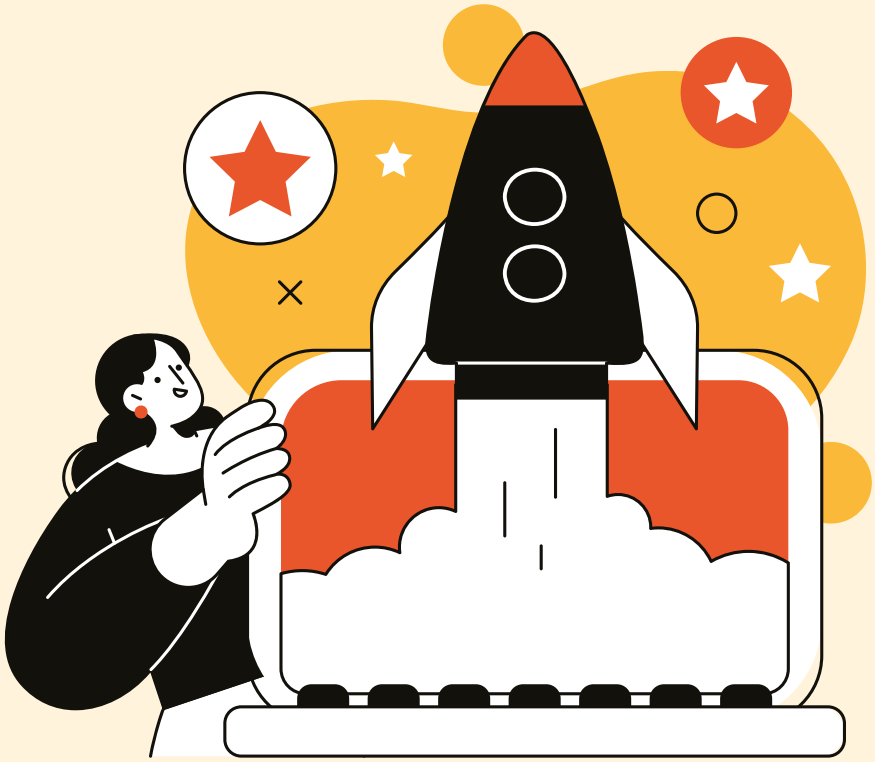

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Professional transitioning

Emma E Redfern argues that successfully incorporating a new modality into your practice can be a process of transitioning, not integrating

Like many therapists, I have taken advantage of multiple CPD opportunities since my initial humanistic integrative counselling training, and trained in eye movement desensitisation and reprocessing (EMDR), internal family systems (IFS) therapy, and a process model of supervision. The reasons for doing so included a love of learning, moving to more complex client work and wanting to upskill and gain as broad a reach as possible in fulfilling client requests for a specific modality.

Most of the practitioners I know who have undertaken postgraduate-level training in one or more psychotherapy modalities do so for similar reasons to mine. But how do we best accommodate being trained in multiple modalities? The experiences of my peers and supervisees show me that there are many responses to this question.

Some professionals will never use the new modality as such and just chalk it up to CPD fulfilment. Others will move on from a previous training and fully embrace the new modality, or take an eclectic approach, identifying as a therapist in the new modality while offering pretty much what they used to offer but with a few extras.

The rest will seek to integrate by holding multiple therapist personas alongside each other and offer discrete modalities depending on client request and suitability. Others may integrate aspects into an existing therapeutic approach,[1,2] perhaps using a framework such as pluralism to provide a structure.[3] This may mean calling themselves 'IFS- EMDR- trauma-informed', for example, if they integrate part of a training rather than embrace the whole.

In addition to grasping the new skills and keeping clients coming, it is important to make time to consider your practice rationale consciously and intentionally for yourself and in terms of how to present your practice.[4] As part of that consideration, I would suggest that practitioners consider the concept and practice of what I term 'professional transitioning'.

Defining transitioning

What differentiates transitioning from integrating? Transitioning and integrating both have in common that they can be considered processes of learning. As George Stricker puts it: 'Psychotherapy integration can be defined as an attempt to look beyond the confines of single-school approaches to see what can be learned from other perspectives.'[2]

Lapworth and Sills comment that we 'use the term "integration" to describe the bringing together of parts into a whole in the service of our work'.[1] There is built into integrating: combining, picking and choosing, then creating a new whole. Transitioning, on the other hand, involves learning a modality for its own sake and in its entirety or wholeness.[5]

Transitioning and integrating are both learning processes but with different outcomes and goals. As IFS psychotherapist, trainer and author Robert Falconer says: 'The initial question determines the entire course of the inquiry.'[6] I would suggest that a practitioner's initial approach to learning determines its entire course. If you approach a new modality as a way to learn some new things to integrate into an existing practice, the learning experience will be different than if you are trying to learn the new modality in and of itself. Understandably, professionals may not consciously consider in advance what their approach might be. Unfortunately, there is also little time in postgraduate training to devote to the practice and concept of professional transitioning or professional integration; space to do this is often found in supervision. For those professionals without any integrative training, this work can be especially difficult.

In terms of different ways of accommodating a new modality, transitioning has a flavour of metamorphosis and transformation, and an identity-level feel to it, compared with integrating.[5] I think of transitioning in terms of wholeheartedly, and with a beginner's mind, training in and, ▶

over a period of a few years, practising the new modality.

When integration is the goal from the outset, then it may be harder to fully commit to the new modality and much learning and practising may be lost. If integration is important to a professional, then I consider it is best achieved after a period of transitioning. Doing so might avoid the charge made by purists, according to Lapworth and Sills, who suggest that integration 'leads to an undisciplined spirit of translation which loses the subtleties and nuances of the individual approach'.[1] Transitioning may also help therapists avoid becoming what has been described as a 'role player', who 'wears a variety of psychotherapeutic mantles, but owns none and is usually truly comfortable in none'.[1]

Conscious transitioning

A literature search reveals little about professional psychotherapy transitioning, though I have come across research on medical professional transitioning. I seek to redress that absence somewhat with my recent publication, which highlights some principles common in successful and conscious transitioning - buying into the new modality (understanding its aims and key concepts); understanding the why, the what and the when of the new practices and differentiating between them; contracting and assessment within the new frame/lens; giving yourself time to transition; having therapy in the new modality as well as supervision; attending to the therapist-client relationship in the new modality as well as to the inner subpersonalities or parts of both therapist/practitioner and client.[5]

Having made the various transitions mentioned previously over the second half of my 20-year psychotherapy career I have learned much along the way about the process of transitioning. I have also learned much from supporting supervisees as they make their own journeys of transition. Professional transitioning is - and should be - complex, challenging, and demanding of conscious awareness and choice. It is aided by renewed attention to professional ethics and values. We need to take into account and somehow balance the needs of the various stakeholders potentially involved in transitioning.

Stakeholders include first and foremost the client who may or may not come with a request to work in a certain way, for which they may or may not have an easy affinity or within whom there may be a conflict about therapy. Add to that dynamic the therapy professional who may initially want to always use their new modality whether or not this aligns with the client's request and presenting issue or level of complexity or readiness - as the old saying goes, to someone with a hammer, everything is a nail. In addition, there may be expectations by training providers for therapists to complete several client sessions as part of training modules.

'Successful transitioning involves practising conscious awareness and choice in many areas including to which clients to introduce all aspects or some of the new modality'

I have also known therapists feel under pressure to use their new modality/hammer because, as their supervisor, that's somehow what they think I expect of them. And, of course, as wounded healers, the parts that want to alleviate clients' pain in the hope that it might relieve their own may push the new modality before the therapist and/or client is ready, which may not be in the clients' best interests.

It's important not to let desperation and the need for speed - on the part of the client and/or therapist - lead to poor choices. Potential client work is often seen as providing 'practice' of a training module. If you decide to transition to a new modality with an existing client, it's advisable to review the clinical assessment and your contract in the light of the new modality.

Complexity

Professional transitioning demands learning new skills, concepts and ways of being. In addition, because we are talking about postgraduate training, the new material, practice and expectations will rub up against, sit happily alongside or oust existing practices, concepts, expectations, and ways of being and relating. Transitioning as a way of learning is akin to a deconstruction and reconstruction not only of practice but of professional identity. But it's important to hold on to what you already know about being a therapist and creating a therapy relationship. Ask yourself what you can or should take forward with you into a new professional identity or offering if transitioning is where you are headed. Remember that therapy trainings are a start and can rarely cover all that needs to be learned, so expect to 'learn on the job'.

In the internal family systems literature, reference is made to 'fall-back parts' or 'hold-over parts' who may not want to forge ahead but stay comfortable with the known and familiar and with whom negotiations are needed.[5,7] That might mean asking yourself hard questions, such as what is my therapist identity now? Don't let your eager and excited parts import what you are learning into all existing client relationships, or lead to indiscriminate use of the new modality with every new client.

Successful transitioning involves practising conscious awareness and choice in many areas including to which clients to introduce all aspects or some of the new modality; how to market and position yourself; practicalities such as extending insurance cover if necessary; reconsidering practicalities such as length of appointments and contact in between sessions, for example.

At this point, it's about gifting to yourself what you give to others - normalise the emotions and thoughts coming up for you and your system, take back some control by planning how to acquire or hone the new skills, and validate without necessarily believing the stories that parts of you are telling. A good start can be to work with peers or clients with less complex needs/presentation to build confidence.

Ethical practice

Along my psychotherapy journey of transitioning, one constant has been my adherence to the BACP *Ethical Framework*; this provides me with a supportive level of 'holding' in the midst of professional change.[8]

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The ethical principle of 'Being trustworthy: honouring the trust placed in the practitioner' has meant that in times of transitioning I have preferred to declare my status to clients as 'in training'.[8] Parts of me value appropriate transparency and humility without forsaking professional authority and autonomy. My system also values the concept of and attempt at gaining a client's informed consent or, as much as possible, agreeing with a client on how we will work together.

With the increased availability of therapist trainings and CPD of varying standards, demand for therapists with certain training, online therapist directories with tick lists of modalities, there are increasing problems with and potential for misrepresentation and mismatching between client expectations and practitioner offering.[5] Therapists may promote themselves as using a modality such as IFS when the client may come to discover that their trusted professional does 'parts work' which is not the same as offering the whole IFS protocol from a place of therapist/practitioner self-energy, which the client may have been expecting and wanting.

As a supervisor, one of the fundamental values that I find can be challenged when a supervisee is learning a new modality is 'ensuring the integrity of practitioner-client relationships'.[8] In my view and experience, training in a new modality can be threatening to the existing practitioner-client relationship, as the new training is almost entering into a relationship of sorts, which means the existing therapy relationship now has a new member. Also, the new 'member' in the therapy relationship - the new modality - is often perceived as sparkling with hope, possibility, the promise of future success and transformation (in terms of drama triangle dynamics, the new modality is often unconsciously framed as 'rescuer').[9] How difficult might that be for an existing client to tolerate in their weekly relationship with us in which previously they had us all to themselves?

Self-care

Transitioning involves change, including losses as well as gains. As change agents for others, therapists can forget how difficult and uncomfortable change can be. Having become proficient and successful at one way of working, we may feel out of control and self-doubting as we return in a sense to being a beginner. Unhealed wounds from the past around education can resurface for attention adding fresh demands.

Petrūska Clarkson reminds us that psychotherapists are also people and, as such, we can experience 'the existence of internal conscious or unconscious conflict between different parts of the personality - however these may be conceived'.[10] Learning and practising a new modality are likely to stir up professional therapist parts with different views, for example, about 'following' the client compared to 'leading' the client by way of a protocol.[5] Parts can feel conflicted between loyalty to old ways of working compared to the new.

One of my supervisees, Fiona*, described dialoguing inside with a part loyal to previous ways of working. The part declares that its job in the inner world is to help the therapist look and feel good at her job, and this is under threat as she is currently not as skilled in IFS as she is in her original person-centred approach. After some inner negotiation assuring the part it will not be abandoned and that its skills are still welcome, the part agrees to trust the therapist, for now, as she leads her system in successfully transitioning to IFS therapy.

It can be lonely being a psychotherapist, and it can feel even lonelier than normal when you strike out into a new professional arena. Emotions can arise, such as loss, frustration, anxiety, imposter syndrome feelings, impatience, hopelessness. Finding a supportive community with whom you can grow and change, as well as suitable supervision for your changing modality, are vital. ■

*Name and identifiable details have been changed

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