



“If It’s Wednesday It must be Group Night”: A Case for Peer Consultation -Countertransference Groups throughout the Professional Life Span of the Psychologist

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I feel privileged to be a member of the psychology profession. I feel especially honored to practice psychotherapy. We psychotherapists are invited by our patients into the most intimate experiences of their lives.

The work we do is both meaningful and difficult. It is meaningful because we create a sacred space within which we help individuals cope with emotional pain and teach them more adaptive behaviors and healthier thinking. It is difficult because we are profoundly affected by the intensity of feelings and depth of emotions expressed by our patients.

In a therapeutic relationship we psychotherapists experience feelings in ourselves that are influenced by the feelings and behaviors of the patients we treat. Most theoretical orientations acknowledge that the relationship between patient and psychotherapist is a key variable in the process of change. Psychodynamic approaches emphasize the complexities of both the conscious and the unconscious dimensions of the therapy relationship. Transference is generally used to describe some form of redirection of patients feeling toward someone from childhood onto the therapist. Counter transference is commonly thought to be the conscious or unconscious reactions of the therapist toward the patient.

Psychologists are at risk for overwhelming anxiety, fatigue, loss of empathy, and the emotional depletion that can result. Prolonged exposure to difficult patients with traumatic histories predisposes us to compassion fatigue, vicarious trauma, and burnout. An understanding of counter transference can help us appreciate and cope with these uncomfortable emotional states. Social isolation, limited collegial support, and personal life stressors can intensify painful emotional states of psychotherapists. Chronic states of disequilibrium increase the risk of clinical errors and boundary violations which could result in ethical violations and have legal consequences. Emotional distress in the psychotherapist can increase the probability of less- than- satisfactory treatment outcomes.

For all of these reasons, peer consultation groups are invaluable because they provide social support, collegial learning and opportunities for personal and professional growth. They also give the therapist an opportunity to discuss complex cases, high risk situations and ethical dilemmas. Most important of all, peer consultation affords the psychotherapist a safe haven to discuss reactions to patients, as well personal issues that could affect treatment. Peer consultation groups focus on the mental health of the therapist by linking the therapist to a network of support encouraging wellness and self-care.

Twenty three years ago I was honored to be invited to join a peer consultation group founded by senior psychologist-psychoanalyst Stanford Perlman, Ph.D. Stanford started this group approximately 48 years ago after relocating to Phoenix from New York City. The group was called a “counter transference group” because Stanford believed that examination of therapist reactions to patients was the central ingredient of effective psychotherapy. This peer consultation-counter transference group has become the centerpiece of my professional and personal development. The group meets every Wednesday evenings (we do not meet during the summer months.)

The group is leaderless. Membership is stable and requires a long term commitment. Some members affectionately say – “group is till death do us part”- in fact, during my 20 years as a group member, two members have died. We continuously process feelings of sadness, grief, anger, and vulnerability arising from the death of these members.

Confidentiality is the rule. Our Wednesday night group typically has six to eight members and added new members when the need arises. Age range is from the fifties to the eighties. The range of ages is an asset to the group because members gain the benefit of life experiences from variety of adult developmental stages. At times we have met at each other’s offices, however for many years we have held our meetings at one members home.

The group comprises a mix of psychologists and psychiatrists. The psychiatrists have been especially valuable by providing education related to psychopharmacologic interventions. Two members of the group are graduates of psychoanalytic training institutes (one psychologist and one psychiatrist). All members have training and experience in psychodynamic psychotherapy. All members are respectful of a variety of theoretical perspectives and integrate cognitive behavioral as well as other evidence based approaches into therapy.

We begin group with a “check -in” at which each member gives a synopsis of his week and is free to present a personal issue or clinical issue that he would like discussed that evening. When patient dynamics are discussed they are reflected on by the group. We attempt to balance group process with individual psychodynamics and case material. We explore family dynamics. We address group issues such as competition, power, leadership and trust. The tone of the group is supportive with an emphasis on exploring conscious and unconscious processes both in ourselves and in our treatment of patients. We encourage discussion of clinical dilemma’s as well as ethical and legal issues.

Wednesday night “group” has been a major source of personal and professional support.

The experience has helped me cope with a number of personal stressors. My appreciation of the unconscious has deepened. I have a richer awareness of defense mechanisms. I honor and value the empathic connections formed in group. I have a clearer understanding

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of the importance of emotional safety. I can more deeply explore and understand feelings of vulnerability, fear, hurt, anger, sadness, shame and joy in myself and my patients.

Group has helped me address complex legal and ethical problems. Questions pertaining to mandatory reporting, assessment of danger to self and others, involuntary and voluntary hospitalization, and confidentiality have been addressed. The treatment of borderline personality disorder, addictions and erotic transference has also been explored.

Group has been a "holding environment" and a sacred space in which to feel and be understood.

I encourage you to form a peer consultation group. Our work as psychotherapists is meaningful and it also is difficult. Involvement in a peer consultation/support group is an essential act of self-care- and that involvement should be maintained throughout the psychotherapist's career. Peer consultation groups can help us fine tune the most important instrument in our psychotherapy tool box. -"OURSELVES"-

"It its Wednesday it must be group!"

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