

## WORKING WITHIN MY COMPETENCE



by Anonymous

I had worked as a counsellor for about twelve years before I went on my first training course by Carolyn Spring on dissociation. I had so many lightbulb moments that day, it felt like my brain was burning. But I was energised, inspired, encouraged ... and also very, very sad. Sad because for over a decade I had been completely ignorant of the major reason why so many of my supposedly 'difficult' clients had failed to move on. I had seen their contradictory responses and ambivalence as just the way they were – something that I couldn't do anything about, because they evidently 'didn't want' to move on. After being introduced by Carolyn to a trauma-informed perspective, and the workings of the mind in dissociation, I began to realise that I had quite horrifically sold these clients short.

At first of course I berated myself for being so inadequate. I never did have much

confidence in my ability as a counsellor, and it was only as time went on that I realised that many other counsellors feel as incapable as I do. Then I began to wonder if there is a wilful blindness to trauma, abuse and dissociation in the counselling world. I had done a fair amount of CPD and been part of several supervision groups, as well as receiving further input at the rape and sexual assault centre that I volunteered at, so it wasn't that I was hiding away in a cave. But so much of the time trauma – trauma as something that overwhelms our neurobiology and changes the way we perceive the world – didn't come into it. I'm ashamed to admit that I had seen many of my clients as being stubborn or lazy rather than traumatised.

After that first training, I became hungry for more, and I only lamented that Carolyn didn't run a 'frequent flyer' scheme. The training has really transformed the way



# WORKING WITHIN MY COMPETENCE



by Anonymous

I think, and the way I work – so much so that I look back on that first twelve years of my career and wonder what on earth I was doing. The last six years has been completely different, because rather than just trying to coax my clients into making better choices, I've understood that self-destructiveness might be their best attempt to soothe their dysregulated nervous system; that attachment and trauma bonds drive them to stay close to the very people who hurt them, no matter the cost; and that they are constantly hijacked by their survival-based back brains from making decisions that I or many other people would consider to be more 'rational'. It's been absolutely transformative for me, and therefore – I hope – for my clients.

I have been much more deeply involved with much more severely traumatised clients over the last few years. In retrospect I realise that clients hadn't felt safe to open up to me, and I'd had somewhat restrictive (and appalling) ideas about referring clients on if they dared to speak of anything beyond the basics. It was drummed into me during my initial training that we should always work within our competency, and so it felt the right thing to do – the ethical thing – to refer people on if they were outside my comfort zone. But I mistook 'comfort zone' for 'competency'. I was lazy: I didn't try to extend myself beyond my comfort zone, and to expand my competency. I assumed that I was just a standard counsellor and so anyone

with 'real' problems would be better off elsewhere.

I think I probably caused a great deal of pain to many of my clients because I imposed a glass ceiling on what they were allowed to talk to me about. I could come up with cognitive-behavioural strategies for managing their mild depression, their over- or under-eating, their anxiety, their self-esteem, their drinking, or their smoking, but I never saw any of these symptoms as attempts to regulate a nervous system which had been overwhelmed by trauma. I really did think that stuff that's in the past should stay in the past, and let's just focus on the present: let's just come up with a technique for dealing with the problem behaviour. I didn't let them talk about what had happened to them that had led to them to need to eat, drink, smoke and self-harm, because – if I'm honest – it scared me. I didn't want to open up a can of worms that I didn't feel competent to deal with. So I short-changed them, all the while justifying it in terms of my theoretical orientation.

But learning about trauma and dissociation changed everything. Suddenly, the guilt and incompetence that had limited my practice gave way to a bubbling sense of curiosity and excitement. This was why so many of my really troubled clients hadn't made much (if any) progress with me: the problem wasn't me (although my ignorance didn't help) and the problem wasn't them. The



problem was the effect the trauma had had on their nervous system and the way their brains had changed to protect themselves. It seemed utterly logical, and all of a sudden I didn't feel scared to ask the question, *What happened to you?* because I didn't feel scared to hear their reply.

Over the next couple of years, breaking through the glass ceiling that I had imposed so unconsciously on my clients, my clients went deeper than ever. I suppose I'd assumed that if really bad stuff had happened to people, they'd be really messed up by it, and they'd never really be able to get over it – so the only hope for them would be medication. They'd need to see a psychiatrist, not a bog-standard counsellor like me. I wouldn't have put it in those terms. It was just an unspoken belief that I had never consciously thought about or considered.

Through Carolyn's training my eyes were opened to the level of trauma that some people suffer. I was amazed to realise how logical their symptoms were in the light of it. Of course they wouldn't be able to sleep! Of course they were jumpy and hypervigilant! Of course they didn't trust anyone! It all made perfect sense. But what was a real shock to me was to realise that people like Carolyn, leading the training, have suffered unimaginable trauma and yet have not only survived but are thriving too. That just didn't fit my preconceptions. As she challenged us

on the training, would I be willing to take on someone like her, believing that she could recover, and believing that I could help her to? Prior to that first course, I wouldn't have thought that either would be possible.

I began to see my clients' symptoms in a different light. They didn't have an 'eating disorder' as something that just chances upon someone randomly. They didn't have 'insomnia' just because something had gone wrong chemically in their brain. They didn't have low self-esteem because they just happened to have that kind of a personality. For so many clients, these clusters of symptoms were a response to chronic, childhood trauma. They were attempting to regulate themselves and keep themselves safe from perceived or feared dangers. Their brains had just adapted to environments of continual threat. It was all so obvious: I couldn't believe that for twelve years in my practice I had failed to see it.

It felt like I was starting from scratch, and learning for the first time to really work with people. I had previously been afraid to work with people with 'complex needs' as I hadn't seen myself as sufficiently qualified. Certainly, there has been a lot to learn, and there is still much more that I need to know to be really effective. But I have been encouraged through the training to see my clients as human beings who have been hurt by other human beings, not as 'complex cases'. If all I can do is to



# WORKING WITHIN MY COMPETENCE



by Anonymous

offer a safe place and treat this human being with kindness and compassion, and 'do no harm' – by working in a safe, contained way according to a phased approach – then surely that's better than nothing? If there were a thousand 'experts' for me to refer onto, maybe that would be preferable, but the reality in my early work was that 'referring on' was a euphemism for 'drop'. The reality is that many of those clients, to my shame, never found anyone else to work with, and had their confidence and self-esteem dented by my rejection.

So I want this to be an encouragement to all the other 'bog-standard' counsellors out there, who don't think they're

good enough ('competent' enough) to work with people who have been traumatised: get on some training, read some books, get the right supervisor, and *do the work*. There are too many people needing our help for us to hide, like I did, behind our insecurities. My last few years, working with people who dissociate, even people with full-blown diagnoses of dissociative disorders, have been the most fulfilling work I've ever done. Yes, it's been challenging, and at times I've needed all the support and guidance I could get. But I've done far less harm to my clients by stretching myself than I did by referring them on to a vacuum. Get trained, get equipped, and get some confidence! •

