

Two Therapists with One Patient: A Model for Training and Mentoring Young Therapists as They Enter the Field of Psychotherapy

By Philip Chanin, Ed.D., ABPP, CGP

“The fashionable insistence on dramatizing the dependence of children on adults often blinds us to the dependence of the older generation on the younger one. Mature man needs to be needed, and maturity needs guidance as well as encouragement from what has been produced and must be taken care of. Generativity, then, is primarily the concern in establishing and guiding the next generation.” (Erik H. Erikson, *Childhood and Society*, 1950, pp. 266-267)

“As I came home with my Ph.D diploma to show my father, he said, “Son, I wish I could help you now, but I can’t. I don’t know anything about the practice of psychology. I only know one thing and that is that you didn’t learn how to be a psychologist in school. So, I’ll give you this bit of advice. Find someone, a well-respected psychotherapist and get with them and let them teach you how to practice. And don’t just talk to them one time. If you can, talk with them every day.” (David W. McMillan, Ph.D. “NPI: Where the Name Came From,” 2013)

Developing the Model

I have written this article in the hope of encouraging other seasoned NPI psychotherapists to consider engaging in the style of mentoring/supervision that I have been developing. My story begins in the fall of 2008, in a conversation between Jamie Kyne, Ph.D, who knew of my background as a Buddhist psychotherapist, and Mary Arwen, M.A., who had recently returned to Nashville after finishing a 3-year Masters degree in Contemplative Psychotherapy at The Naropa Institute in Boulder, Colorado.

Mary was wanting to begin her post-graduate psychotherapy training, including the necessary hours of both supervision and doing psychotherapy required for licensure as an LPC. In addition, she was wondering how she would manage child care for her two young twin boys if she did a traditional mental health center placement. Jamie suggested to Mary that she talk with me.

Mary and I met several times in November and December of 2008, talking about our educational and meditation experiences at Naropa (I had done my initial five-week Buddhist meditation training there in the summer of 1975) and discussing the possibility of Mary’s working with me. I decided to invite her to begin seeing some of my individual patients with me in my office in a co-therapy arrangement, along with providing her with 2 hours of weekly supervision.

I saved an email from Mary, as we began our work together, the second week of January, 2009: “I’m very excited about beginning all of this, and very glad and grateful that you’re taking me under your wing, providing me with so many opportunities, and

believing in me.” I began asking selected patients, whom I thought would benefit, if they would be okay with having a female co-therapist involved in their therapy. Perhaps surprisingly, rarely did a patient decline.

On January 12th, we saw our first patient together, and Mary began co-leading my men’s group that same week. By May, we were seeing eleven different patients together each week. In July, we began to see couples together, often with each of us seeing one partner for individual therapy, and the four of us meeting for couples therapy. Also in July, Mary rented the former office of John Waide, Ph.D, LCSW, on 17th Avenue South, so that she could begin to see patients there whom I referred to her.

As I look back at my supervision notes, I see the many aspects of private practice that we discussed. We would talk at length about the histories, dynamics, and course of psychotherapy of each of the patients whom we were treating together, in individual, couples, or group therapy, including transference and countertransference as well. I recommended books to Mary that have added to my growth as a therapist, by Elvin Semrad, Sheldon Kopp, Terry Real, and others. Mary would in turn recommend books to me, by David Richo and by her teachers at Naropa. We would discuss how best to utilize meditation and spiritual practice as an adjunct to psychotherapy with the patients we were seeing.

We would also discuss the nuts and bolts of private practice, including dealing with insurance companies, keeping track of tax deductible expenses, and such issues as how to screen patients and how to tell a particular patient that one is not the right therapist for them. Mary would sit in with me when I would do telephone case reviews, of patients whom we were seeing together, with insurance company case managers.

After two years, in January, 2011, Mary had fulfilled the LPC requirements for supervision and psychotherapy, and she completed a termination process with the patients we had been seeing together. I had the satisfaction of having helped her to launch her own private practice, and having played an important generative role in her professional life.

Refining the Model

This article is also very much about the wonderful serendipitous events that happen so often to those of us fortunate to be involved with NPI. Thus the second chapter of this generative journey begins with Zach Bryant, Ph.D., and his passionate interest in fostering group therapy training in Nashville. In August, 2011, he brought Jan Morris, Ph.D., to Nashville, from Austin, Texas, for an all-day group therapy event. One of the participants was Christina Oliver, M.A., whom I had not previously met. It was an enriching day of training, and the 15 of us there felt privileged to work with such a master group trainer.

I credit all of the NPI members who participated in bringing Nancy McWilliams, Ph.D., to Nashville in October, 2011, for the next step in my story. At one of the breaks during

Dr. McWilliam's presentation, Christina and I were talking about the group training we'd just participated in, and also about my NPI luncheon presentation on narcissism in 2010. At this time, I was about to start a 2nd Adult Children of Narcissist's women's group in my office in November. As Christina and I were talking, I decided to ask her if she would be interested in being my co-therapist for this group, and she said "Yes."

In mid-November, Christina and I started this women's group. As we prepared for the group, I learned that although she was working part-time at the Cumberland Mental Health Services in Hendersonville, she also needed additional supervision hours for eventual LPC licensure. After a few weeks of co-leading the group together, and now more confident in our teamwork, I invited Christina to also begin doing co-therapy and supervision with me in my office with individual patients and couples, in December, 2011.

In my work with Mary Arwen, I had asked selected patients and couples, whom I thought would benefit, if they would be interested in having a female co-therapist as part of their psychotherapy. As Christina would be working with me only on Friday's, I decided to say, to both existing and new patients who wanted to schedule with me on Fridays, "I will be working with a female co-therapist on that day. Would that be okay with you?" Almost everyone was willing to get two therapists for the price of one! As time went on, many patients requested to be seen on Fridays, so that they could work with both of us together.

As outlined above regarding my work with Mary Arwen, Christina and I would discuss in detail the histories and dynamics and course of psychotherapy of the patients we were seeing together, as well as many aspects of private psychotherapy practice. We would generally see seven patients together on Fridays, in addition to supervision. Often, when we were working with a couple, we would each see one member of the couple individually for a session, in separate offices, and then the four of us would meet for couples therapy.

In an email to me regarding this mentoring model, Christina wrote, "While there is much in the content and insight areas that is valuable, it's the quieter aspects of the (supervisory) relationship that really make the difference. Your encouragement, support, and belief in me have meant so much as I've worked to find my early identity as a therapist, and I am vastly better off right now than I would have been without that."

In February, 2013, Christina rented an office one day a week in order to see patients whom I referred to her, often for EMDR and/or psychotherapy. By April, she was needing two days a week. In September, 2013, she leased a full-time office in Dr. McMillan's building. She has now completed the required hours of supervision and psychotherapy, and has obtained her LPC license. The day after she moved into her full-time office, Christina wrote to me, saying, "I continue to feel very grateful to you for helping to pave a seamless transition for me from community mental health to private practice."

My own professional life has been greatly enriched by the process of helping both Mary and Christina to grow and develop as young psychotherapists, and to have successfully launched their own private practices. Most psychotherapists do all of their work alone. Having another psychotherapist in the sessions with me was both enjoyable and compelling. Like playing on a good doubles team in tennis, timing is also crucial in making interpretations and in sharing the therapist role. This process provides the opportunity, in the moments just after each session and in supervision, to compare our perspectives on what is going on clinically with each patient.

Christina has described her experience of working with me in this way in the following words:

“The experience of watching an experienced therapist work in real time, without the pressure of managing the entire therapeutic experience, was invaluable, and it was hard to come by in the academic and training environments I participated in. There is a big difference between talking about therapy and witnessing it in action, since there are so many subtleties and decisions made in each moment. Getting to discuss the thought process behind certain decisions Dr. Chanin made was very helpful and enlightening.

I learned that there isn't one “right way” to do therapy, and that trying things out, learning as you go, and making and repairing mistakes are okay. I learned that therapy can look very different from one client to the next, based on the client's development, personality, and needs. I learned from the way Dr. Chanin utilizes outside resources in therapy, sharing books, quotes, and recordings, as well as making referrals to a wide network of Nashville professionals to meet client's other support needs, such as life coaches, financial divorce specialists, lawyers, physicians, and other therapists.

I watched Dr. Chanin hold onto his professional self-esteem even after a difficult session, and was able to ask how he developed that ability. I learned that there is a felt difference between a supervisor or peer saying, “It sounds like you are doing good work with that client,” or “I think you must be a wonderful therapist,” versus a supervisor who was there in the room who can say, “Your instincts are good,” or “That work you did just then was nice,” or even sometimes, “I hadn't thought of that.”

For me, being a beginning therapist felt very vulnerable and sometimes terrifying, and I felt a tremendous pressure to know what I was doing, when I didn't yet have much experience to draw on. This model allowed me to gradually develop confidence in myself until I got to the point of readiness to proudly put my name on an office door and advertise myself as a “real therapist.”

Feedback from the Patients about this Model

Christina and I developed a questionnaire, which was completed by twelve (12) of the patients whom we have seen together. Eight were seen in individual therapy and there were also two couples, each partner being seen by Christina or myself individually along with the four of us meeting for couples therapy.

In the questionnaire, we asked about the patients' initial reactions when they were presented with the idea of working with two therapists simultaneously, what benefits and/or drawbacks they noticed in having two therapists in their sessions, and also about any general feedback they wanted to offer us about their experience.

In general, the patients expressed appreciation for such benefits as getting both a male and a female perspective on their issues, for having continuity in their therapy when one therapist had to be out of town and the other could hold the session alone, for hearing two different perspectives at times, and for the increased power a particular interpretation might hold when one therapist reinforced the view of the other. This last idea was expressed well by one patient who wrote:

“The experience of working with two therapists has helped me realize, when both of them are thinking and saying the same things about my situation in response to what I have said, that I really need to pay attention.”

There were no specific drawbacks noted, although the fact that the questionnaire was not anonymous could have discouraged negative feedback. Several patients expressed the opinion that the fit between the two particular therapists would be a key factor in whether or not they would recommend this model to others. They described ways that Christina's and my styles, backgrounds, and respective experience complemented each other well.

One of the female patients, who grew up with a narcissistic/borderline mother, had mentioned in a session that the fact that Christina and I worked well together and didn't argue with each other was a corrective emotional experience for her, as she had endured years of painful exposure to her parents' arguments and conflict.

A male patient, who was going through a wrenching divorce, said that it was especially comforting for him to feel the support of us both helping him through that very difficult period. He would sometimes joke about looking forward to the opportunity to consult with “his team” about a new development in the divorce process. Supporting the idea that two therapists can be better than one, one patient stated in the questionnaire:

“It has worked well for me. I really appreciate two helpful perspectives. For me, it is actually a testament to it being done well that it doesn't stand out as all that different to me. I think the best therapy (for me) is slow, thoughtful, low-key. Dr. Chanin and Christina have been insightful, kind, helpful, and resourceful. I appreciate having the chance to work with both of them.”

Fulfilling David McMillan's Vision

As NPI Founder David McMillan states, in the article quoted at the beginning of this essay, "Hans Strupp once told me that all good therapists write about their work. They read, reflect, and share with others what they are learning from their work with their patients." David also says, "I hoped NPI would be a community where others discovered their special way to love, nurture, and heal. And I hoped that a forum would develop where we could share the discoveries that emerged from our practices in Nashville. All this to say, I hoped NPI would feature and nourish our members to help them to put out their unique ideas."

I have written this article in the hope that the Nashville Psychotherapy Institute community can continue to expand the mission of mentoring young therapists as they enter the field of practicing psychotherapy. As David McMillan writes, "I hoped NPI would nurture these professional dyads of older, seasoned mentors/younger, new masters." I believe that those of us with years of experience have much to offer, and also much to gain, from this type of generative work. I believe that all of us in NPI can take pride in the mentoring roles our organization has fostered for many years, thus enhancing the quality of psychotherapy offered to our community.

Arwen, Mary. Personal correspondence. (January, 2009)

Erikson, Erik. Childhood and Society. New York: W.W. Norton and Company, 1950.

McMillan, David E. "NPI: Where the Name Came From," 2013.

Oliver, Christina. Personal correspondence (July, August, and November, 2013)

