

Reflections on Implementing the POTT Program in a Master's Clinical Program

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The person of the therapist (POTT) framework is a model of therapist training that can enhance clinicians' attunement and further clinical efficacy. In this autoethnography, two graduate school professors of colour detail their experience of implementing the POTT framework overlaid to academic work. This article presents specific arguments for the use of this model as it furthers therapist accountability and responsiveness. The model's advantages in clinical graduate training are also reviewed.

Keywords: person of the therapist, self of the therapist, clinical training, education, attunement, responsiveness

Key Points

- 1 The article offers a unique framework for the knowledge and development of the self of the therapist.
- 2 Universities can enhance ethical training opportunities for students in clinically focused programs.
- 3 Person of the therapist provides a template for individuals to enhance clinical experiences of clients.
- 4 Inclusion of therapist factors when considering common factors.
- 5 Family therapists can be leaders in the field of psychotherapy by training attuned clinicians.

Person of the therapist (POTT) is a therapeutic framework that was first developed and introduced at Drexel University in their Master's program in the Couple and Family Therapy (CFT) department (Aponete et al., 2009). This framework aims to embrace the 'wounded healer' present in all therapists but also challenges the current acceptance of what self-of-the-therapist matters consist of, that is, self-matters have largely been reviewed through the lens of navigating countertransference within the field of psychotherapy at large, rather than the active development of *self*. By contrast, POTT embraces the personhood of the therapist, in order to encourage trainees to be accountable for their own responses, including the active use of the therapeutic relationship to enhance positive goals for therapy (Aponete & Méndez, 2014; Lutz & Irizarry, 2009). Traditional models of Western psychotherapy focus directly on countertransference when discussing self-of-the-therapist matters in training. In our view this reduces the humanity of the therapist to a simple reflection of the client's projections only. Instead, the POTT model focuses on a multitude of variables that have to do with the therapist's personhood.

During the implementation of this program at Drexel, the creators and developers of the model saw students transform in how they viewed themselves, interacted with their clients, and managed their emotions and experiences in sessions. The POTT framework has published information that points to the increased competency and empathy gained by clinicians that engaged in this training (Aponete & Kissil, 2014).

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In addition, POTT scholarship has already attended to how this training framework can contribute to: quality supervision for trainees (Aponte et al., 2009; Niño & Zeytinoglu-Saydam, 2020), working with disadvantaged families (Aponte & Méndez, 2014), and the ability to promote self-care (Kissil & Niño, 2017). Given the number of advantages argued in the POTT articles published, it is concerning that only few clinical Master's programs have fully incorporated POTT into the curriculum.

Some professors or supervisors less acquainted with the steps of the POTT framework may be concerned that this training is akin to personal therapy, that students should engage in personal development separately from their clinical training. A false assumption in this is that less confrontation of self-matters would yield less reactivity with the client system. In the current article, we argue the opposite sensibility. That is, in-depth confrontation of self is an ethical imperative and should fundamentally be incorporated into clinical training (Shamoon, Lappan, & Blow, 2017). Said another way, you cannot practice about matters you ignore. Moreover, given the need to serve diverse populations and create wider accessibility to mental health services across demographics, it is imperative for clinical graduate students to consider their social locations and how cultural sensitivity impacts the therapeutic relationship.

It is important to note that the creator of the POTT model, Harry Aponte, is a professor of colour who enhanced our training programs to go beyond incidental references to countertransference matters in therapy. Instead, he offered a rich and comprehensive framework for trainees to consider their personhood wholistically. The two authors of this article, who serve as the participants in this autoethnographic study, are also graduate professors (teachers) of colour in a clinically focused CFT program. As systems thinkers whose lived experiences are not always centred in our field, our own *personhood* offers rich insights about possibilities in training, made possible through the POTT framework.

As such, we offer POTT as a comprehensive through-line, which does not treat cultural sensitivity as something achieved in one diversity course where trainees are simply 'informed' at once (COAMFTE Accreditation Standard, 2020). Instead, the focus on *self* is considered here as a fundamental lens, where social accountability, cultural humility, power dynamics in therapy, and deepening therapeutic relationships are ongoing considerations throughout training. This is demonstrated directly and consistently through the three phases of the POTT model: *knowledge of self*, *access of self*, and *use of self* in therapy (Aponte et al., 2009). How therapists handle their interpersonal skills in the *moment* of sessions with clients, addressing issues such as race, ethnicity, gender, sexuality, religion, politics, and other contextual issues that come up, is something that requires experiential practice, in addition to academic learning.

Relatedly, one of the core features of the POTT model is the focus on trainers also committing to ongoing professional development. How this is manifested in their training of graduate students is by way of their own ongoing reflexive practice using the POTT framework. At Antioch University Seattle (AUS), we implemented POTT within the existing framework of the CFT graduate program, and larger AUS structure. Main elements of POTT processing were incorporated into existing courses (Family of Origin and Multicultural Perspectives). This involved the use of weekly journaling, weekly conferencing between POTT instructors, and weekly professional support sessions between POTT instructors, including about the ethical management

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of personal responses to student content. All of this is conducted through the same three phases of the POTT framework given to students: knowledge, access, use of self. This paper describes the written portion of that reflexive practice, and the themes that were produced *for* the instructors themselves in teaching across three academic quarters in the pilot cohort of POTT for a Master's Level clinical program. This is the first of a series of articles demonstrating the enhancement of POTT at AUS.

Structure of the Program

The researchers are two professors in the Master's program of the CFT department at AUS. We developed a pilot program of the POTT framework for Master's level students designed to fit the structure and setup at AUS. The initial task in organising this pilot was to gather and organise the background and benefits, which included current research on the POTT framework and petitioning the program chair to incorporate this into students' study plans. Once approval from the program chair was given, approval from the university provost was sought to ensure there was support from the chief academic officer of the campus. These steps align with previous literature recommendations when implementing the POTT program in an academic setting (Aponte et al., 2009).

The initial three classes that students enrolled into the CFT program were: Family of Origin, Multicultural Perspectives, and Communication and Counselling Skills. The three pillars of the POTT program, knowledge of self, access of self, and use of self paired well with the three initial foundational courses in the program.

Knowledge of self refers to a starting understanding of one's habituated themes/patterns in one's interactions across contexts. Access of self refers to how therapists learn to track their embodied responses to these patterns, especially in working with clients (or with classmates in an educational setting). Use of self refers to the positioning of one's personal themes for the benefit of the client during sessions. An example of this would be knowing when to slow down in the session, or artful self-disclosure, making this choice in the here and now moment. As this was the case, the pilot program incorporated the readings and expectations from their respective paired classes to the equivalent of the three pillars. A third class, POTT-III Utilisation of Self, is a live supervision, simulated laboratory experience managed by the professors and utilising a paid actor to represent a client entering into therapy. This class was the only one created beyond the standard curriculum, where students received a 'general elective' credit. Students were able to self-select into the program with a maximum of 16 students.

Method

This study is an autoethnographic and qualitative review of professor reflections in implanting a novel training paradigm. However, we have pulled from grounded theory concepts in the assessment and presentation of these reflections. Each instructor kept a log of their personal reflections, via journalling, after the conclusion of every POTT class taught each quarter. Each instructor had a total of 30 entries which totalled 60 entries. Together, the instructors began analysing the journal entries in an open coding fashion consolidating central themes that appeared. Each instructor began organising the open codes into axial codes with relevant phrases and sentences

supporting the development of said themes. In the final stage of organising ethnographic reflections, we evaluated journal entries to find the relationship between minor themes, to yield final codes. These final codes explained the process that instructors in the POTT model adhered to in teaching the class.

We sought to explain our own personal experiences as professors (teachers) of a specific learning track through autoethnographic means (Ellis et al., 2010), and used grounded theory concepts to enhance the explanatory themes we found (LaRossa, 2005). Grounded theory organisation of data aims to explain how different concepts interplay and relate to each other (Charmaz, 2000). In this study, the inter-relationship between dynamic variables within the professorship process was examined for the POTT training track, with specific attention to social complexities (Charmaz, 2008) inherent in multilevel experiences of human life. Multidimensionality was reviewed with regard to training CFT graduate students across their first three quarters of school at a specific institution with idiosyncratic qualities.

With regard to autoethnographic reflections, Lutz and Irizarry (2009) have given strong insight to student experiences in the POTT program. However, to the best of our knowledge, this is the first study that systemically describes professor reflections in implementing that same training program.

Participants

Anthony Pennant is full-time teaching faculty at AUS in the CFT department. He teaches a number of classes within the program and is a doctoral candidate. Zain Shammoo is full-time core faculty at AUS in the CFT department. He has his PhD.

Analysis

Data were analysed using a triadic sequence of open, axial, and selective coding (La Rossa, 2005). All three phases of analysis used NVivo software (NVivo for Mac, Version 12). Open coding involved the two researchers collaboratively tracking any new themes that emerged through sentences of participant transcripts (the instructors' weekly journals). Codes were named using direct language from transcripts when possible. Open codes were agreed upon due to similarity in concept or independence of meaning from other open codes. This was followed by axial coding, where open codes were inductively connected to each other based on a binding framework recognised by both researchers. Constant comparison was used to scrutinise raw data to examine their potential relationship to each other. Factors used to decide axial codes included: similarity in concept, opposites (inverse dimensions of the same variable), and frequency of occurrence. Less saturated open codes were absorbed by more saturated ones to reduce repeated concepts. Seven total axial codes emerged. These were further inducted by higher-order selective codes in the next phase of analysis, using a visual mapping process. Here, researchers reviewed relationships between axial codes, where clear relationships were present between them. In the end, two selective codes, or major concentrations of meaning, were chosen. The two major storylines framing the data (La Rossa, 2005) emerged as summaries for the professors' experience of teaching POTT to clinical graduate students across three quarters.

Trustworthiness was established in this study by way of constant comparison with raw data, temporal boundaries between analysis sessions (to reduce impulsive decision making at any one time), NVivo word cloud comparison for frequency of codes (opting for saturation over personal inclination), and through review of an outside expert

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coder in the field of family therapy who provided feedback. Finally, trustworthiness was fundamentally established through the goal of tracking subjectivity, since the study's aim is to track personal reflections as data.

Results

Two distinct features (selective codes) emerged as major findings from this study. These selective codes reflect on the experiences of the two professors (teachers) about their experiences of implementing and teaching POTT and its surrounding ecological context. These are: the isomorphism of POTT and the ethics of POTT.

The isomorphism of POTT

The isomorphism of POTT was the larger of the two selective codes. This consisted of four axial codes: *trusting the process*, *the student process of the signature theme*, *instructor process*, and *academic structure*. Overall, the isomorphism of POTT refers to the ways in which the instructor's process of embodying the POTT framework is reflective of the student's process.

In family therapy, a core theoretical feature is systems thinking, to include the constant interaction of higher- and lower-level systems with each other. We observed this isomorphism in our implementation of POTT, where the interplay between students, teachers, and the larger AUS structure coloured the experience. Both professors/teachers agreed that this was a suitable frame to describe the nested ecological practice of grappling with various challenges, intensity of felt emotions, and feedback about the effectiveness of the training at multiple levels. Axial codes that make up this isomorphism in POTT implementation are described below.

Trusting the process. *Trusting the process* refers to the ways in which both instructors and students demonstrated confidence in the tenets of the model while going through the immersive experience of challenges, concerns, and heightened emotions that occurred. This is related to isomorphism through the simultaneous influence that is described between students and instructors described within the axial codes.

Anthony described his reflections on trust in the POTT process in terms of leaning on the fidelity of the model itself and relying on the co-instructor. He described feeling settled about the POTT implementation, stating: 'I am feeling more trusting of the POTT process with this class, possibly mirroring their settling in with the model, as we are further along in the quarter.' He also described how trusting the overall process helped in managing difficult emotional content as an instructor: 'Tonight's class was extremely heavy, but the students were happy. There is a bond in which the trust around the work we are doing will live long after the pilot is completed.'

Zain described his personal experience of increased security with the tandem instructor format. He stated, 'Turns out I need to trust the process as well as my colleagues more; knowing that what is and has been unfolding is necessary and a part of the building of this program.' At a later point in the POTT training, Zain reflected on his belief in the model's ability to structure vulnerable moments in the training. He said, 'This week's class was transformative. I never thought that I would see a student cry and breakdown over Zoom, however, the growth they exhibited has cemented my own belief in this training.'

The student process of the signature theme. *The student process of the signature theme* refers to student development across the training, ongoing awareness of their signature themes, changing meanings for signature themes, reflections on self-concept, and reconciliation of relationships with others (including other students). Because each of the two instructors had already gone through POTT training themselves in the development of their own signature themes, they were heavily invested in supporting students to do the same. As such, the professors' reflexive process about supporting signature theme development is detailed here.

Both instructors discussed their appreciation that the POTT model allows for a direct connection between personal (signature theme development) and preparation for therapeutic work with clients. For example, Zain said:

I am appreciative that the POTT model seems to be giving these students an opportunity to weigh their clinical presence. This is certainly not easy to do within a program that delivers real-time clinical experiences only at the end (following coursework and upon entering internship).

Relatedly, Anthony stated, 'What helps with this, is their apparent commitment to the process, and taking learning items as they come.' The professors/teachers also reflected on how the students' peer-to-peer discussion during the course were related to signature theme development and overall clinical training. For example, Anthony stated, 'I am enjoying witnessing the students' willingness to have difficult conversations, to mirror the discomfort that may occur when working with clients in their careers.' Zain shared a similar sentiment:

I am feeling the tension that is fundamental to this work, as it exists in the class between students during their discussions. Students are starting to confront their clinical presence, and their reconciliation of relationships with others, as part of the person of the therapist process.

Instructor process. *Instructor process* refers to the ways in which POTT teachers encountered their roles and responsibilities in the development of the program overall. These roles functioned through the management of class structure, advocating for students, providing real-time feedback to students during the courses, developing an instructor-to-instructor alliance, and holding boundaries and standards for all involved in the training.

A key reflection within the instructors' process had to do with weighing concerns when one of the co-instructors was on their unscheduled quarter (at AUS, instructors are given a yearly sabbatical). Zain reflected the following during the first quarter of the program, after having met with the students for the three weeks prior: 'I am also feeling a bit anxious about not being present for the rest of the quarter to support my fellow instructor, and the students.' A key element in this reflection is the sense of support extended to the instructor who was still present. In the second quarter, Anthony reflected on this same experience for him:

This is the first week in which I have been away from the class and have not had any contact with them. This quarter will be difficult for me to continue to connect to the work that they are doing and experiencing as there are no weekly journals to monitor their process.

The instructors also discussed their own positive feelings and reactions about the POTT model and how it was unfolding with the students. Zain reflected on his own

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personal excitement for the simulated lab portion for training, stating, 'I am excited for the third quarter with this cohort, where we will be supporting them in using their signature themes to support their client's wellness in a role-play setting,' Anthony also described what made the process worthwhile for him personally. He said:

Working with the students in live supervision while sitting in their themes will be what makes all of this training worth it. I can't wait to see how they handle it and how we choose to support them during the sim lab.

Another key feature of this axial code is the instructor's reflections about how it feels to teach the POTT courses in the moment. A key feature of the simulated laboratory experiences during the third quarter (*utilisation of self*), involves giving real-time feedback during role play sessions. Zain discussed his experience of giving this feedback when he said:

Interrupting students during their presentations remains difficult for me. However, when I am able to use my trainer-self to encourage an important moment directly, this seems to inspire students to do the same with their role-play client.

This quote also demonstrates how instructor processes are fundamentally isomorphic, as professor trust in didactic activities influences the participation and outcomes for students within POTT. Anthony described how doing this was an effective process, from his point of view. He said, 'I want to lean in and trust that the direct feedback, in real-time, helps.'

Academic structure. The *academic structure* axial code refers to the specific graduate school environment where this pilot program was implemented. As represented in embedded open codes, this included limitations, expectations, and resources from AUS, and the CFT department, which influenced how the POTT program was structured within the students' coursework.

The academic structure at AUS impacts the CFT department, in terms of limiting how many credits are allotted to each instructor for teaching. As such, when professors co-teach a course, they are expected to split the number of credits allotted in their workload contracts. Additionally, each faculty member in the CFT department is given an unscheduled teaching quarter. Even so, both teachers (Pennant and Shamoan) stayed engaged in the cohort curriculum for POTT on those quarters. Given these stated limitations in the academic structure, each professor journalled about the limitations this brings to the learning process.

Anthony stated:

The class appears to be settling in based on my conversations with Dr. Shamoan. I regret not having them journal to follow the process during my quarter off. I think journaling might have been beneficial for them, in having a container to discuss how multicultural concepts intersect with their signature themes.

Here, Anthony discusses his appreciation and trust for the other instructor, while lamenting limitations in being able to collaborate more readily on assignments given to students. In this case, Anthony mentions wanting a pulse on the students' learning outcomes via journaling, which had been conducted under his purview in the previous quarter. Zain also noted his feeling that the needs of the POTT track transcended the typical academic structure at AUS, noting:

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It is clear to me, in contrast to the typical way AUS classes are conducted, that this positive outcome is in large part due to a synergy developed over three quarters inside an intentional training paradigm.

In contrast to challenges faced, both professors also commented on structural flexibility given by AUS and the CFT department within it. Specifically, the administration's support for hiring an actor necessary for the third-quarter simulated laboratory experience was reflected upon. Anthony stated his appreciation for the hired actor, noting: 'This week we began the simulated experience of therapy with POTT class using an outside actor, and overall, I have been pleased with how well it both turned out and how well it was received by the class.' Zain also reflected on his increased ability to train students in a direct way during the simulated laboratory experience, given the ability to hire an actor for the students' role-plays. He stated '... being in the moment as the trainer allowed for the students to do the same when working with the role-played client.'

The above axial codes represent a multi-ecological system that flows between the academic institution, the instructors who teach in it, the students who learn it, and the through-line process between these ecological levels (defined as isomorphism). How these variables impact each other have been described in isomorphic ways by the instructors in this study. This matches the fundamental POTT pedagogical model, where POTT instructors must confront their own learning process simultaneous to the students' experience.

The ethics of POTT

The ethics of POTT is the second selective code that emerged from the data. This consisted of three axial codes: *the person-of-the-therapist (POTT) paradigm*, *solidarity in the cohort*, and *social accountability*. Overall, the ethics of POTT refers to ways in which students' use the guidance of the POTT paradigm in a collaborative experience that fosters ethical insights for both positive clinical outcomes and increased cultural responsiveness. As such, each axial code within this framework highlights ethical considerations for the field of family therapy. These will be reviewed below.

Person of the therapist paradigm. At the heart of the POTT training paradigm, clinicians are given knowledge and practice to manage their personal responses in the moment of a therapy session (Lutz & Irizarry, 2009). This is to be done in such a way that widens the clinicians' choices in response to therapeutic content (Lutz & Irizarry, 2009). This is best understood under POTT's third element, *utilisation of self*, where clinicians are to respond in the moment of sessions in a way that is beneficial for clients, using their own self-awareness as an anchor and catalyst for ethical interventional choices.

Zain specifically named his observance of students embracing the model in this way: 'It seems that they are starting to embrace the POTT model as a robust professional and self-reflection tool.' He also noted how this training provided an integrated experience for students, where the model was helping students have insights about social responsibility: 'I am excited about the upcoming weeks of this course, as it seems the new structure is helping streamline the connection between social responsibility, social location, and students' signature themes.' Anthony echoed his observance of the students developing personal insight, noting:

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The students appear to have gained a great deal of insight into themselves which no doubt will add to their training. I have no doubts that they will continue to grow exponentially over those who have not been trained in POTT. I can say we did a good job.

Here, Anthony names the two-fold advantage of the POTT model as it pertains to clinical growth. He notes anticipating their ongoing personal awareness and their distinguished clinical insight that would not be customarily practiced without a dedicated self-focused model supporting and enforcing this awareness.

Solidarity in the cohort. This axial code describes how students developed a bond throughout the three quarter POTT training, including their collaborative endurance through challenging training experiences. For example, students brought varying opinions and insights during the first and second quarter of the training, integrated from Family of Origin and Multicultural Perspectives courses. When the students disagreed on a matter, they were encouraged by professors and by each other to process through these moments together as colleagues, in order to build trust and solidarity for a greater purpose, such as greater clinical skills and ethical awareness. The following are professor reflections in observance of the students doing this. Zain commented on the process-oriented dimensions that he observed in the students' development of solidarity with each other. He noted:

I am feeling the tension that is fundamental to this work, as it exists in the class between students during their discussions. Students are starting to confront their clinical presence, and their reconciliation of relationships with others, as part of the person of the therapist process.

Here, the development of cohesion between students is understood as something that does not emerge spontaneously, but rather through the interpersonal efforts extended by students across time (and in this case, across three quarters of sharing the POTT training experience together). Anthony shared the utility of this bond building among students during a particular night of class, stating 'Tonight's class was extremely heavy, but the students were happy. There is a bond in which the trust around the work we are doing will live long after the pilot is completed.'

Both professors also commented on how this solidarity impacted the class culture overall. Anthony noted the following, after experiencing positive comments from other professors who had POTT students in their own classes:

So, this is how other faculty will see the difference in our POTT trained students. It is very comforting to know that the students have clear strengths that are demonstrated in conversations. I wonder how we can keep this growth going after the POTT track.

Reflecting on this dynamic in the POTT classes specifically, Zain stated this about their level of engagement in the POTT track as a cohesive unit:

I think the students have really taken to it, and it feels like a great way to consider our clinical presence in an intentional way. I really enjoyed the way the students showed up this past week, including their honest responses/reactions they shared with each other.

Social accountability. This final axial code describes the professors' observance of how students developed in their ethics, responsibility, and accountability to others inside and outside of the classroom. This is especially important, given that the field of

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family therapy is aimed at supporting wellness in individual, relational, familial, and sociocultural contexts. The process of how students engaged in this as part of their training, as well as how they translated this to future goals in the therapeutic work, were observed by professors. Concerns and observations related to this are noted here.

Students navigated their own social locations, and how this impacted their relationships with each other throughout the three quarter POTT training. Zain noted his observance of this process, stating:

It is in some ways the best source material to bring up access points for students, but it also seems to be where the greatest halting and difficulty occurs in the processing experience of white students. There are only two students of colour in the class, who have a very different experience of POTT ... I worry about the relevance of the class period to them when boundaries are not set to truly include their voices on important discussion topics.

Here, Zain shared his concerns regarding the students' dynamics related to their racial identities, and how the learning outcomes may vary for a small subset of students of colour within this cohort. Specifically, this excerpt from the professors' reflections indicate interest in how the students will handle their relationships with each other going forward. Anthony shared similar considerations: 'I am wondering as to how the students are able to integrate what is happening for them in the multicultural class in the framework of POTT.'

The two professors reflected their observance of the students' gains in ethical considerations as a fundamental feature of the POTT training and course schedule. Zain noted this when he stated the following: 'I am excited about the upcoming weeks of this course, as it seems the new structure is helping streamline the connection between social responsibility, social location, and students' signature themes.' Anthony shared a similar sentiment in his own reflections about the students' ability to use the POTT paradigm to hold difficult conversations about social justice: 'It is not often where academic classes can challenge powerful narratives of oppression, but it happened tonight' (Figure 1).

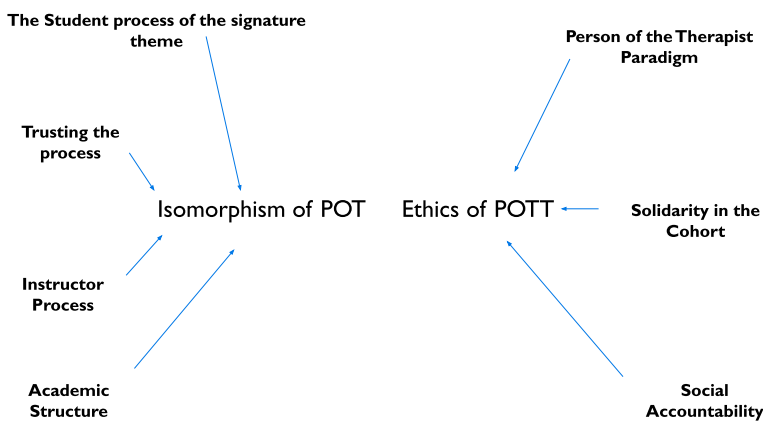


FIGURE 1
Thematic Concept Map

Discussion

The following section will include clinical and training imperatives, as related to the thematic results of this study: the isomorphism of POTT and the ethics of POTT. Implications for the field of family therapy are noted here.

Recommendations for clinical training through self of the therapist development

The ethics of POTT specifically outlines the student process for guiding positive outcomes in their training which often centres on being aware of differences between themselves and others which mimics the responsibilities that are native in the therapeutic encounter. In our view, existing clinical graduate training programs in the CFT field are in need of an expansion on creating and adhering to culturally responsive teaching where student, professor, and academic institutions actively participate in the creation of anti-racist and anti-oppressive stances. The POTT framework lends itself to greater awareness of one's own reflexive process, and one's relationship to others. This shines a light on the importance of countering archaic practices in psychotherapy which currently centre a traditional view of healing and wellness. These paradigms do not make ample room for student self-awareness. We propose that CFT programs incorporate reflexive and reflective practices as part of good clinical training instead.

Professor cohesion is critical

In *the isomorphism of POTT* the multilevel and bidirectional relationship between professors and students was described. What this implies is the necessary focus on professor wellness and support. Without this, the support for students' navigations of their graduate programs becomes vulnerable, because navigation skills may be compromised at a larger level in graduate programs without this. In other words, responsibility for a safe and supportive graduate experience starts at the top. As has been reflected at multiple points in this study, the POTT paradigm provided recurrent opportunities for a professor duo to check in with each other, and this study is a reflection of that dyad. We encourage clinical graduate programs to increase opportunities for professors to collaborate, not only at an academic level but an interpersonal level as well. While professor tandems may be rare in many graduate contexts, this dyadic team is invaluable as it ensures balance and accountability in completing this sensitive interpersonal training.

Cohort models make a difference

Throughout this POTT training track, the professors often reminded students to 'catch each other on the other side.' This was in response to moments where students needed multiple classes to weigh a learning item, or clinical topic, wherein they had the promise of seeing each other again as they processed ideas and training experiences together. Much of this ongoing process was captured in the students' own journaling during the cohort. These action items of 'catching each other on the other side' are impossible if they never have to see each other again (i.e., non-cohort model). These imperatives were also reflected in their relationships to each other, which we believe has implications for their future relationships with clients, even as these relationships are distinct. For example, issues of countertransference, disagreement, unexpected tensions that arise spontaneously, will emerge in both the classroom

experience as well as with clients. As such, people deserve opportunities to build navigation skills, and it should not be assumed or left unchecked that clinical trainees already know how to manage these moments of tension.

Although many graduate programs have cohorts by way of program start time, graduate programs need to ensure that this is actually utilised for interpersonal development in their courses, especially given the recent societal discourses about racial and social justice advocacy. Students deserve opportunities to safely make mistakes, continue their learning, and learn from each other's lived experiences to add richness to their expectations of people (such as their future clients). The POTT program provided a gatekeeping structure where students' reflections were contained between the members of the course, always juxtaposed next to a prescribed focus on 'what is happening for me in this moment.' As such, we call graduate programs to consider the utility of cohort models that involve coursework about the interpersonal dimensions of clinical therapy.

POTT furthers the profession in a way that propels the field forward

This research highlights the importance of self-awareness in the clinical encounter and within academic institutions. Within this paradigm of POTT, there exists a confirmation of the systemic, interpersonal, and recursive understanding of human experience that is native to being a CFT. Wider use of POTT has an opportunity to enhance clinical development. For example, family therapy offers a distinguished approach for humanistic-centred dialogue towards wellness that centres second- and third-order change (McDowell et al., 2019); the POTT framework allows clinicians more opportunities to practice this. Students that engaged in this training clearly were able to deepen their vision of what social justice meant and how they had a responsibility to represent this conversation in the therapy room. In other words, students deserve opportunities to act upon their convictions in serving diverse populations, beyond the institutional lip service of *diversity and inclusion statements*.

These convictions must mean something in practice, and we believe training like POTT provides various opportunities for this. For example, professors and other academic actors have common language to specifically convey concerns and accolades to their department colleagues without disparaging the student experience, or make room for students to approach their professors in the face of power differentials in the classroom. Lastly, students are afforded an opportunity to symbiotically create experiences of peer-to-peer support systems which produce clear expectations and communication with the programs (as well as themselves) which enhance the graduate program experience. The POTT framework lives well within the systemic training orientation and distinguishes our clinical training ahead and above the existing individual, medical model approach. Given the outcomes of this study, more research is desperately needed that highlights the process of self-development in graduate school. It is also highly encouraged for research to centre on the student journalling process during POTT training.

Supporting student wellness is a crucial priority

In our view, and based on our reflections in this study, we contend that student wellness should be centred in a meaningful way within clinical graduate programs. The smallest and most fundamental component of the POTT training model is the *self*. Rarely do students have opportunities to weigh the *self*, including what feels 'good,' 'bad,' and 'ugly' without concern that their disclosures will impact them negatively from an academic standpoint, or that this will cast a poor shadow upon them with

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their supervisors/advisors. So where do students go when they are navigating life in and beyond the classroom? We contend that students deserve safe environments that allow for their personhood to be embedded in the learning of clinical skills, such as the management of anxiety (Shamoon, Lappan, & Blow, 2017). Within this, they become fully included in the systems they occupy, even when observing the interactions of their peers, such as for first-quarter signature theme presentations in POTT. Such is the position of second-order cybernetic therapists (Heylighen & Joslyn, 2001), but this has rarely been considered as a fundamental way to teach graduate students. In our view, students are always reckoning with their personal lives, and this does not go away completely when they enter the classroom. We should rather wish to say that our students had ample practice of self-development through graduate school, rather than lament that there was no time for this. We believe and ask our fellow family therapists to prioritise the personal growth of students, that students be encouraged to consider and develop their personhood (a fundamental understanding of the POTT track) so that they are more fit to sit in front of other human beings who are wrestling with their own tensions in life.

Likewise, the process of supporting student wellness mirrors that same need we as professors and professionals have. The act of providing culturally responsive and systemically informed treatment or teaching graduate students to do this requires a great level of energy and management of the *self*. This awareness is necessary, as much of the work that we do is seen not in the words that we express (although these are important) but the modelling of said behaviour. The ability to track our emotions, listen to our *self*, and enact a system to care for ourselves is extremely important and isomorphic in process for our students and clients.

Limitations

Because clinical graduate programs have largely ignored specific trainings in self of the therapist accountability, this study adds to a scarce amount of literature on the topic of POTT training. Given this, we understand our work to break the ice and encourage programs to examine methods to enhance therapist training that increases self-awareness and social accountability to diverse clients.

To start, our pilot development and implementation of the POTT program only reviews experiences at one institution, and the work cannot advance unless other graduate programs implement developmental processes such as this. We hope to conduct more research on the implementation of POTT going forward.

While the study necessarily reflects personal experiences (as is endemic to the POTT model), more parties are needed to understand how the training process impacts overall growth and development. For example, similar studies should be conducted to understand students' experiences in other POTT courses. Additionally, other POTT instructors and program chairs overseeing the training should have the opportunity to review challenges and advantages that come from this type of paradigm shift to graduate school learning.

There were also program limitations that impacted this research project. Although both professors were journaling all three quarters, both professors had different unscheduled quarters which may have limited depth of reflections of courses they were not present for. However, one instructor was fully present for every single class, and both were present for every class in the final quarter. More information is needed

to determine how POTT would function if both instructors were present for all three courses in succession.

Although not novel to POTT, clinical graduate programs at least in the United States continue to fail in living up to their own standards of ‘diversity and inclusion’ by accepting very few students of colour (Erolin & Wieling, 2021), and failing to recruit more diverse students overall. There are exceptions, though there continues to be a scarcity of non-white students in graduate schools for CFT. As such, the socio-cultural implications of any training paradigm, including POTT, are limited by the perspectives embedded in the experience of the students present which may have homogenous demographics. In our pilot implementation of POTT, both professors identify as professors of colour, though only two of 16 students identified as people of colour in this cohort. As such, any graduate program that aims to develop culturally responsive therapists should look in the mirror and come to terms with the reality that this is not possible if our classrooms remain predominantly white.

Reflections captured in this ethnography point to clear advantages of the POTT paradigm. We hope more institutions will consider this training as a fundamental way to develop attuned and effective clinicians.

Informed consent

Informed consent was obtained from all individual participants included in the study.

Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of Antioch University Seattle and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Conflict of Interest

The authors declare that they have no conflict of interest.

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