PORTFOLIO DEMONSTRATION PIECE

Practice Newsletter

Specimen issue: personal newsletter for a clinical training and consultation practice

> This is a specimen newsletter issue written for a fictional trauma therapist with a training and consultation practice, addressed to her list of fellow clinicians. No real practitioner is represented. It is presented to demonstrate voice development, clinical translation for a professional audience, and conversion writing in a personal email format.

From: Mara Ellison, LCSW

Subject: I got it wrong in session last week

Preview text: And what happened next is the part worth talking about.

Hi friend,

Last Tuesday, about forty minutes into a session, I watched a client I have worked with for two years go somewhere else entirely. Her shoulders came up, her answers went flat, and the room got that particular kind of quiet that every therapist reading this will recognize. I ran back through the last few minutes in my head and found it. I had summarized something she told me about her mother, and my summary was tidier than her experience. I had, without meaning to, filed something painful under a heading she never chose.

I want to tell you what happened next, because it is the part of the work we talk about least.

I said, "I think I just got that wrong. Can we go back?"

She looked at me for a long moment. Then her shoulders came down, and she corrected me, carefully at first and then not carefully at all, and the last ten minutes of that session did more than the previous six sessions combined.

Here is the thing I keep returning to. We put enormous energy into not rupturing. Into attunement, pacing, getting the reflection right the first time. All of that matters. But the research on this has been consistent for a long time, and it says something more interesting: ruptures are not the threat to the alliance we treat them as. Unrepaired ruptures are. Safran and Muran spent decades showing that rupture followed by repair predicts better outcomes than an alliance that never visibly strains, and when you think about who our clients are, that makes a sad kind of sense. Many of them have never once watched a person in power notice a harm, name it, and stay. The repair is not damage control. For some clients, the repair is the treatment.

Which means the moment I dread most in a session, the moment I feel myself lose the thread of someone's trust, is also the moment the work has been waiting for. I have been sitting with clients for nineteen years and I still need reminding of this roughly once a month.

If you want something practical to take into the week, take this: the repair does not need to be graceful. Mine rarely are. It needs three ingredients only. You notice out loud. You take responsibility without collapsing into it, because a therapist drowning in self-reproach just hands the client someone new to take care of. And you ask to go back. That last one matters most, because it returns the authority over their own experience to them, which is usually the exact thing the rupture took away.

The clients who most need to see repair done well are the ones most likely to hide the rupture from you. That is worth sitting with too, but it is a longer conversation, and I would rather have it with you properly.

Which is my not very subtle way of saying: this is exactly the kind of thing we work on in my monthly consultation group. Case discussion, real ruptures from real caseloads, no performing competence at each other. Doors are open until Friday for the new cohort, and there are four spots left. If reading this made you think of a specific client, that is probably your answer.

Reply and tell me about a repair that surprised you. I read everything, and I write back more often than my inbox suggests I should.

Go gently this week,

Mara