Academy of PHYSICAL MEDICINE

Transcript

Impostor Syndrome: Are You *Really* Any Good? – Ref 302

Steven Bruce 17:10
Good evening, good evening, and wonderful to have you with us. As always, I'm here with another 90 minute show for you this evening. And I have to say it seems really timely because it was only last week that we were discussing fees and other practice related matters when imposter syndrome came up, and a number of pretty experienced practitioners admitted to me, either privately or actually on air at the time, that they still suffer from it, even after many years in practice. That said, I'm conscious that even if you don't feel it affects you, perhaps you work with others, maybe colleagues or associates, and maybe they do suffer from it. And it wouldn't be great if there was something you could do to help. Well, we already had Serena Simmons in the diary for tonight. So this is a great opportunity to find out more about impostor syndrome, and more importantly, what you can do about it. Welcome back, Serena. Last time you were on the show, we were talking about behavioural change, I think largely in our patients, and we get them to comply. So this time, we're going to sort of meddle with our own head. So get some answers and techniques from you that might help give us a bit of background, you are a chartered psychologist,

Serena Simmons 18:15
I am, I'm a chartered psychologist, I've worked, I calculated actually, a couple of weeks ago, I've worked in the field now for around 30 years. So a really long time, started off working in my mother's home for people with mental health issues as a group, community therapy home, and developed a passion from there, really, but my background, so my early training took me into forensic psychology. So people might be familiar with the work that I also do in that area. So in my academic world, and my academic life, I specialise in serial murder. And in my private teaching, I teach it I also do teaching serial murder, really not teaching zero murder, although so let's say that you pick up tips along the way now we won't know the psychology of murder really, and kind of profiling and behavioural profiling, and do a lot of work in that area still. And then I think, really, I don't know how deeply you want to go into the story. But I think over time, really wanted to work in more of what I call the light. So that was very much in the shadow, and was really drawn to using the skills I've developed in that area. In a really positive way. I'd always been really interested in why people do really, really good things and really, really bad things, if that makes sense. So now I get to work in both arenas, and they are very much related, although not that you're a killer, but they are related in terms of the psychology of motivation, and so I've been able to bring

Steven Bruce 19:51
Marine 28 years of military service I've got you on the show just to deal with my There's one thing I particularly like that there's two things I particularly like about you one is Barney the dog who you haven't brought with you, which I'm really annoyed about because last time Barney was on stage with us wasn't very well behaved, very well behaved. But the other thing also is, I noticed on your website, one of the one thing you've written there in prominent letters, I think it's a standalone capital's bigger cases is I bloody love psychology. Which is, you know, to me, there's the one thing well, it is yeah, isn't it great to have someone who's so enthusiastic about her topic, but also you didn't say I'm passionate about psychology. And I hate that word passionate, because everyone uses it in every circumstance. And it was yours as a human way to express the fact that you love the topic.

Serena Simmons 20:44
It might slip into tonight's conversations. I say past that sometimes, but I do bloody love psychology, I really do. Like I do, I probably should relax a bit more not always be reading psychology books and wanting to learn more about it. But I just really, really love it. I just Yeah, I couldn't be doing anything else relevant.

Steven Bruce 21:04
We don't care. We don't care if you don't relax, because it means you come here full of knowledge. Imposter syndrome is what we want to talk about. And no, I guess we all think we know what that is. Is it more complicated than just not feeling you are worthy of people's respect or admiration or whatever? Yeah,

Serena Simmons 21:22
it's a funny one, really, it's not. So people might find it interesting to know, it's not classified as an official disorder in any way. So there are lots of things and terms that people bound around that are in the DSM that are given kind of diagnostic, the diagnostic and statistical manual of mental health or mental disorder. And that's almost I don't want to say it's the Bible, because there's a lot of issues with that particular book. But in terms of being given a diagnosis, typically something that is a diagnosis would be in there. It's not there's an argument to put it in that book. So it can be given to someone as a label. I have some reticence around that, although it's recognised in terms of people experiencing the feeling of having that feeling of being an imposter is also known as imposter phenomenon. So there's kind of different ways of describing it. But essentially, feeling like you are an imposter or a typical impostor syndrome feeling is when you feel that you've achieved something, some kind of status, typically a career, where you've not got there on your own true merit, that it's luck, or happenstance, or even a mistake that you're there, as a youth are feeling like you are actually an imposter in that place, potentially, even in that role that you're that you've undertaken, as well.

Steven Bruce 22:46
Does it affect particular professions?

Serena Simmons 22:50
And so when you look at the research, no, it's, it's in all areas, although what's probably quite prominent in the research is, it's usually people who are high achieving in some way. And typically, it was really, it was perceived as being more of an issue with high functioning women and laughing when I say that it's not funny at all. And also, kind of more contemporary research has shown that that's not really the case that everybody has the potential to experience it. But it is very much

associated with those roles that are tied to achievement or success or career as often, like I said, for the kind of lens through which it appears, if you

Steven Bruce 23:34
like, what does high functioning actually mean? Yeah,

Serena Simmons 23:38
I even grimace when I said it, because I don't it's ignore, I said that high functioning, it means the high achieving women. So you know, they have a role of probably highly educated. And that's the other thing is that we see often there's a kind of a correlation, tonnes of highly, highly educated women, that there's some kind of status or authority is involved with the role that they're undertaking. So they feel that they need to maintain something in that particular role that they have. But like I said, it's not really as I've said before, it's not just women. We know now it's everybody that will actually potentially feel like that sometimes,

Steven Bruce 24:18
an area where I feel I've noticed it in myself as well, perhaps as in other people, is in my profession. And I assume this might apply to chiropractors as well. When we're dealing with consultant orthopaedic surgeons or whatever. I think even you know, very experienced very, very well educated and practised osteopaths or chiropractors, you know, they kind of defer they feel they must know more than I do. And I wonder whether consultant medical practitioners ever feel the same way whether they feel they only got there because they've got a good memory or something rather than because they've got any particular skill.

Serena Simmons 24:57
It's really interesting that you say that because if you specifically looked for research and healthcare. There's a vast array of research that only focuses on healthcare, and in particular doctors. So yes, they do. And actually, I can say that in the private work that I've done. It's typically again, people in those high status roles. So in healthcare, so consultants, but also in other industry, so it's often CEOs that I will see that come to me with that sense of imposter syndrome. So there's something there that's kind of paired with again, the more influence that you might potentially have the more authority, the more people kind of view you and your role as being on a on a pedestal, that that comes with some feeling of feeling an imposter as well.

Steven Bruce 25:47
I read some what I think was fairly credible research, I forget where now, but it said that the evidence suggested that the profitability of a company is seldom in any way connected to the amount they pay their CEO, which suggests that perhaps though CEOs haven't got an impostor syndrome, they genuinely aren't any good at their job.

Serena Simmons 26:09
Have you ever tried to be really good at their job? They spend it? Well, again, we're getting off on a slight tangent. But I've worked with CEOs who have, this is a bit of a tangent, but they've been incredibly unhappy, but have a different kind of tangents, there's not really the imposter side of it. But more I've ended up in this role, you know, potentially, they've come through where it was expected that they were going to university, it was expected that they'd get a good job, it was expected that they'd then climb the ranks and get into positions of authority and status again, and

they've ended up in this role where they're not actually very, very happy at all. They've ended up doing something that they're not passionate about. It's not really their purpose.

Steven Bruce 26:54
Well, sure. I do think that's relevant. Because if you bring that back down to healthcare, we're talking about what is the impact of having impostor syndrome on an osteopath, a chiropractor, or physiotherapist, do you see the same in in healthcare practitioners that actually, they've got their for whatever reason, but they're unhappy because they didn't trust themselves or believe in themselves? Because maybe they didn't want to be there in the first place?

Serena Simmons 27:17
Yeah, I think, even if there's lots of different things, I think what's important is, it will manifest differently. For everyone, it will be very, very individual to you as to why I think you feel that there are some commonalities, and there's some commonalities between people that might feel that, like you said, you know, and I said at the start, so typically, you feel like you may be, you're gonna be found out, you've got hereby by pure luck, or it was a mistake, I shouldn't be in this role, I don't really know what I'm doing, I don't really understand what I'm doing in this particular role, or someone might catch me out. I don't know everything. But there's lots of things about your job that can create that as well. As well as kind of with what you bring to the table in terms of your own personality and your own traits. So I think it's a combination of the two, which is good news, because we can kind of change both of those things, if there's something that we can do to positively influence both of those things. So in terms of what you bring in terms of maybe your own lack of belief, or lack of sense of self worth, maybe feel like you have gaps in your knowledge, there are things there that we can do something about. But I also think people fail to recognise that there are things in your environment that you can change as well, to help you feel differently. Yeah.

Steven Bruce 28:35
I'm guessing that most people who suffer from impostor syndrome, if we're going to call it that, will probably know that they do. Is that fair?

Serena Simmons 28:46
Yeah, yes. Well, I think yeah, as you said, at the start, have you ever felt so? Yeah, I think everyone, to some degree has felt it in various different situations. So the other thing is, as we were illustrating there is it can happen in different situations, depending on where you are, where you've been placed. So it so many things might influence whether you feel like that or not, there'll be times when you probably felt the complete opposite. So what is it about being in those particular situations that makes you feel like that? That there the important kind of things to kind of break down and look at really?

Steven Bruce 29:22
Yeah, when I was I was going to go on from there to say, well, let's say I am a supremely confident, head of my practice, and I've got other practitioners working for me of all sorts of disciplines. They will not want to let on to me that they don't think they're up to the job. How would I? How would How would you recognise that? Maybe they need some, some help, some mentoring, some coaching.

Serena Simmons 29:43

That's such a big question. You could just say, how would I recognise it? But I think there's a step even before that, which is creating the right culture of a workplace where you can be transparent about it. I think that's the key thing we talked

Steven Bruce 29:59
about. Just before, didn't we? Because I said, right, well, let's get you into my practice where we can actually start developing that culture. In my practice, we haven't done it yet I'm forgotten about it.

Serena Simmons 30:10
That's really important. So the culture that you create, whereby it's collegiate, it's open. It's about learning and growth and evolution. And this goes back to things that I'm really passionate about, which is people working within their zone of genius. So if you are working within that zone of genius, then that impostor syndrome, it might show up, but we feel more able to recognise it and kind of have an objective will be able to have that more objective view of what it is and then what you can do about it versus taking it very personally festering on it. And then added to that not being able to communicate it to your team, or the people that you work with. If you have that really beautiful working environment and lovely culture, within the practice, you are more able to discuss those things with line management that completely changes the team and how they function.

Steven Bruce 31:11
Is it easy to do that? Is it easy to make those cultural changes?

Serena Simmons 31:15
Yes, and no, it should be easy, because what needs to happen on face value isn't necessarily complex. But when you're dealing with humans, everything becomes more complex. And I think the bigger the practice, the more difficult that is. So if I was coming into a small, clinical small practice, to help people start to shift the culture, bearing in mind, I'm looking at that from that kind of change perspective, that's my area of expertise and conduct peak performance. I'm not a work or business psychologist. But to do it from that perspective, it's a really lovely thing to do. And very, very, you know, you're very able to do that. If I'm going to an NHS setting where I'm working with a small team, it is harder.

Steven Bruce 31:54
Well, they've got much more fixed regulations. Most most practices, and I'm familiar with in my own world, that there isn't really a line management structure, it's certainly not laid down in a in a block diagram somewhere. It's just when you know, who owns the business and everybody else just mugs along.

Serena Simmons 32:09
Yeah, and that's why I just wanted to say that because they'll be maybe people watching that work in a bigger team who work for the NHS or kind of bigger clinics, private hospitals. And then it becomes very much about you feeling confident in yourself in your own work, your own practice your own boundaries. And kind of sharing that as much as you can with the team around you for as far as that can ripple. So it's important that you do try and get other people on board, if possible. So as a member of your team, or management particularly. But yeah, it is more difficult when the more people you involve in anything more tricky. It becomes.

Steven Bruce 32:52

We had an inquiry from somebody called not potato viewer. I don't know why they called not potato, not potatoe viewer says that he or she graduated 13 years ago and still sometimes wakes up in a cold sweat thinking that they haven't passed their finals, and really thinks they shouldn't go into clinic. Is that impostor syndrome, or is it just normal?

Serena Simmons 33:12
Oh, first of all, thank you for sharing that. That's incredibly brave. And I'm sorry that you feel that way. And as again, we've said at the start is that you can feel it at any time, at any point in your career. It's not something that's limited to those people that are new to their profession. It can manifest at any time. I think what's probably important to discuss and to bring to the discussion and to help kind of this person as well is to recognise that there's probably something going on from our past. That's determining how we view ourselves in the world, that you might feel some benefit to look at as well as as part of kind of dealing with this feeling of being an imposter. And what I mean by that is, again, if you look at the research, there's some really interesting research, I'm not suggesting this is the case for this person, by the way. But things like when you look at the past, getting a sense of things like parental control. So people often find that parental control scales where you score highly on those also kind of correlate with feeling like an imposter. So what I'm saying is there's indication that who you are, how you've been brought up to be a particular way where you feel that you need to be perfect that you feel you need to display a certain character that you need to succeed that you need to kind of reach a certain status, that those pressures we come to the table in our work with those pressures already there. So I would say don't feel like you're alone. And if you feel like that, there's a lot you can do in terms of your current practice to not feel like that and that for me would start with sounds like a big question, but I guess it is is it you feel But you're in the right work. Now hopefully you can say, Yes, I do. And if you can still say yes, at the core, this makes me really happy. What is it about your current role that doesn't make you happy? Are there things that are actually just happening now that we can look at that we can change? If you're finding it feels more intrinsic? Is there something kind of more about how you feel about yourself? Maybe that's when we can start to look at kind of something that you might want to dig deeper on, that comes from something that you've kind of always had a feeling that you've had about yourself, a feeling about how you should be or how you should present to the world? It might be a bit of both? It depends on the situation you're in, but there's merit in looking at both. So what can I change now? And what can I look at to kind of figure out more about who I am that will make sense of why I feel this way? Does that make sense?

Steven Bruce 35:50
Yeah, it makes it makes perfect sense. But it also means that somebody's not only got to perceive the need, they've got to take the step really to find somebody who can help them through that process. Well, doesn't sound like the sort of thing that you could easily do by yourself in your bedroom.

Serena Simmons 36:05
So one of the things that I think should be happening, and I say this, whenever I teach people, is I believe that if you're working in health care in this capacity, whether you're an osteopath, chiropractor, physiotherapist, whatever it might be, I think people should be having some kind of supervision that helps them with this kind of work. So in the work that I do, I'd have clinical supervision.

Steven Bruce 36:27

Yeah, I was gonna say that talking therapists do that don't

Serena Simmons 36:31
have to Yeah, and even in the work that I do, so I don't do any therapeutic work anymore. People who even just do coaching in it, from a psychological perspective, have to have some kind of supervision. So something I often bring to my teaching is just looking at how you might be able to create kind of super visit, even just peer supervision between you that creates that sense of connection, you're able to discuss things freely, you need to have a safe place to talk about everything. That includes how you're showing up as a practitioner, but also what's coming to you and your practice. Because now, and I'm sure I don't know if people can tell us who are watching. People don't just come with their injury, or their illness, they come with their life, they come and present everything to you. It's not just their knee or their shoulder, or their ankle, it's everything else that's going on in their life. And I don't think that people in these industries are given enough support in terms of understanding psychology, and understanding how to help people change their behaviour first, to that I don't always think that people feel supported in that it's your area and zone of genius is the physical. And so you're having to develop the rest of it.

Steven Bruce 37:47
Yeah. And as everybody will recognise this, we're told to think about the biopsychosocial model. Of course, we don't get much training in the psycho part of it, it's just let's try and find out if there was anything else underlying this problem, which perhaps we can refer them onwards to talk about. But it's if you are a counsellor, you would have another senior more experienced counsel or some other counsellor who would be your supervisor. If you are an osteopath, or a chiropractor, actually, I'd say was not just pointing going to another roster, brother quarterback, because they don't have that psychological training. So who would be the ideal supervisor? Well, this

Serena Simmons 38:25
is the gap. And this is the gap. This is what I see. And I think this is why

Steven Bruce 38:29
because your new career counselling? Oh,

Serena Simmons 38:33
no, but I am, I can't think of another word for past that. What could it be about bridging that gap and helping people I will say upskill, but it's not upskilling. Because people that I work with, are extremely professional, extremely passionate. And I actually think, I don't know, if you want to go on to this kind of this is what leads to burnout. It's people working so hard and trying to help so much, that they're not necessarily taking care of themselves, or they're doing all the learning and all the thinking on their own about how they can help people. Whereas I want to help bridge that gap, and help people and give them the skills and the knowledge about how people think how they change their behaviour, how these things manifest in their practice. But I'm also really, really passionate about people feeling that they are integrative practitioners. And by that I mean that they have done a little bit of the work themselves so that they have an awareness as an integrative practitioner to bring that to their practice. The more integrated you are, the more you stay within your zone of genius. The more capable you feel about having difficult conversations with patients. The more you understand why someone's doing something or maybe why they're not the more capable you feel about signposting people to the right people to have the therapeutic conversations you get Get against a boundary and within your zone of genius and help people do what you're really capable

and the thing that you really want to help people with. People aren't taught psychology as part of a degree typically. I mean, maybe people can tell us I'd love to know, because I think I keep hearing, I had a module on it, or I had a couple of hours workshop in my degree. But people don't really have this psychology.

Steven Bruce 40:24
More than that as a psychologist

Serena Simmons 40:26
a little bit.

Steven Bruce 40:30
We actually, I'm just gonna, I'm gonna roll sorry. No, no, no, it's lovely hearing you talk about this. And then there is a role. There is a role for the word passion in our compensation definitely, desperately This is I think it's overused on websites and literature when everyone says their passion. Morgan's actually asked a very relevant question here, which is, what do we mean by supervision? Morgan is literally I'm told having school clinic visions coming back. Oh, yeah, shocking.

Serena Simmons 40:55
Like super visits, and I do supervision. I'm a university lecturer still, at Nottingham Trent University, and I supervise my students and their research is very different to this. So usually, it's a clinical supervision. And what that means is, and there's, well, there's two roles. One is you, it's usually weekly when you're working in hospitals. So when I went to the hospital to have to have a weekly check in with my supervisor, and that was a clinical check in so to go through my caseload, and talk about each of my clients, my patients, sorry, and go through the work I was doing with them. Going to brainstorm and think through some things that I could be doing with them or should be doing with them. It was also my supervisors opportunity to take care of me and recognise things about what I was doing. So it might be for example, you know, that person may be weak, you know, you don't need this, this huge caseload that you have at the moment, let's take two of these off you because this one's really complex. I'd like you to keep working with them on that, or should we think about increasing the hours that you're working with that person?

Steven Bruce 42:00
You see, that's going to be slightly different to us, isn't it? If you have a supervisor, who is psychologically trained experienced, they aren't going to get a comment on my cases, because they're not going to know about the knees and the shoulders? No, it's going to be a different sort of supervision. And what

Serena Simmons 42:15
I'm saying is, I think, please, I've been there, I don't know how many people are watching. But I'd love to know if everyone thinks I'm wrong, because I'm coming and say, This is what I hear, but I'm working with people are here, underlie underline the need for this, where people could come or could have the opportunity to be supervised in the sense that they get to discuss the cases in terms of just potential difficulties with particular clients. Has anyone got any advice or best practice about signposting? Sure, shet just sharing best practice with someone with psychological knowledge, who can maybe advise you, or even give you some tools to help you tweak behaviour and just deepen your understanding about maybe why someone isn't shifting and kind of give you some advice about how you could help move them on?

Steven Bruce 43:01
Wouldn't it be? Good? Wouldn't it be interesting if someone had a case that they anonymous anonymized but wanted to share with us this evening and said, what should they be doing, and then you could give us advice. And I think what you said is a is a really lovely idea. And I would love to have it in a practice where there was a period during the week when all of the practitioners came in, and they all got together, they shared a few of their cases, whatever. And in addition to the physical therapists, there was a counsellor say, who was there as part of the gang. But the trouble is, no one's ever gonna do that. Because you can't get them together. They weren't all come together at the same time. And maybe maybe you can say, well, we'll do one or two practitioners at a time. But then of course, it's more and more time in total taken up with,

Serena Simmons 43:42
I think, supervision. The important thing though there is it's not just about giving advice, it's about having that person feel supported. And I think that's priceless. The more you support your workforce. And the more you are there for them and support them in doing their best work, the happier they'll be in their role. So it's not just I think it's vital. I don't think it's optional. I think the more people are being depleted in their workplace and feel put upon and certainly in health care, where since COVID, there have been fewer staff on wards, people aren't being employed as much or there's a depletion in the NHS anyway, that this kind of support is really necessary, I think,

Steven Bruce 44:25
well, we like to think that we offer mentoring in the clinic from one physical therapist to other physical therapist, but of course that is slightly different, isn't it? But I do I get I got into osteopathy quite late in my my life when qualified till I was 40. And I can think back then i because of the sort of person I am and was, I imagine a lot of people being quite there. I say intimidated to approach me and say would you like any help, but actually, I would have loved it. I would love somebody to take me aside and say how's it going with the patients do you think you're managing because I had no idea what I was doing most of the time when I first graduated unlike Claire here who says, I often feel the longer I'm in practice, the more I forget. And the further away from graduation I get, I'm more likely to make a mistake after graduation was when I knew the most. Now I feel like my knowledge is quite limited. And it's interesting that because I would have expected that most of the people who feel like imposters would be the new graduates.

Serena Simmons 45:18
But as you've said, when you said at the start of consultant was it or someone was here the other week, and they were not long in the tooth, but they'd been doing it a long time and felt the same way. So I think it's difficult because I think it's really, really important to retain a sense of I'm always learning, I think we have to, you know, every day's a school day where I think no one ever with any if you're if you're humble and you believe in a growth mindset, I don't think you ever think well, I've made it now I'm fine. I'm done. I know what I'm doing. I think that would be really complacent. So we know that a little bit of anxiety is good for performance. So feeling some sense of I don't know, if it's healthy, isn't a bad thing. It's when it becomes an issue, it becomes pathological or, or it stops you from functioning. That's when it's an issue. I think going back to what you said about I would have loved someone to have asked me as well, I think, even if you know these kinds of the supervision or if someone can kind of instil this in their practice individuals, the sense of people getting together to share best practice. That's also really important with this stuff, so that you don't feel as if someone like that, like Claire could get together with colleagues and they could discuss

cases and have the time and the space, which is so difficult to talk about their clients and discuss how they're dealing with them. I think that's incredibly helpful. And it normalises that conversation as well. So that's

Steven Bruce 46:53
one of the reasons why for osteopath, at least. Having case based discussions is one of the options for objective activity as part of our CPD. Because the idea is, you're only suppose that you only have to do one in your three year cycle. But the idea is you need to get some talk to the case about somebody else and with someone else and work out how it might go. It's why but it's why we do them. Usually we do them one week after each of our evening broadcasts. So it'll happen at lunchtime next Tuesday. It's not gonna happen next week. But I would love to get more people on sharing situations like this where we can talk about not just the patient, but the practitioners and maybe we should take it down that route.

Serena Simmons 47:33
It will be interesting. Do you add any? Do you add a psychological slant to those case studies as well? Or was it all focused on the physical? Well,

Steven Bruce 47:42
we add a psychological slant in the sense that we're all very conscious that we have to approach things from a biopsychosocial perspective. That doesn't mean to say, we can say this is what this person should do what people will often say, there is an underlying psychological component to why this person, this patient is feeling that way. But again, we're here to talk really about impostor syndrome in the in the practitioners, and it's the psychological component in them, which is the important thing in that regard, I imagine. But we never talk about that. We never talk about how, or very rarely talk about how the practitioners are effective.

Serena Simmons 48:16
I think so there's two things that come up for me that when you are presented with a patient in real life, it's never that clean cut, is it, it's never said at the start. It's never just a physical issue, they usually present. Correct me if I'm wrong, but they just kind of dump their life on you at the same time as we encourage

Steven Bruce 48:33
them to do that, you know, we have a case history process involves what's going on in your life.

Serena Simmons 48:39
And that's an important part of trust building. And it's important important part of any behaviour tapes, because we need to know as much as we can about them before we help them do anything and engage. I get I wonder how many people feel really equipped to deal with everything that's put forward to them. I think that's kind of what we're saying then about maybe some being like an imposter. So when I talk to practitioners, they'll say, I talked to a woman the other day, she said, I just want to focus on her ankle. And all she keeps telling me about all this other stuff that's going on in her life, and I just don't know what to do with it. I think that's the bit and that's when someone can start to feel like an impostor. Because they don't really know they think, is this my role? Should I be dealing with this? Should I have some advice for her? I don't really know. So I think you'll I think part of not feeling like that and in a role like this is to upskill yourself, to know where you can

signpost people to and to feel confident and comfortable to even engage in that conversation. Does that make sense? It certainly

Steven Bruce 49:39
makes sense. There are some issues where I suspect that physical therapists osteopaths, chiropractors will, they will sense that there's something going on but they don't like to pursue that avenue of inquiry because they think it's a little bit intrusive. And because it's not our area of expertise, they feel well, we should just leave that one. And there's an extreme example which springs to mind. And when this actually happened live on air, one of our shows, we were talking about how a particular type of therapy could enhance the healing process. And the woman concerned on air when I said, Are we allowed to ask you what you think the emotional moment when she said, Yes, I was raped? And that's the first we didn't know, we didn't know that in advance. You told us that on the show. And I'm not often lost for words, but I just thought, I don't know what to do with that information. I don't know how to handle that. Of course, you your compassion for the person is there. But then you start thinking, well, what are the boundaries? What's going through the patient's mind? If I if I make any overtures to say, oh, that's awful, are you all right is that is that probably is totally unacceptable is probably the wrong thing to do. But I have no idea because I've got no training in that sort of thing. So let's get let's make it a little bit less obvious, let's just say something about the patient makes you feel that he or she has suffered some sort of physical or other abuse. It's not something it's not an error, I think we would go down, or many of us would go down. Because to raise the topic. This year, I'd be thinking, well, what if I'm wrong? What if I say to this person who has only a history of physical abuse in your in your life, when you might think, well, they're gonna think I'm a right idiot? If I asked that question. And of course, No, there isn't.

Serena Simmons 51:24
Also, with with something, I mean, first of all, that's an incredible thing to share. And that's, that would catch many people off guard. So I was extremely extreme, I think, obviously, and that was here that was in a live that's hard to deal with. Very brave,

Steven Bruce 51:46
for a few seconds, very brave

Serena Simmons 51:47
of her to share that. And arguably, she felt comfortable enough to say something, I think very different, obviously, when you're not live on air, but very different in a clinic setting where you are one to one, and you have the ability to manage that in a very, very different way. I think the thing to remember is, in many ways, it doesn't really matter what someone brings to the table. And I need to be careful how I phrase this. It could be extreme, it could be as extreme of as what you've just said. But this comes back to scope of practice. This isn't about, for example, I'm not saying with the work I do, that we're turning you into psychologists or counsellors that is the opposite of what I'm trying to instil. I'm saying, understanding someone's psychology, and understanding how people deal with because my error is behaviour change and peak performance. If you want them, for example, to engage in some rehabilitation, someone brings something like that to the table, you ultimately still want them to do the work that you need them to do to be better. So with the work I do, it's about being able to feel confident in managing some woman, they bring that to the table, because it's not your remit to deal with it. And yet, what might be useful is just knowing how that might impact your work with them. You don't need to go into the depths of what they've been experiencing that app

pollute absolutely not your role. And again, that's going back to staying within your zone of genius, being bounded in your practice, taking care of yourself as a practitioner. But also being mindful that if you are dealing with someone as a whole and complete human being, they are going to bring stuff like that to the table. And it might well be that and this is what's happened certainly in the work that I do, I upskill practitioners enough to be able to feel just comfortable with someone saying something to the point where they say, You know what, they've been able to say sorry, they've encouraged the patient to be able to get to a place where they say, I'm not ready for the physical work, actually, thank you for your help. And for the signpost. I'll do the therapeutic work and come back to you when I'm ready. So again, I think it's about you feeling so comfortable with your knowledge and your skill set, that someone can present something in depth, but you realise that isn't your scope of practice that you don't deal with that. So you don't have to feel like an imposter going back to the kind of imposter side of it? Yeah.

Steven Bruce 54:15
In some ways, it's a bit of a shame that we haven't got Claire, my wife here, the second one on stage. Earlier on in her career, she worked with victims of torture in London. And yeah, and I don't know the details of what she did there. And I wouldn't expect to discuss individual cases with me but I remember she said that, you know, quite often you couldn't do physical therapy on the on the on the people until they've gone beyond the stage of getting over what whatever it was that they'd been through in the past. And I don't remember if she is watching, so perhaps she'll share with us whether she herself had to volunteer to go through some sort of supervision to help her cope with that. Because yeah, I found it quite distressing with that lady in the in the studio thinking I mean all of a sudden I'm not thinking about what I'm going to Say next I'm concerned about that woman and she must have felt the same way about the victims of torture that she dealt with. And we need to we need to try and focus on the practitioners in this because it is supposedly about imposter syndrome. It's about impostor syndrome. Liz has said that she is an IO mentor and Institute of osteopathy mentor, and does individual coaching as well. And she says she has coaches herself, and it makes a huge difference. Liz, what I'd be interested to know is how much coaching you got in the psychological aspects of this, or whether it was all about how to help people with the physical therapists approach, you can send that in and we can see whether the IO mentoring scheme included the psychological component. Simon sent something in earlier on he really this is just again, an illustration, I think of how fairly experienced practitioners feel about themselves. He says, it's not just dealing with consultants that makes him feel like he's an impostor. He keeps expecting the old BSO who he says he refuses to call it the UCI, which is what it's called these days. He keeps expecting him to call him up and tell him that they made a mistake. So he's moving my links around telling me he's made they've made a mistake and in his degree results, and he's got to go back to borough High Street and complete the degree again, he says the feeling has increased since the lockdowns and more people asking questions and for advice that they would normally ask their GP. Now that is that isn't increased because people can't get to see their GP. So we're seeing more of them perhaps. And for Simon, he says, he thinks the feelings of increased being a sole practitioner with no one to bounce off or to be supportive with. Interesting, what should he be doing.

Serena Simmons 56:38
So for both of those people, the first person, I really feel for them with, again, what we've said about people presenting with all of these other issues. So it's a tricky one, because I think, again, when I teach people this, what I'm really interested in doing is building a really good rapport, and the psychology of building a good rapport. Because the more you know about someone, the more they trust you, the more they'll open up to you, it means we know more about what they're really doing,

what they're really thinking what they're really feeling. And that helps things like adherence, all the other things that we need them potentially to do. With that said, again, this goes back to scope of practice, you were still allowed to be bounded, and that and kind of stay very firmly within your zone of genius. So I think I would be advising, I can't remember the first person's name sorry,

Steven Bruce 57:30
Liz, who said she was an IO Minotaur, the man who are Simon, but just

Serena Simmons 57:34
Simon so he's probably doing it already good listening, you know, to the person that might need to say some of these things to get it off their chest, and then to be able to confidently signpost them back. And to not become. And I'm not saying he's doing this at all. But if other people relate to what I'm about to say, it's not your role to become the rescuer. And so again, when I teach and this is the the psychology element that people don't really get to learn. And this is kind of more from a psychodynamic perspective, as well. So looking at kind of the parts that we hold of ourselves. But there's something called the Drama Triangle. And I teach that. And I think it's really useful for people to know and recognise whether they slip into what is called the rescuer. And the rescuer is someone who wants to rescue the victim, the victim being the patient, potentially. And if you are a rescue rescuer, what you typically do is you want to do everything for that person, you want to make it better for them, you want to be the answer to everything. It's like, if someone has a problem, you'd like to pick me, I've got the answer to that I can help you

Steven Bruce 58:46
and your family, my horoscope read,

Serena Simmons 58:48
Oh, do you feel like you can fix everything for them, and you want to be the person that fixes everything for them? But really, it's not your job to fix everything for them? And if you're slipping into rescuing, which I think there's a lot of people in health care that are that come from a rescuer mentality.

Steven Bruce 59:07
That's why we go into it. Surely we help people admittedly in physical therapy, yes or no? Okay. So

Serena Simmons 59:13
it's not healthy, though, to rescue, we want to kind of be more functional and enable someone to do something for themselves. But when you're rescuing someone, you're actually just trying to do everything for them. And that just means that the person the victim starts to lean on, you don't take responsibility. They're allowed to get into poor cycles of functioning, because you can still fix every problem they bring to you. You're still trying to fix every little issue that they have. Whereas actually, a more powerful way of kind of dealing with that is to like I said, be more empowering and your rato to become the Empower and not to rescue. It's a very different way of being psychologically and that again, goes back to you as a practitioner. That's not about them. It's about being bounded in your practice. Send during that you will not be there to rescue someone when they present to you. And that will look like signposting because you can't fix everything and nor should you.

Steven Bruce 1:00:11

There is presumably a danger in becoming that rescuer. Because if you are seen in that role, and at some point, you have to switch it off and say, No, I can't do that, then the relationship might get, shall I say, a bit more hostile? Or why should never be it from the get go? Yeah, yeah. And it's possibly one of those reasons for complaints to the General Counsel, because then someone turns against their practitioner and looks for reasons to make their life miserable.

Serena Simmons 1:00:38
Yeah, we haven't gotten long enough to go into the really deep, juicy parts of the rescuer. But I mean, you know, if you do that, what can happen is those rescuers, you can end up being a little bit of a martyr when you're a rescue because you've helped everyone and I do everything to help everybody and but then you get this cut off point, and then you really cut someone off. Whereas actually, if you are just firm and fair from the start and bounded in your practice, and recognise that your need to rescue comes from your own deep psychological need to feel needed. That's a different issue altogether. As to why you are presented with that.

Steven Bruce 1:01:13
My my wife, Clara, we chuckling away while you say all this, everything, she'll be saying, well, I hope he's listening. I'm sorry that you're having to sit through my counselling session.

Serena Simmons 1:01:29
It's interesting. So I'm, I'm a reformed rescuer. So I relate to you. And it's something I've had to recognise in myself. I was very much before I knew I was doing it. I don't know if anyone else can relate to it. But I was the Pick me, I can solve all your problems, I can help. I'll help. I'll help. I'm a helper, I'll problem solve that for you. And then you realise when you're actually trying to help people change that. It's a really disempowering way of presenting to someone who's coming to you for help, because they don't actually have to be or do anything, because you'll always help them, you'll always problem solve for them. And it doesn't get you anywhere. And then again, people like us tend to have this snap cut off, I was just had enough. These are childhood traits, you know, you needed to be

Steven Bruce 1:02:20
probably wyness societal implications of that rescuer syndrome. So if it's a syndrome, you said there was a Drama Triangle, but you only mentioned rescuers.

Serena Simmons 1:02:29
The other two which are not really relevant about the victim is the victim would be the patient tend to and then there's the perpetrator. There's typically a perpetrator victim and the rescuer. But again, it's probably more useful just to talk about the rescuer for the sake of people today, because that's maybe where people feel they are. Yeah, in terms of working with others,

Steven Bruce 1:02:50
Liz has come back with some more information for us. She says that the IO mentoring scheme provides the mentor with a comprehensive set of resources and guidance to help. And they're always available to support and help them mentor the IO that is, if she lives felt that the mentee I'm sure mentee is a real word. But if the mentee needed more psychological help, I would hope I'd be aware of that and know where to signpost them. As Serena says, she works within her zone of genius. Oh, I love it. Yeah, nice expression that I just said area of competence. sounds so much better. So thank you, Liz, that's very helpful. Keith says, Do you tell the patient you believe there is,

quote, an underlying psychological component to their issue with no formal or qualified training? How would you, how would that leave you if they complained? What if they wanted to explore that issue? Would you refer on? How would you I mean, I think he's talking about how would we as physical, not you because obviously you're qualified to deal with this sort of stuff? Would you feel and how would you offload your input empathic pickup from that person? Gosh, how should we

Serena Simmons 1:04:03
I think it'd be very careful how you word things. I think a lot of this comes back to early interactions that you have with that person, how you set up your interaction from the get go. So for example, it might be that you could say if I notice other issues that I will signpost you to other sources of help or support, but also with the way that I would teach someone anyway. And what I would encourage people to work on is more of a motivational interviewing style of, of talking to someone where actually what you're helping them do is come to their own conclusions. With that said, again, going back to zone of genius, they've come to you for specific help. So they've come to you for help with x. Your job is to help them with that thing. They might present a whole load of other issues to you. So you You'll get to maybe through conversation with them. See, when they tell you other things are affecting their ability to engage with the thing that you need to, that gives you an opportunity when they've told you something's impacting them to then signpost them on to something that will be more supportive or helpful, and then bring them back to the work that you're doing,

Steven Bruce 1:05:22
which is possibly more difficult for us than it is for you. Because people come to you with a problem which they recognise is psychological of some sort. That's presumably why they would go to see a psychology, I know you're not a clinical psychologist. Whereas with us, they might come and we might think there's a problem, but it's quite hard for us to as Keith has said, it's quite hard for us to raise that issue with them without them thinking was thinking that they're going to complain that we are outside our area of remit.

Serena Simmons 1:05:51
Again, I think if you set it up from the start that if you feel that there are other issues at play here, and that they might be best supported via other services, I think it's your obligation as a professional to signpost, them, I don't think you're outside of your remit, and that you're not saying that you're doing the psychological work. But if you if you notice something that's impacting them psychologically, and again, through a motivational interviewing technique, you would ask questions where you would say to them, Do you feel this might be impacting you psychologically, you're not putting words in their mouth, but they then get to validate that or not, it comes from them. And that's that co creation between you and the person. It's not you being outside of your remit at all, I don't believe I think you have an obligation to refer on otherwise, you're gonna end up dealing with that person. And that's also that's probably more unhelpful to deal with them.

Steven Bruce 1:06:42
There was another part of Keith's question there, which was how would you deal how do you offload your empathic pickup from that person? So I'm presuming here, he's saying what do we do about the emotions, we now

Serena Simmons 1:06:55
need to have supervision, I was just gonna say if you don't have supervision, I don't want to I don't like I'm not promoted with I don't do this for a living. There's no backhanded secret supervision grip,

I have something. I just believe it's something I believe that more psychology is needed in this kind of training and practice, and more support.

Steven Bruce 1:07:17
When you say more psychology is needed and this sort of thing. You mean, not that we couldn't pack any more into the?

Serena Simmons 1:07:23
Well, I think why really,

Steven Bruce 1:07:27
colleges always tell us,

Serena Simmons 1:07:29
I think it's just so needed, I think, because I think when you're working with a person, ultimately, and this is what again, what I teach you, you work with a human being, and you might be working with the physical, but everything starts with how we think. So we need to know how that person thinks. We need to know how we infiltrate their thinking, how we might encourage them to maintain and adhere to exercise programmes, how, why they might be struggling with something, why they might not feel motivated, because they will come to you with those things. So I think we need to be upskilling and equipping people working in those industries with knowledge, just enough to feel like they understand and that they feel that they have a set of tools that they can pull out the bag and go, I can use that. And I've got this tool where I know what to say, I don't feel like I'm stepping outside of my zone of genius, feel really comfortable with this. And I've actually empowered that person to deal with this issue with that person. And now I can focus on the physical and I feel really good and they feel really good. Does that make sense? But what I'm gonna say was, if you don't have that, I think what would also be useful is even if you could just pull together a little pocket of people, instead of going home and offloading to your husband or your wife or your mates or having one too many beers on a Friday night. Set up a little best practice kind of peer supervision group and have that between all of you. And as part of that, I would say also have other people that you know, you signpost to have those things ready. So that you know that if it's this issue, I know that there's a really good person that we signpost to for therapeutic help another counsellor or psychologist. So have those people ready and set up between you as a group. And then you know, and feel comfortable and confident. See that. So it's building strategies to help you feel more calm, confident, I think.

Steven Bruce 1:09:29
Rachel has said she wonders if there could be a role for Ageing or experienced or even injured therapists providing a mentoring service for anyone in the profession who wants it. Particularly supporting new grads. There could be some extra courses to beef up the psychological side. And you're not here to shove any courses that you might run and I don't know what courses you run, but do you run that sort of thing for therapist

Serena Simmons 1:09:51
or the course I run and I'm running it again soon is a behavioural change course. So it's a five week course On behaviour change interventions for healthcare

Steven Bruce 1:10:02

practitioners. So that's behavioural change in patients. So it's about helping

Serena Simmons 1:10:06
patients achieve change, which is ultimately getting them to adhere to anything you want them to add, which is what we talked about when you were in here, and giving you the psychological underpinnings to understand why someone might not do what you want them to do. So basic psychology really, with that said, I've worked very hard on talking about integrated practice all the way through. So from the get go, it's about you as a practitioner. So we cover all the things about the Drama Triangle, for guests out parts of yourself, what you bring to the table in terms of your work, which parts of Gestalt, so it's just the parts that we have. So you will have seven year old Steven that kind of comes along with you and maybe responds to things I don't know, maybe Claire can tell me

Steven Bruce 1:10:50
where would be glad.

Serena Simmons 1:10:54
But really is a set of tools to help you feel comfortable and confident when you're doing this work, really. And in that I talk about people setting up places for them to get together and share this and do this. Because it is really important that they have that support. So there's definitely a place for people who are in a place where they're comfortable and confident in their career where they maybe can do that iPhone was great, great idea.

Steven Bruce 1:11:20
Okay. Paul says At times, I feel I get more stress from being safe rather than being any good. Whether this is a byproduct of the general osteopathic counsels, emphasis on patient safety or his own desire to sleep well, because he's pushed his boundaries. He says if you don't have you know, whether you are effective or able to develop effectiveness, so I think what he's saying there is he wants to push his boundaries to try and achieve better results in patients. But at the same time, with patients safety is emphasised by all all the general counsel's everywhere.

Serena Simmons 1:11:50
Yeah, I get that I think it's hot, you've got obviously he's working within his remit and has to be very, very careful and mindful. This does go back to him being the expert, however, and knowing how much you can do, really, and also co creating with that person asking for permission, getting them to talk about and figure out for themselves what they're willing to do while creating a little bit more of a challenge. So yeah, I think you will say, the other thing I'm gonna say isn't something I'm really passionate is to think about oh, so think about play, we forget to play and this is a part of against what I do in my course, looking at play and integrating kind of things that break our routine that make us feel like we are doing something a little bit more outside of the standard or outside of the norm because that also helps with our neuroplasticity, it creates more enjoyment. So sometimes we need to do that for ourselves first before we can give it to other people.

Steven Bruce 1:12:50
You talked about motivational interviewing technique a little while ago. Suzanne's just said if anyone's interested in a motivational interviewing introductory course, there's an afternoon course in Bishop's Stortford, 35 minutes from Liverpool Street or Tottenham Hale on the 29th of June, organised by mind places a limited 35 pound discount with a code which we will send out after this. We've Justin's on the ball, he'll get it on the on the screen while we're talking. Could you just give

give me an outline of what is meant by motivational interviewing? And how long does it learn? How long does it take to learn how to be a motivational interview?

Serena Simmons 1:13:27
There's no set time there's no kind of credential or qualification. I'm sure there are qualifications that you can do in it. But you can learn how to do it in the basic principle principles quite quickly. So an afternoon course, you've got I think you'd get some really good tools that you could implement from a mi perspective in your practice. From that, I mean, I certainly integrate it into the course idea and give you an overview and some quick insights into how you can use some of the key concepts. The main idea behind it is, it was developed as a way of having a conversation to elicit change in the person that you're working with. It was developed really, for people who were addicted, who were addicts, mostly drug addiction. And it was to encourage people to really it's a self problem solving conversation, where what you're doing is you're showing up with a series of very carefully worded statements and questions that are pretty much all taken from the person and repeated back in a particular way to elicit the changes. It was hard to give you a standing start example. But what you would do if someone would you would encourage someone to talk about a change that they wanted to make, for example. And it's a very long process. It's actually really, really long. It'll go on for a very, very long time. And as they're speaking what I'm picking up so you're the key things are to pick up on any language Is that centred around them wanting to change?

Steven Bruce 1:15:03
So for us, it might be typically a patient saying, Well, I'd love to get down to the gym more often, but I just don't do it.

Serena Simmons 1:15:09
Yeah. Okay. So I would encourage them to talk a bit more about what is it that you love about it and kind of get them to expand on that. The idea being that I will get them to eventually over time, again, it's a very lengthy process, flesh out how they want to feel when they do or how they might perceive they would feel or be if they were to start engaging in that. And to kind of get them to focus on that and how they would think and feel if they were to try and get towards that place for the changes achieved. The key skills around that then are keeping them focused on that, and being able to create a goal that you then help them stick to. But what you've done cleverly, is you've used what they've said, because it's come from them. That's the goal that they've said that they want. So I'm using what they've said, what was back at them. So big part of MI, is repeating back what someone has said so that they can hear it, and they can tweak what they've what you've said to them just in case something isn't quite right.

Steven Bruce 1:16:09
Okay, so Well, thanks to Suzanne, for sharing that. Yeah. I don't know if it did go up on the screen. But we'll certainly share the link later on. More health Pain Relief Clinics as the tricky thing is when you signpost patients for help within the NHS, but they can't access it for six or nine months. So they keep talking to you to you about it.

Serena Simmons 1:16:31
Yeah, very, very tricky. I think again, I do really feel because I've been in the situation where I've done that and signposted people as well. And I think this is where people do get stuck was I think if they can access any paid for health care, then sometimes you have to be able to give them options if they can do that. Charities are also really helpful like mines, like Samaritans or other places they can

access kind of other places where they can at least talk and feel heard by other people. And also just other other friends and family. So helping them to problem solve a little bit of their own problems. I know this is very difficult, you don't have time. But it could it be a quick part of the conversation where if that's the elephant in the room, and it's gonna stop them doing what you need them to do, can you just kind of have a brief conversation around them problem solving what they could do? A bit like the Mi example that we gave, what could they do to help themselves and what would that look like,

Steven Bruce 1:17:28
in my mind to me means myocardial infarction. Motivational listeners come back and say the IO scheme is open to anyone who's a member of the Institute of osteopathy. She says it's very rewarding work and recommend it to anyone who's been qualified for a long time and wants to give something back to the profession. And she runs a support group and provides courses for new osteo grads as well, which is also great, fun and rewarding. So again, thank you to Liz. Lynn says, a local good therapist can provide clinical supervision, you'd have to pay, of course, but often they can do management, coaching, etc. And she's found it useful in developing her resilience and management of her team. And I presume when she says a local good therapist, she's talking about a counsellor rather than, yeah, I think

Serena Simmons 1:18:18
probably not the counsellor it would be a psychotherapist or a psychologist. Yeah, who would provide clinical supervision, it's a great idea if you can afford to pay for it and pay for that for your team. So I love that you've said that, thank you so much, because I love it when people are transparent about doing that kind of work as well. Because if you're paying for that one on one, you could also bring lots of other things to the table that might be bothering you. And again, we're whole and complete human beings. So it was never working in isolation. So we're just like the patients. It's never just the patients or the work. So if that's a really, you know, if you can access that, and it's a big advocate of people doing that kind of work.

Steven Bruce 1:18:57
Yeah, we love to blame ourselves. So don't wait. Here's what Amanda says. Amanda says when she graduated, she would have loved someone to have asked her how she was doing. Was it all going okay? It's no one's fault, hers, Amanda's if anything she says for not speaking up, and it wasn't their fault. Because as a new grad, you don't think you should speak up. It's actually a fault in the profession that we aren't. Unless you go through something like this mentoring scheme. We aren't taught to look after our colleagues very particularly well. But she just say the need to put a face on just snowballed and she looks back and realise that she did that as well as going through undergrad as well going through undergrad training. Yeah. Yeah.

Serena Simmons 1:19:36
You don't know what you don't know. I think it's again, it's it just smacks of the profession really where you're not given. I don't want to braid it completely. I think all the way I don't want it to melt into I think bad work is I think everyone does incredibly good work. And again, the thing that I've noticed with the work I do is it's the exceptional practitioners that wants to do the training because they're always looking to do more work. and build their understanding and they want to know how to help more people. So, you know, you've got such a conscience. And as part of the problem, you've got really conscientious, hard working professional people who put the face on, who don't think about themselves who are rescuing everybody. And actually, it's the wrong way around is what I said

before about No, I think this needs to be fit into training. I think we need to have practices integrate some kind of support, or supervision type work where people feel supported, where it's the norm, it's a cultural norm in healthcare, that people get that. So no, it's not anyone's fault. It's certainly more of an endemic kind of, you know, cultural issue. Yeah,

Steven Bruce 1:20:43
I suppose. I mean, I said, it's not Amanda's fault. It's the professionals fault. But of course, that doesn't really help does it because she can hardly go around pointing the finger and saying, It's all your fault that I felt this way, when I was a young undergrad or new graduate. Dawn wants to know if there's a difference between inferiority complex and imposter syndrome.

Serena Simmons 1:21:02
That's a really good question. I mean, impostor syndrome is just a label. Really, I think, again, because it's not diagnostic there isn't, there's potentially these things that you will experience, but there's not a strict criteria. It's kind of what we described at the start. So I would say if you're feeling the feeling of feeling inferior as a different feeling, to feeling like an imposter. Remember, with an imposter, you feel like maybe you're doing a great job, but you're going to be caught might be like, I think I'm doing a good job. But maybe I don't belong here. Maybe someone on our I don't have the right qualifications or experience. Or one day, I'm gonna get tapped on the shoulder and they say you got you snuck in under the wire, you shouldn't have come in here. But inferiority to me sounds more kind of chronic, it sounds like I don't really know what I'm doing. Like, I'm not putting words into the mouth of the person that has written that. But I wonder I would want to get a bit more granular with the difference there and to know how that person feels and what they're experiencing on a day to day basis. The good news, either way is both of those things, you can do something about it. You know, and I certainly start with looking at your role currently, and how you feel in that role. Is there anything or any situation that you're in that brings up on any particular people that bring it on, and in particular patients that bring it on and start to kind of problem solve that, again, it's better than with someone that can kind of guide you in that conversation and help you unravel it. And then obviously, stuff from your past may well come up, that's kind of more of a driving factor in terms of your personality traits, your sense of self worth, self efficacy, etc. So there'll be some things to unravel there to make sense of

Steven Bruce 1:22:50
going back to what Amanda said about when she graduated, she wanted someone to speak to her about how she was getting on. Ruth has said, this, this reflects something we did a show on this. It was fun. It was about new graduates building their own experience. And so Ruth says she can't remember recommend enough that new grads should spend time in an established clinic where they've got a principal who's there to ask the IU. Okay, questions. Ruth says she did that. And it was totally invaluable in helping her build her confidence, competence. I did the same. I worked in a very experienced osteopath practice. I didn't work much because I was still doing two careers. But yeah, but he was just brilliant in in pointing out all the things I didn't know and helping me to learn. And I think that there's, there's obviously merit in coming out of college and thinking great, I'm going to forge my own career set up my own clinic, or if I'm going to spend money renting rooms, anywhere else, whatever it might be. But of course, there is a lot of value in soaking up the experience of other people.

Serena Simmons 1:23:50

I couldn't agree more and as you support other people, the support the camaraderie, the sharing of best practice, the sharing of how to deal with just the job on a day to day basis, having friends and a team around you as well. I think that's a great foundation to have. Yeah, absolutely.

Steven Bruce 1:24:07
And I'm gonna put you on the spot because Amy has said why do you not recommend a counsellor why or psychotherapy? Oh, she probably wouldn't say aggressively as

Serena Simmons 1:24:18
a counsellor if you want to. I would be going for more of So, counsellors will have to have supervision, but it's not as in depth in terms of the clinical aspects of it if you want, it could just be a support group, to be fair, so there really is no strict difference. But psychologists and psychotherapists are trained to give a very particular type of high level clinical supervision, there's going to be a counsellor that looks good and they are getting really bloody good supervision and good VA and I'm sure you do. So. You know what, it's more about the person if anything, that's what I will say as well. It's more about the person that you have a connection with, do you feel connected to them? Do you trust them? Can you open up to them? So the the top tip is I always say like a pair of shoes, you might have to try on a few before you find the right pair or the right person in this case. So don't always go with the first person that you meet, if you don't quite gel with them, go to someone that you get on with that is the main thing that you feel listens to that helps you problem solve that helps you make sense of what's going on. It's more about the person.

Steven Bruce 1:25:23
Okay, so some of this will be summarising some of this, we'll be getting into the weeds of what do we do? I'm a practitioner, and I wake up in a cold sweat every morning about going into clinic thinking every patient is going to find out I don't know what I'm really talking about, despite my four or five years of training my degree in this and all the post grad courses I've done. What's the first step for that particular practitioner?

Serena Simmons 1:25:49
As objectively I'd want to talk to them today, if they felt they were doing the right job. I know that again, sounds a bit like a huge setback. But it's just really good to check in with yourself just to figure out whether this is Is this all off for you, because you're not happy, deeply unhappy in your role.

Steven Bruce 1:26:08
But if I if I got a cold sweat every morning, am I not going to think well, am I in the right job, I don't know

Serena Simmons 1:26:13
why you need to actually bounce this back with somebody and talk to somebody else and get some support. I'll say you can't do it in your own head. But what you could do, and there are some really kind of, there's some other things that you can do on your own. I don't know how people feel about doing things like journaling practice or meditation record of doing your own work around how you feel. They're really powerful things to do. taking some time out to figure that out, you can't hear your own voice and feel their own feelings when you're in the noise of something like that. So can you take some time to step away to get some distance, a break, where you can actually hear what's going on in your own head. I talk a lot about integrative practice and kind of trusting your gut. And I

think it's maybe quite controversial for my field. But I think it's imperative that you tune back in with what you're really doing. And whether you feel happy in what you're doing first and foremost.

Steven Bruce 1:27:11
If I were the person coming to talk to you about this, given my age, and so on, and you said Are you happy in your profession, I might be thinking, well, I've got no bloody choice now because I can't there's I'm got time to retrain to become a chimney sweep or whatever it might be. I'm stuck with this. I've got to do

Serena Simmons 1:27:25
lots of people like that before. And that's so again, working with someone like that, it becomes more about you being content in your role. Yes. So you're happy in your life and your content and your role, you can do your job and you can do it well, you're comfortable, and your content. And your life is rich and fulfilling. Because it's not just your work. It's not just that in isolation. It's everything that makes up your life. It's the things you do outside of work. So, for example, I used to work with lots of people who wants to change their job, they will come to me saying, I'm really unhappy. And I don't want to do the job anymore. deeply unhappy, I don't want to set foot in work tomorrow. And the work we would do, maybe 50% of them left their job and they would do something else and they would find different work. But for some people, it becomes cost benefit analysis, maybe they didn't want to retrain, they didn't want to put the time in to retrain. Actually, there were some good things about the job. They really liked the people that they work with, and they really liked their salary. And that was compelling. So can we compartmentalise it in a way where you're content with that. You have then capable content. You can be bounded in your work. So you're not going above and beyond necessarily, you're doing it well. And you're giving 100% to patients. But you're able to walk away from that and have a fulfilling life. And it's just a part of your life. It's not everything. I'm not saying that there aren't people wear their life is kind of deeply intrinsic in terms of their passion. And that's a different way of working. But I think it's wrong for people to think I'm really against people saying, you know, work within something that's your passion and your purpose. Not everyone has the ability to do that. We need to be mindful. It's not available to everybody. Aim for that. But there are other ways of working where you can still be deeply happy. Yes. Sorry, a bit of a rant.

Steven Bruce 1:29:25
Yeah, it's almost as though you're saying that anyone who feels that they are an imposter should immediately seek psychotherapeutic help. So there's got to be a spectrum at some point where people have a trigger that says that this is affecting me so badly. I need someone to talk to me professionally about this. Do you think?

Serena Simmons 1:29:44
I think this is down to personal preference? If I'm honest with you, I think, as I said before, it's one of those things where at one time or another we may have all felt like an imposter. At the first hint of feeling like an impostor. I don't suggest you suddenly rushed off Find psychological help. Where typically you want to find help is either because you're curious about it, because it keeps showing up, it keeps tapping on the shoulder and you're like, right, this has happened one too many times. And I want to know where this comes from, or why I keep feeling like that, or I don't want to feel like this anymore. Or it becomes pathological, ie, it's showing up every day you are in a cold sweat before you go into work. That's a different issue. And that's when you're straying into other problems. Either way, somewhere along that line, getting someone to talk to is going to be helpful. But that might come after your own period of internal inquiry.

Steven Bruce 1:30:43
Other potential downs, there is obviously a potential downside to not getting any help with this. But could this could this become seriously an issue if somebody who is waking up in the cold sweat every morning doesn't try and get it resolved?

Serena Simmons 1:30:56
Well, that's when I would say it's not imposter syndrome. And that's arguably why it's not in the DSM because there's not It's not classified as an illness or a disorder. Although there is argument that it should be, it's once it becomes some becomes an issue, like clinically a problem because you maybe can't function you're thinking about it all the time. It's probably not actually just impostor syndrome and isolation. And I assume someone would be having other issues alongside that kind of comorbidity with are they then very, very anxious, is there a generalised anxiety, it's probably impacting their sleep, their food, their diet, so then we're looking at other issues, so then they would need to have help, you might find that you're just feeling like an imposter. And in that, it shows up every now and again, like I said, or it's around particular people or when you have to do particular things, or at the at the potential that there's a change in Job, then it's about maybe taking time to figure out for yourself why that's showing up. Right? And that's when it's about kind of thinking for yourself what's happening again, can you you know, journal, talk to a friend to start with and just kind of figure things out, and get some help in terms of your own research and reading and kind of, there's some great books, but don't ask me to name any, but I can send them to you. Some great, there's a great website, actually, which is more around imposter phenomenon, which is great. So I'll send you the link to that for people to training and events where people specialise just in looking at this, which people might find really interesting. So again, doing your own kind of self inquiry will really help. But again, I think some of this is normal. And this comes from us feeling like we have to be perfect our past.

Steven Bruce 1:32:47
And always because nobody talks about it always thinking we're the only one. Exactly

Serena Simmons 1:32:51
again. So again, if we were had a more of a an openness about these conversations, then I think it would normalise it.

Steven Bruce 1:32:59
Claire, my Claire has as joined. She says that someone has mentioned it that it can be asked hard to ask for help with a complicated case. And I guess that it is a reflection of imposter phenomenon syndrome because you're thinking people will assume I don't know what I'm talking about, because I'm asking for help with this. And what Claire wanted to say that Claire has presented numerous cases on our case based discussions. And very often they aren't actually her own cases, she's done it on behalf of someone else who didn't want to speak. And what she's saying is that she can do that for people. But if people want to send in their cases to us, for those case based discussions, it's a really good learning process. And it's a great opportunity to share, you know what's going on inside your own head as well as what you think's going on inside in the patient's body or head. So that's a useful thing to do because you can do it without feeling silly or anything like that, because everybody they're very supportive on these we get we get two or 300 people on these case based discussions sometimes and you know, they're they're not everybody contributes sometimes they're just there to listen, but you know, the amount of experience that shared is just, it's just wonderful.

I'm gonna go straight on with this because that was really an observation or anything else. I like it. I like this one. Morgan says that she must. I think she must admit that she does this with some friends who are osteopath and I think she's been talking about the cases. But she doesn't have on a day to day basis. Do you think she'd drive them mad? I must admit, sometimes I talk to my mum. She isn't an osteopath, but has lots of experience as a sports therapist and sometimes tells me offloading give another point of view. As on a biassed view. She always reminds me that I'm amazing. I think perhaps maybe we should get a telephone number so we can all talk to Morgan's mum.

Serena Simmons 1:34:45
I like that. She says she's from a different profession. That's also really helpful. Yes, yeah. It's different creative brain to come in and look at something completely differently. Well,

Steven Bruce 1:34:55
yeah, that perhaps sort of reflects groupthink, doesn't it? You When we talk to other osteopath, you're only going to get an osteopathic point of view, even though there was a spectrum of views in there. But yeah, very useful to get another person. I love just, I should have mentioned this myself. But a big reminder to to you that the Academy of Physical Medicine is here for you as well. We don't just provide CPD, we answer telephone calls and emails, we talk to people, we help people. And I like to think that when people come to us with a problem, we work our little socks off to try and help people out. That doesn't mean that we're psychologist, psychotherapist or anything else, it does mean that we can find the answers and point you in the right direction. And we're delighted to do that. This is more than just a CPD service that we run here. Which I hope isn't stepping outside my zone of genius.

Serena Simmons 1:35:45
No, not at all. It's brilliant. And also say actually, just because we keep saying about supervision, it's not this great panacea. It's not going to make everything go away. I think, you know, people, certainly practice owners and managers have to take some responsibility to put the hard work in and make their environment, their work environments good. And I think training has to change. So we have there are some actual tools we have to give people before they get out there and work. And to upskill people in this area of psychology and behaviour change. I think I obviously I'm biassed that's what I do. But I think seeing what impact it can have on helping people change their practice and giving them that information is really important. It's often missing. And so I think they're just some really practical things that we can do. But I would always go back to it starts with you and how happy you are and kind of you coming to the table that practices on how happy you are in the work that you're doing.

Steven Bruce 1:36:40
I mentioned this chap to you earlier on, actually because he was he was the guy who mentioned imposter syndrome last week when we are on a case by case basis discussion, a discussion. And it's Robin Robin says I often suffer from the feeling that most of my brain knows that he has had the education and the 20 years of experience. But there's that little bit that says you think you know, but actually you don't get it in today's the day you get found out. He says APM has helped me out a lot. I'm really pleased to hear that. He was so he was so nervous the first time he did a case based discussion with us that he was going to get laughed out of the room. But it's helped to build his confidence and his knowledge over that overall very polite and he sends us a little kiss. She's very confident.

Serena Simmons 1:37:25
I just want to say as well as so I love it when people are that transparent because everyone said what was really going on in their head. Actually that might be a bit dodgy. But it's it just normalises again, it would just make it. It would just normalise the conversation and something I teach again, when I look at kind of you being a leader in your practice, is a leader will be able to do that. A leader leads the way they know when they don't know. And they can call it and actually an expert is comfortable. A true expert will say they don't know something. Yeah. And there's expertise and not knowing, again, within your zone of genius, or you're saying I don't know that I can refer you on to someone that might know,

Steven Bruce 1:38:11
I've actually found it quite maybe humbling is the wrong word. But to be talking to a consultant orthopaedic surgeon asked him a question. I have no idea. I don't know anything about that. And you think, good lord. So many people think they have to have the answer to the question. And I think a lot of people are intimidated, right, coming on a show like this, because I don't know what the questions are going to be. They come from all those people out in the real world. And it must be quite intimidating to think what might they ask me? Yeah, you've done very well, seemingly. So yeah, you you do your behavioural change course, you also you talked then about helping a course to help leaders in practice in practice.

Serena Simmons 1:38:56
Also, just in the behaviour change course I incorporate some elements on leadership, as well, but yeah, I might do some of that work if I go into a practice. So with the course the course is just a standalone course I teach practitioners, so they can integrate the psychology but typically comes on that. It's mostly osteopath, chiropractors and physiotherapist. I do it in person as well. If I'm asked to if I'm invited in to do it as a one or two day training, and that's usually with surgeons or physiotherapists in practice. It's very tricky working with authority surgeons and your academy. But that's a very different way of teaching. Let's just say this work. And then I do it practically. So I might go in and do the work with the team as well. Yeah, yeah, yeah. I

Steven Bruce 1:39:47
don't think we've got knee surgeons in that ambition. We can have some doctors but

Serena Simmons 1:39:51
okay, well, that'd be interesting to know what they take on this because on the psychology element,

Steven Bruce 1:39:56
right, how long is the court

Serena Simmons 1:39:59
so The online course is five weeks, obviously not constant. So it's, thank you for asking. It's, so it's fifth of June. So start with a couple of weeks. It's five weeks, every Monday night, it's two hours online seven till 9pm. And then there's an implementation week, three weeks after the course ends, I can see how you got on with the tools that I gave you. So that's another two hours, and it's the other two hour live. So it says all live online, if you have a learning area, all of the course material goes into that. That's yours for life that you get to go back and look at anytime. So you can do it in your own time and just not do it live. But I had a lovely cohort that did most of it live last time. So that was fantastic. Yeah,

Steven Bruce 1:40:43
yeah. And I think fifth of June might be guess, I mean, it's quite soon, isn't it for people to sort of commit to something then, but how many do you run a year?

Serena Simmons 1:40:53
Well, this is the second one. I'm running this job. I don't know when I'll do the next one. Yeah,

Steven Bruce 1:40:57
I'm sure you will tell me I will tell you Yeah. Robin, Robin has just come back in here and said, Would it be a good idea to substitute the occasional Support Group Type meeting for the case based discussions we run? And I'll tell you why we haven't done something like that is because I'm always slightly worried that we won't get any takers. And that people, you know, when you say it's a case based discussion, we know that that's something we have to do as osteopath, not necessarily as chiropractors. But we have to do that to meet our CPD requirements. If we said it was a support group meeting, I wonder how many people would be interested. So maybe people will tell me off the show, maybe they will send a message and say, well, we'd be interested in doing that. It'd be

Serena Simmons 1:41:38
interesting. Maybe if people could write in with their own case where they've been overly complex, they've not just presented with the physical, and maybe people could use those because it would be great. So how people might handle all those other elements and what they will do with

Steven Bruce 1:41:54
or cases which have affected them personally.

Serena Simmons 1:41:58
Yeah, and what have you done to kind of manage that yourself self management?

Steven Bruce 1:42:02
We might have to book an expert to join in on that, because we'll be delving into areas which well outside all right, all right. Zones of genius.

Serena Simmons 1:42:09
Yeah. He's smiling at me.

Steven Bruce 1:42:16
That we will be we will be commissioning your professional services if we did that. So I'd

Serena Simmons 1:42:20
love to help. I mean, if anyone does want the help, I very happily signpost

Steven Bruce 1:42:25
that those would of course be online. So yeah. So what would you we are getting close to the end here so quickly? Yeah. Doesn't does? What would what would you say to sum up, then, in terms of going back to imposter syndrome?

Serena Simmons 1:42:44

I would say if you've ever experienced it, or are experiencing it, you are not alone. Most people with a conscience who care about what they're doing, probably have experienced it at one time or another. So you're not alone in feeling that way. I would first and foremost, spend some time just trying to decompress and kind of figure out internally where that comes from for you. So where is that, in terms of? Do you feel like it's something that has been triggered by something in the workplace, so that you tend to feel that way, if you see a particular person, see a particular patient, you're in a particular environment. So can you narrow down kind of where and when you're feeling it, if you can, there'll be already some things that you can know that maybe could be problem solved around those things. If it's more general, again, sitting with those feelings a bit longer, if you are up to doing anything like journaling, then please do or meditation kind of thinking about where that might be coming from for you. But the other thing is, don't be afraid to get some help and talk to someone about it. So if you've talked to a friend or your partner or loved one, or we're all gonna go which is all great. But I also realised that people may have kind of exhausted all those those avenues and still not feel that they're any better, or they haven't resolved something for themselves. And I've done some reading, then that's maybe when you would do want to go and talk to someone, and just kind of help them. Let them help you figure out where that comes from. And that's really, really empowering to kind of take control of it. Because I'm sure really, you are good enough.

Steven Bruce 1:44:30
Thank you. I was going to ask you if you give us some advice, nobody in particular, but those sorts of people from particularly men from a metro background and feel that they have they can't admit what they should do to overcome to talk to people. Oh, very quickly, Dominic says, I've done the last course Serena talked about and I can say it was very helpful, very insightful and a great learning five weeks, so that's wonderful. I don't want to come back in and say

Serena Simmons 1:44:58
your name, Papa. Yeah. So there's only one dominant because

Steven Bruce 1:45:01
that one's exactly what's the cost of the course. They asked me to

Serena Simmons 1:45:07
five to four, essentially, we get a 20 hour CPD certificate on completion 12 hours of live, and then there's additional homeworks, etc. And I am giving a 50 pound discount to anyone who would like to sign up to it from your wonderful Academy.

Steven Bruce 1:45:24
Oh, that's kind of you. How did they get?

Serena Simmons 1:45:27
There was a discount code which it asked me what it is. I think I've done it very simply a p 50. Right, if they'd like to sign up on the

Steven Bruce 1:45:39
screen. So I've just been told he's put that on the screen,

Serena Simmons 1:45:43
as if by magic, and then a PM 50 off if you'd like to pay the instalments. So thanks very kindly.

Steven Bruce 1:45:49
That's very kind.

Serena Simmons 1:45:50
Thank you, Dominic. Again,

Steven Bruce 1:45:52
we've had almost 400 people watching this evening. So hopefully, they found that that really interesting. Thank you so much for giving up your time. I have been I've got a little note on my question. CTM marked with a red label saying, Steven, can you remind everybody They're awesome? I think that's probably true. And we, many of us just don't realise it. But there we are. That is it. So as I say, thank you very much for giving this up. You're giving up your time. Thank you for joining us this evening as well, because this is it is fascinating, but it is a very important topic that we've been talking about. And I hope you've gained some real value, some real insights and what Serena has had to say. Just to remind you, there's no broadcast on Thursday lunchtime. This week, we're off to the BBC to learn how the real experts do things like this. But we will be rescheduling that broadcast on mindfulness, which that was one that was in the diary of for another date. We haven't got a date yet. We have an additional broadcast next week. However, on Monday evening, Professor Bob Gerwin, who's over from the states to teach this weekend's dry needling course, he's going to be joining me in the studio for an hour. And we're gonna be talking about I don't know, dry needling trigger points. Whatever else takes our fancy. He is a supremely experienced neurologist. So I'm sure that we will find lots to talk about, especially of course with with the help of your questions. So Monday evening, next week, 730 to 830. Professor Bob going takes us into June. And I've got the brilliant Claire minshall. Joining me for a case based discussion on Monday the fifth. So that is definitely something I'd encourage you to take part in. There'll be lunchtime Monday the fifth. And I think the last thing I want to mention is the communication and consent course next month, which will actually stray into leadership. That's on Saturday, the 24th here at the academy. I think we've got the link on the screen for that as well. Robin lensman, who's been on the show before will be running that one day course. Not only is he going to tick off that mandatory training module required by the General Counsel, it will also help to develop your communication skills, and that those aspects of leadership that we were talking about earlier on today, Robin, you might know he's the founder of coke, UK, which is an organisation devoted to improving improving communication in our professional so the ideal person to be coaching. The full course cost is 99 quid, but there is a members discount and an early booking discount which are available at the moment brings it down to 82 pounds for the whole day's CPD. So they are the links on the screen as I said, we will be making available the APM cameras as well during that course, partly is to to be incorporated in the training, but you could well leave with some really good stuff your website or social media, but the places are limited, so don't hang around. Okay, I'm done for this evening. Thanks again to Serena for sharing all your expertise this evening. That's been fantastic. Thanks to my team for all the work they do in the background. And especially thanks to you for joining us. Enjoy the rest of the evening. And if you're on the dry needling course I'll see you on Friday. Otherwise, hopefully you'll join us again next Monday. Goodnight