Impostor Syndrome: Are You Really Any Good? – Ref302

with Serena Simmons

16th May 2023

TRANSCRIPT

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Steven Bruce
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 impostor 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 wouldn't it 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, how we get them to comply. So this time, we're going to sort of meddle with our own heads, I hope, and get some answers and techniques from you that might help. Give us a bit of background, you are a chartered psychologist?

Serena Simmons
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.

Steven Bruce
Teaching it serial murder.

Serena Simmons
Not teaching serial murder, although should I say that you pick up tips along the way? No we won't go there. No, I teach 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 what I've learned...

Steven Bruce
I am an ex Royal Marine with 28 years of military service behind me.

Serena Simmons
What do you want to talk about today?

Steven Bruce
Actually, I've got you on the show just to deal with my own worries.

Serena Simmons
We don't have long enough.

Steven Bruce
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 he?

Serena Simmons
He was very well behaved, I have to say.

Steven Bruce
He was very well behaved. But the other thing also is, I noticed on your website, one thing you've written there in prominent letters, I think it's a standalone, capitals, bigger cases, is "I bloody love psychology".

Serena Simmons
Oh, I do!

Steven Bruce
Which is, to me, there's the one thing about that 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. Whereas yours is a human way to express the fact that you love the topic.

Serena Simmons
It might slip into tonight's conversations, because I say passionate 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 for a living.

Steven Bruce
Well, frankly we don't care if you don't relax, because it means you come here full of knowledge. Impostor syndrome is what we want to talk about, and 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 else?

Serena Simmons
Yeah, it's a funny one, really. 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...

Steven Bruce
DSM?

Serena Simmons
The Diagnostic and Statistical Manual of 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. If 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. It's 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. And so you 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
Does it affect particular professions?

Serena Simmons
And so when you look at the research, no, 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 perceived as being more of an issue with high functioning women. I'm 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, so career is often, like I said, the kind of lens through which it appears, if you like.

Steven Bruce
Can I just ask, what does high functioning actually mean?

Serena Simmons
I even grimace when I said it. High functioning, it means the high achieving women. So they have a role of probably highly educated, and that's the other thing that we see, often there's a kind of a correlation in terms of highly educated women, that there's some kind of status or authority 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
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 very experienced very, very well educated and practised osteopaths or chiropractors, 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
It's really interesting that you say that, because if you specifically looked for research in 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 pedestal, that that comes with some feeling of feeling an imposter as well.

Steven Bruce
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 those CEOs haven't got an impostor syndrome, they genuinely aren't any good at their job.

Serena Simmons
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 tangent, not really the imposter side of it, but more I've ended up in this role. 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
Well, actually 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, a physiotherapist, do you see the same in healthcare practitioners that actually, they've got there for whatever reason, but they're unhappy because they don't trust themselves or believe in themselves or because maybe they didn't want to be there in the first place?

Serena Simmons
Yeah, I think, you've said lots of different things there, 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 and I said at the start. So typically, you feel like you're gonna be found out, you've got here 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. 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.

Steven Bruce
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
Yeah. Well, I think yeah, as you said, at the start, have you ever felt it?

Steven Bruce
Yeah, definitely.

Serena Simmons
Yeah, and 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 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? They're the important things to break down and look at really.

Steven Bruce
Yeah, 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 you recognise that maybe they need some help, some mentoring, some coaching?

Serena Simmons
That's such a good 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.

Steven Bruce
We talked about this 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 haven't forgotten about it.

Serena Simmons
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 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
Is it easy to do that? Is it easy to make those cultural changes?

Serena Simmons
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 clinic or 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 that peak performance, I'm not a work or business psychologist, but to do it from that perspective is a really lovely thing to do and 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
Well, they've got much more fixed regulations. Most practices that I'm familiar with in my own world, there isn't really a line management structure, it's certainly not laid down in a block diagram somewhere. It's just, well, you know who owns the business and everybody else just mugs along.

Serena Simmons
Yeah, and that's why I just wanted to say that because I think 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 other members of your team or management particularly. But yeah, it is more difficult. The more people you involve in anything, the more tricky it becomes.

Steven Bruce
We had an inquiry from somebody called Not Potato Viewer. I don't know why they're called that. Not Potato 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
Oh, first of all, thank you for sharing that, that's incredibly brave and I'm sorry that you feel that way. As again, we said at the start, 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 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 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 do you feel like 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 figure out more about who I am, that will make sense of why I feel this way? Does that make sense?

Steven Bruce
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. Because it doesn't sound like the sort of thing that you could easily do by yourself in your bedroom.

Serena Simmons
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, we have clinical supervision.

Steven Bruce
Yeah, I was gonna say that talking therapists do that, don't they?

Serena Simmons
You 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, 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 supervision, 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. I don't always think that people feel supported in that, your area and zone of genius is the physical and so you're having to develop the rest of it.

Steven Bruce
Yeah. And 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 is anything else underlying this problem, which perhaps we can refer them onwards to talk about. If you were a counsellor, you would have another senior more experienced counsellor or some other counsellor who would be your supervisor. If you are an osteopath, or a chiropractor, actually, I'd say there's not just point in going to another osteopath or another chiropractor, because they don't have that psychological training. So who would be the ideal supervisor?

Serena Simmons
Well, this is the gap. This is what I see.

Steven Bruce
Is this your new career? Counselling all ten thousand of those professions.

Serena Simmons
No, definitely not! No, but I am, I can't think of another word for passionate, what could it be?

Steven Bruce
Eager? No, enthusiastic?

Serena Simmons
Enthusiastic about bridging that gap and helping people I want to 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, 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 integrated 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 integrated 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. And you get to stay boundried 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 their 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 knowledge.

Steven Bruce
Are you meant to know more than that as a psychologist?

Serena Simmons
A little bit. I'm on a roll sorry

Steven Bruce
No, no, no, it's lovely hearing you talk about this. And there is a role for the word passion in our conversation definitely. It's just I think it's overused on websites and literature, where everyone says they're passionate. 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.

Serena Simmons
So I do supervision, I'm a university lecturer still, at Nottingham Trent University, and I supervise my students in their research, it's very different to this. So usually, it's a clinical supervision. And what that means is, 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 patients, 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 supervisor's opportunity to take care of me and recognise things about what I was doing. So it might be for example, that person maybe you don't need 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
But you see, that's going to be slightly different to us, isn't it? If I as an osteopath 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 and stuff. So it's going to be a different sort of supervision.

Serena Simmons
So what I'm saying is, I think, please, 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 in and saying this is what I hear, when I'm working with people, underlying 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? 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
Wouldn't it be interesting if someone had a case that they anonymized but wanted to share with us this evening and said, what should they be doing, and then you could give us some supervision advice. And

I think what you said 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 won't all come together at the same time. And 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 the supervision.

Serena Simmons
I think 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. I think it's vital, I don't think it's optional. I think the more people are being depleted in their workplace and feeling 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
Well, we like to think that we offer mentoring in the clinic from one physical therapist to other physical therapists, but of course that is slightly different, isn't it? But I got into osteopathy quite late in my life, I didn't qualify till I was 40, and I can think back then, because of the sort of person I am and was, I imagine a lot of people would have been quite, dare I say, intimidated to approach me and say, would you like any help? But actually, I would have loved it. I would have loved 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
But as you've said, when you said at the start, 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. Every day's a school day. 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 and it becomes pathological 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 instill this in their practice, even if it's just the sense of people getting together to share best practice. That's also really important with this stuff, so that 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.

Steven Bruce
Which is one of the reasons why, for osteopaths, at least, having case-based discussions is one of the options for objective activity as part of our CPD. Because the idea is, and you only have to do one in your three-year cycle, but the idea is you talk about the case with someone else and work out how it might go. 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
It would be interesting. Do you add a psychological slant to those case studies as well? Or is it all focused on the physical?

Steven Bruce
Well, 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, but 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 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 affected.

Serena Simmons
I think so there's two things that come up for me there, when you are presented with a patient in real life, it's never that clean cut, is it? It's never, like we 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.

Steven Bruce
Well, we encourage them to do that. The case history process involves all about what's going on in your life.

Serena Simmons
And that's an important part of trust building. And it's an important part of any behaviour change, because we need to know as much as we can about them before we help them do anything and engage. And yet 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 about maybe feeling like an imposter. So when I talk to practitioners, I talked to a woman the other day, she said, I just want to focus on her ankle and 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 part of not feeling like that 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?

Steven Bruce
It certainly makes sense. There are some issues where I suspect that physical therapists, osteopaths, chiropractors, 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, this actually happened live on air, on 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 what you think the emotion point was? She said, yes, I was raped. And we didn't know that in advance, she 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, 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 make any overtures to say, "Oh, that's awful, are you all right?" that probably is totally unacceptable, it's 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 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 area I think we would go down, or many of us would go down. Because to raise the topic, I'd be thinking, well, what if I'm wrong? What if I say to this person, is there any history of physical abuse in your life? They're gonna think I'm a right idiot if I asked that question and of course, no, there isn't.

Serena Simmons
Also, with something, I mean, first of all, that's an incredible thing to share and that would catch many people off guard.

Steven Bruce
It was extreme, yes.

Serena Simmons
Very extreme. And that was here, that was in a live show? That's hard to deal with. Very brave of the woman.

Steven Bruce
The show went quite quiet for a few seconds.

Serena Simmons
Very brave 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 area is behaviour change and peak performance, if you want them, for example, to engage in some rehabilitation and 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 someone when 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's absolutely not your role. And again, that's going back to staying within your zone of genius, being boundaried 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'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.

Steven Bruce
In some ways, it's a bit of a shame that we haven't got Claire, my wife here this evening. At one on stage, earlier on in her career, she worked with victims of torture in London.

Serena Simmons
Oh, gosh.

Steven Bruce
Yeah, and I don't know the detail of what she did there. And I wouldn't expect her to discuss individual cases with me but I remember she said that quite often you couldn't do physical therapy on the people until they've gone beyond the stage of getting over whatever it was that they'd been through in the past. And I don't remember, 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 studio, 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. We need to we need to try and focus on the practitioners in this because it is supposedly about imposter syndrome. Or it is about impostor syndrome. Liz has said that she is an IO mentor, an 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 therapies. Perhaps you can send that in And we can see whether the IO mentoring scheme included the psychological component. Simon sent something in earlier on, 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 UCO, which is what it's called these days, he keeps expecting them to call him up and tell him that they made a mistake 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 an increase 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 have increased being a sole practitioner with no one to bounce off or to be supportive with. Interesting, what should he be doing?

Serena Simmons
So for both of those people, 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 them 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 are still allowed to be boundaried in 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
It was Liz, who said she was an IO mentor.

Serena Simmons
The man who...

Steven Bruce
Oh, Simon.

Serena Simmons
Simon. So he's probably doing it already, good listening 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 other 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 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're like pick me, I've got the answer to that, I can help you!

Steven Bruce
I feel like I'm having my horoscope read here.

Serena Simmons
Oh, do you? 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 healthcare that come from a rescuer mentality.

Steven Bruce
That's why we go into it, surely, because we help people admittedly in physical therapy, in our case.

Serena Simmons
It's not healthy, though, to rescue, we want to 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, they 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 dealing with that is to, like I said, be more empowering in your role, to become the empowerer 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 boundaried in your practice and knowing 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
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?

Serena Simmons
It's why should never be it from the get-go.

Steven Bruce
Yeah. And it's possibly one of those reasons for complaints to the General Council, because then someone turns against their practitioner and looks for reasons to make their life miserable.

Serena Simmons
Yeah, we haven't gotten long enough to go into the really deep, juicy parts of the rescuer. But 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 rescuer, because you've helped everyone and I do everything to help everybody, but then you get this cut off point and then you really cut someone off. Whereas actually, if you were just firm and fair from the start and boundaried 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
My wife Claire will be chuckling away while you say all this, because she'll be saying, well, I hope he's listening to all this. I'm sorry that you're all having to sit through my counselling session with Serena.

Serena Simmons
It's interesting, so 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, and I knew I was doing it, and 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've just had enough. These are childhood traits, you know, you needed to be needed.

Steven Bruce
There are probably wider societal implications of that rescuer syndrome, as well. You said there was a Drama Triangle, but you only mentioned rescuers.

Serena Simmons
The other two, which are not really relevant, are the victim, the victim would be the patient potentially, and then there's the perpetrator. There's typically a perpetrator, victim and a 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 in terms of working with others.

Steven Bruce
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 the mentor, the IO that is. If she, Liz, lives felt that the mentee, I'm not 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.

Serena Simmons
Oh, I love it.

Steven Bruce
It's a very nice expression that. I'd have said area of competence. Zone of genius sounds so much better. So thank you, Liz, that's very helpful. Keith says, do you tell the patient you believe there is "an underlying psychological component to their issue" with no formal or qualified training? How would that leave you if they complained? What if they wanted to explore that issue, would you refer on? How would you, I think he's talking about how would we as physical therapists, not you because obviously you're qualified to deal with this sort of stuff, how would you offload your empathic pickup from that person? Gosh, how should we?

Serena Simmons
I think you have to 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 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 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
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 psychologist, 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 or us thinking that they're going to complain that we are outside our area of remit.

Serena Simmons
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, in fact you're not saying that you'll do any psychological work, but 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 probably more unhelpful to deal with them.

Steven Bruce
There was another part to Keith's question there, which was 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 have for the person.

Serena Simmons
This is where you need to have supervision. I'm just gonna say if you don't have supervision, I'm not promoting this, I don't do this for a living so there's no backhanded secret supervision group I have or something, I just believe that more psychology is needed in this kind of training and practice, and more support.

Steven Bruce
When you say more psychology is needed in this sort of training, you mean, we couldn't pack any more into the degrees that we do?

Serena Simmons
Really?

Steven Bruce
That what the colleges always tell us.

Serena Simmons
I think it's just so needed, because I think when you're working with a person, ultimately, and this is again what I teach, 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. 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 was 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 to do that. So it's building strategies to help you feel more confident, I think.

Steven Bruce
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 shovel any courses that you might run and I don't know what courses you run, but do you run that sort of thing for therapists?

Serena Simmons
Well, 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 practitioners.

Steven Bruce
So that's behavioural change in patients?

Serena Simmons
So it's about helping patients achieve change, which is ultimately getting them to adhere to anything you want them to adhere to.

Steven Bruce
Which is what we talked about when you were in here last time.

Steven Bruce
The which parts of yourself?

Serena Simmons
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 gestalt parts of yourself, what you bring to the table in terms of your work.

Serena Simmons
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
Claire would be glad if I were that mature, I think.

Serena Simmons
But really it's 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, I think. It's a great idea.

Steven Bruce
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 Council's emphasis on patient safety or his own desire to sleep well, because he's pushed his boundaries. He says if you don't, how do 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, patient safety is emphasised by all the general councils everywhere.

Serena Simmons
Yeah, I get that. I think it's hard. 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. The other thing I'm gonna say is, and this is something I'm really passionate about, is to think about play. We forget to play and this is a part, and again this is 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
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 are limited, £35 discount with a code, which we will send out after this. Or Justin's on the ball, he'll get it on the on the screen while we're talking. Could you just give me an outline of what is meant by motivational interviewing? And how long does it take to learn how to be a motivational interviewer?

Serena Simmons
There's no set time, there's no kind of credential or qualification. well, I'm sure there are qualifications now that you can do in it. But you can learn how to do it and the basic principles quite quickly.

Steven Bruce
So an afternoon course?

Serena Simmons
I think you'd get some really good tools that you could implement from an MI perspective in your practice from that. I mean, I certainly integrate it into the course I do 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.

Steven Bruce
Give me an example then.

Serena Simmons
It's hard to give you a standing start example. But what you would do is, 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 the key things are to pick up on any language that centred around them wanting to change-.

Steven Bruce
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
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 it 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 where the change is 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, words 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 you've said to them just in case something isn't quite right.

Steven Bruce
Okay, well, thanks to Suzanne, for sharing the details of that course. 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 says, 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 about it.

Serena Simmons
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 Mind, 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 are there other friends and family? So helping them to problem solve a little bit 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
MI to me means myocardial infarction, and it might to a lot of people watching. Motivational interviewing. Liz has come back in to 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 would 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...

Serena Simmons
Yeah, I think probably not a counsellor, it would be a psychotherapist or a psychologist 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 let's never working in isolation. So we're just like the patients. It's never just the patients or the work. So if you can access that, I'm a big advocate of people doing that kind of work.

Steven Bruce
Yeah. We love to blame ourselves though, don't we? 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 know 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 does say the need to put a face on just snowballed and she looks back and realises that she did that as well going through undergrad training.

Serena Simmons
You don't know what you don't know. I think again, it just smacks of the profession really, where you're not given, I don't want to berate it completely, I don't want it to meld into, I think bad workers, 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 want 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've got such a conscientious, and that's 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. It's 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 potentially more of an endemic kind of, you know, cultural issue.

Steven Bruce
Yeah, 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 impostor syndrome.

Serena Simmons
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 the feeling of feeling inferior is 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 will know I don't have the right qualifications or experience. One day, I'm gonna get tapped on the shoulder and they say 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 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 would 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 that on, any particular people that bring it on, any 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 that.

Steven Bruce
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 reflects something we did a show on this. It was about new graduates building their own experience and so on. Ruth says she can't recommend enough that new grads should spend time in an established clinic where they've got a principal who's there to ask the are you okay questions. Ruth says she did that. And it was totally invaluable in helping her build her confidence. I did the same. I worked in a very experienced osteopath's practice. I didn't work much because I was still doing two careers. But yeah, but he was just brilliant in pointing out all the things I didn't know and helping me to learn. And I think that 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, I'm buggered 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
I couldn't agree more and as you said...

Steven Bruce
Or the support of other people.

Serena Simmons
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
And now I put you on the spot because Amy has said why do you not recommend a counsellor, why a psychotherapist? She probably didn't say it as aggressively as I did.

Serena Simmons
Oh, go to 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's gonna watch and say they are getting really bloody good supervision and good for yo 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 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 listened to, that helps you problem solve, that helps you make sense of what's going on. It's more about the person.

Steven Bruce
Okay, so some of this will be summarising, some of this will 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
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
But 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
Well, this is 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 and sort 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 your 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
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, I haven't got time to retrain to become a chimney sweep or whatever it might be. I'm stuck with this. I've got to do what I'm doing.

Serena Simmons
Yeah, I worked with lots of people like that before. So again, working with someone like that, it becomes more about you being content in your role. So you're happy in your life and your content in 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 want 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 are then capable, content. You can be boundried in your work. So you're not going above and beyond necessarily, you're doing it well. And you're giving 100% to your 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 where 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 and 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. Sorry, a bit of a rant there.

Steven Bruce
No, not at all. 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 of 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
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 impostor. At the first hint of feeling like an impostor. I don't suggest you suddenly rushed off and 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 you 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
Are there potential downs, there is obviously a potential downside to not getting any help with this. But 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
Well, that's when I would say it's not impostor syndrome. And that's arguably why it's not in the DSM because it's not classified as an illness or a disorder. Although there is argument that it should be, once it 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 comorbidly 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 impostor. 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 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. 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, don't ask me to name any, but I can send them to you. There's a great website, actually, which is more around impostor phenomenon, which is great. So I'll send you the link to that for people to look at. There's 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
And always because nobody talks about it, we're always thinking we're the only one.

Serena Simmons
Exactly. Again, if we had a more of an openness about these conversations, then I think it would normalise it.

Steven Bruce
Claire, my Claire has joined in here. She says that someone has mentioned that it can be hard to ask for help with a complicated case. And I guess that it is a reflection of impostor 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, 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 insidel 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 there is very supportive on these, we get two or 300 people on these case-based discussions sometimes and you know, not everybody contributes sometimes they're just there to listen, but you know, the amount of experience that shared is just wonderful. I'm gonna go straight on with this because that was really an observation than anything else. I like this one. Morgan says that she must, I think it's a she, she does this with some friends who are osteopath and I think she's talking about the cases. But she doesn't do it on a day-to-day basis. She thinks 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
That's so lovely. I like that she says that she's from a different profession. That's also really helpful. This different creative brain to come in and look at something completely differently from a different angle.

Steven Bruce
Yeah, that perhaps sort of reflects groupthink, doesn't it? If you only talk to other osteopaths, 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's point of view. I should have mentioned this myself but a big reminder 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 a 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
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, and 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 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. Obviously, I'm biased, 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 as that practitioner on how happy you are in the work that you're doing.

Steven Bruce
I mentioned this chap to you earlier on, actually because he was the guy who mentioned impostor syndrome last week when we are on a discussion. And it's Robin. Robin says I often suffer from the feeling that most of my brain knows that it's 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 and 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 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 they're all very polite and he sends us a little kiss. Which is very kind of him.

Serena Simmons
Do you know, I just want to say as well, 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 just normalises again, it would just normalise the conversation and something I teach again, when I look at kind of you being a leader in your practice, 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. 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
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 about 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, Serena. So you do your behavioural change course, you talked then about a course to help leaders in practice.

Serena Simmons
Also, just in the behaviour change course I incorporate some elements on leadership in your practice, 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.

Steven Bruce
Who typically comes on that?

Serena Simmons
It's mostly osteopaths, chiropractors and physiotherapists. 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, I don't know if there are any surgeons in your academy. But that's a very different way of teaching. Let's just say it's work. And then I do it practically. So I might go in and do the work with the team as well. Yeah.

Steven Bruce
I don't think we've got any surgeons in, we do have some doctors.

Serena Simmons
Okay, well, that'd be interesting to know what they take on this because on the psychology element...

Steven Bruce
How long is the course?

Serena Simmons
The online course is five weeks.

Steven Bruce
Obviously not constant.

Serena Simmons
No, so it's, thank you for asking. Starts at the fifth of June. So start in a couple of weeks. It's five weeks, every Monday night, it's two hours online 7 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.

Steven Bruce
That's another two hours?

Serena Simmons
It's another two-hour live. So it says all live online, 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
Yeah. And I think fifth of June might be, 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
Well, this is the second one I'm running this year. I don't know when I'll do the next one.

Steven Bruce
Okay. I'm sure you will tell me.

Serena Simmons
I will tell you, yeah.

Steven Bruce
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 osteopaths, 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 after the show, maybe they will send a message and say, well, we'd be interested in doing that.

Serena Simmons
It'd be 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 to see how people might handle all those other elements and what they will do with them.

Steven Bruce
Or cases which have affected them personally.

Serena Simmons
That too, yeah, and what have you done to kind of manage that yourself, self-management?

Steven Bruce
We might have to book an expert to join in on that, because we'll be delving into areas which are well outside our zones of genius.

Serena Simmons
Yeah. He's smiling at me.

Steven Bruce
We will be commissioning your professional services if we did that.

Serena Simmons
Oh, I'd love to help. I mean, if anyone does want the help, I very happily signpost them.

Steven Bruce
Those would of course be online. So yeah. So, we are getting close to the end here.

Serena Simmons
Oh gosh, so quickly?

Steven Bruce
Yeah, it does. What would you say to sum up, then, in terms of going back to impostor syndrome?

Serena Simmons
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 mum.

Steven Bruce
We're all gonna get the telephone number from Morgan's mum.

Serena Simmons
Which is all great. But I also realised that people may have kind of exhausted all those avenues and still not feel that they're any better, or they haven't resolved something for themselves. And they've done some reading, then that's maybe when you would 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
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 macho background that feel that they can't admit what they should do to overcome the reluctance 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 came back to say that.

Serena Simmons
Oh, thank you so much, Dominic, it's lovely to have your name pop up. There was only one Dominic on that one, so.

Steven Bruce
So you know exactly who we're talking about.

Serena Simmons
Yeah, thank you.

Steven Bruce
What's the cost of the course, dare I ask?

Serena Simmons
85, essentially, you 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
Oh, that's kind of you. How do they get that?

Serena Simmons
There is a discount code which you're gonna ask me what it is. I think I've done it very simply apm50, if they'd like to sign up.

Steven Bruce
I've just been told he's put that on the screen.

Serena Simmons
Oh, as if by magic, and then apm50off if you'd like to pay in instalments. So thank you very kindly.

Steven Bruce
That's very kind.

Serena Simmons
Thank you, Dominic. Again, that's lovely.

Steven Bruce
We've had almost 400 people watching this evening. So hopefully, they found that really interesting. Thank you so much for giving up your time. I have been I've got a little note on my question seat marked with a red label saying, Steven, can you remind everybody they're awesome? I think that's probably true. They are, aren't they, 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 up your time. Thank you for joining us this evening as well, because 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 on 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 the help of your questions. So Monday evening, next week, 730 to 830, Professor Bob Gerwin, takes us into June. And I've got the brilliant Claire Minshull 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 Lansman, 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 those aspects of leadership that we were talking about earlier on today. Robin, you might know he's the founder of COG UK, which is an organisation devoted to improving communication in our profession, so the ideal person to be coaching you. 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 there you are, the link's on the screen as I said, we will be making available the APM cameras as well during that course, partly is 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.