

The M.E.T.A. Counseling Clinic: Hakomi-Infused, Mission-Driven, Affordable

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Donna Roy is a licensed professional counselor, certified Hakomi therapist, and certified Hakomi trainer. She has a thriving private psychotherapy and consulting practice in Portland, Oregon, where she also administers and teaches M.E.T.A. trainings, is an adjunct faculty member in Portland State University's Department of Counselor Education, and directs the M.E.T.A. Counseling Clinic. She has special training in couples, marriage and family therapy, experiential dreamwork, attachment therapy, and clinical supervision.

Donna comes to counseling with a rich international background. She lived and studied in Germany, was a Peace Corps volunteer in South Korea in the 1970s, and worked in Bangladesh with Save the Children as part of her master's degree in intercultural administration. She directed refugee programs on both the east and west coasts of the U.S., and co-owned an intercultural communication consulting and training business for a number of years. After a twenty-year career in international non-profit management and intercultural communication, Donna had an epiphany about fulfilling another lifetime dream: to become a psychotherapist. She did this via a personally customized route that included an MS in counseling and multiple years training in Hakomi and altered state dreamwork.

In 2008, Donna and colleague Jon Eisman formed M.E.T.A., LLC, an umbrella organization whose mission it is to train counselors and psychotherapists in Hakomi and mindfulness-based therapy approaches. Donna also authored a chapter entitled, "Body-Centered Counseling and Psychotherapy," included in Capuzzi and Gross's textbook, *Theories and Interventions in Counseling and Psychotherapy*, published by Prentice Hall.

*"I am increasingly thankful for the amazing self-reflective techniques
that [my therapist] is helping me cultivate."*

Introduction

The M.E.T.A Counseling Clinic, located in Portland, Oregon, is a program of the Hakomi Institute of Oregon and Mindful Experiential Therapy Approaches, (M.E.T.A., LLC), and has been providing mindful, somatic, experientially oriented counseling services and internships for graduate students and state registered interns since 2010. The Hakomi Institute is an international non-profit organization training counselors, psychotherapists, and related helping professionals since the 1980s. M.E.T.A., LLC, is a regional affiliate of the Hakomi Institute, and the clinic is its affordable community service arm.

In 2009 in Portland, low cost or free counseling services existed in recognized university settings and some non-profit and governmental organizations. Private practice settings offered counseling options for clients with the ability to pay higher fees. Clients with mental health insurance coverage had access to approved treatment for specific periods of time, depending on their health care coverage. Trainings in Hakomi mindful somatic psychotherapy were offered through M.E.T.A., LLC, and in some Hakomi-related classes at Portland State University (PSU). This article outlines the creation, development, and future possibilities of the M.E.T.A. Counseling Clinic.

The Local Community Context

Though the Portland community has typically had alternative health services for those with the ability to pay, and, to a certain extent, for those who meet free service criteria, Hakomi's particular brand of mindful, somatic psychotherapy has not been an option for many. In general, this has been due to the financial realities of the private practice model in which most Hakomi therapists work, the lack of Hakomi-trained therapists in conventional mental health organizations, and conventional "evidence-based" mental health modalities being the delivery system norm.

In 2010, the closing of the local YWCA clinic—a program that provided low cost counseling to many for years—changed the conventional low-fee counseling service landscape, even though some other low-cost services remained.

The local counselor education environment has also been evolving. Getting a graduate degree in counseling has been a growing trend in Oregon. PSU, for example, recently had 400 applicants for 50 openings in their master's graduate counseling program. The local National College of Natural Medicine (NCCM) is now offering a master's degree in Integrative Mental Health for ND students. Though being licensed is not a requirement to practice general counseling in the state of Oregon, counseling training programs have been increasing. Graduate program accreditation standards continue to require local internship sites that meet certain experiential and credentialing criteria. And, general trends in counselor education programs support integrating teaching methods (such as Hakomi) that use mindfulness as a direct psychotherapeutic intervention.

All this added up to fertile ground for a training clinic offering affordable, skillfully delivered, well-supervised client services delivered by interns trained in mindful somatic therapy approaches.

The M.E.T.A. Counseling Clinic Model

The M.E.T.A. Counseling Clinic grew out of my vision and aligned with Hakomi and M.E.T.A. principles. I am a Hakomi trainer, co-director of M.E.T.A., LLC, have a background in non-profit management and development, and had a long-time dream of starting a low cost, M.E.T.A./Hakomi-based clinic. Around 2010, I saw how my vision would help address the local counseling service gap. Fundamentally, I was interested in creating a counseling clinic that was mission-driven as to sustainability, affordability, and quality of mindfulness-based services.

This meant operating from a business model that prioritized fee-based funding, was committed to excellence and integration of state-of-the-art methods, and also committed to avoiding the reliance on external funding sources and shifting priorities.

The idea of affordability was woven into the model. The original budget was based on client fees of \$35-\$45 per session. It was assumed that potential clients would be people interested in mindful, experiential therapy and, though able to pay some, not able to afford typical private practice rates. Providing free services was not included as part of the clinic mission since this would not offer financial sustainability. The expectation was that clinic staff would refer

clients unable to pay the clinic fees as needed to local free service options—just like therapists do in private practice.

Another contributor to assuring sustainability *and* affordability in the model was the central role of unpaid interns, as it allowed for fairly reliable expense projections. Unpaid internships are normal within the graduate counseling program environment in Oregon, though finding internships that prepare interns for private practice contexts is unusual. The M.E.T.A. Counseling Clinic internship was expected to be attractive to interns wanting to open private practices after graduation.

The M.E.T.A. Vision and the Clinic Connection

The M.E.T.A., LLC, vision is (1) to provide integrative trainings in change-enhancing, client-centered, mindful, somatic, experiential clinical approaches (such as Hakomi) for established therapists, those transitioning into the field, and other allied health professionals; (2) to inspire and enhance a community of like-minded counseling professionals; (3) to offer advanced personal growth training opportunities; and (4) to offer practical applications of M.E.T.A. theories and techniques through an affordable and self-sustaining training clinic.

The M.E.T.A. Counseling Clinic was formed as a service business organized around people and their needs, with its success, like that of any business, requiring a professional presence, knowledge of the people served and the service focus, needs, and context; a clear plan to meet the needs; resources; and leadership capacity.

The local reputation of M.E.T.A., LLC, as a training organization for counselors and mental health practitioners was the foundation on which the clinic was built and a solid professional and theoretical foundation for intern candidates.

The need for an affordable and mindfulness-oriented clinic seemed clear; the closing of the YWCA clinic was an indicator of a service gap in the local community, and the need for quality internship sites was an educational reality among counseling students. That Hakomi was increasingly recognized as an evidence-supported method was indicated by the growing interest in Hakomi/M.E.T.A. trainings among clinical professionals and the field-wide growth of research in mindfulness-informed treatment.

I relied on my entrepreneurial spirit in forming the affordable clinic. In service to the start-up, I invested in the business by having my private practice and training role sustain me financially in the first year of the clinic. I also took responsibility for the clinic interns and their clients

under my license as a professional counselor. This required a certain amount of risk tolerance and self-trust.

Formal training in intercultural organizational management and related collaborative leadership was also useful, as well as understanding varying graduate school internship expectations and Oregon rules for being a clinical supervisor. I was able to officially supervise interns, was a Hakomi trainer, and taught both graduate students at PSU and M.E.T.A. students. I believed in this clinical orientation as a powerful change agent. Finally, I had the full support of my business partner, senior Hakomi trainer, Jon Eisman, and plenty of interest amongst M.E.T.A. students from the beginning.

All of these factors increased the chance of success and supported the initial year of experimentation and clinic development.

The Start-Up and Implementation

Once the decision was made to start the clinic, staffing and development of related policies and systems were the priorities. Though I knew about Hakomi and counseling and had run non-profits and developed programs, I had never formed and opened a counseling clinic and so had a steep learning curve.

Starting with committed, creative, Hakomi-savvy interns seemed important, and looking at current M.E.T.A. graduate students already training with M.E.T.A. made sense. With this idea in mind, while coaching a student in a Hakomi comprehensive training using the quintessential Hakomi technique of “taking over,” I saw one student’s willingness to step in, be seen, and take feedback as the kind of capacities needed in clinic interns. So, I approached this student (Jenn Samsom) and invited her to be the first clinic intern.

With the support of Jon Eisman, M.E.T.A.’s founder, Jenn and I began to outline steps needed to get the clinic up and running, spending many hours in meetings, researching other clinic systems and processes, and creating forms and processes for the fledgling operation. Within a few months, two other M.E.T.A. students, Catherine Griffith and Amy Hulan, were also on board and cohort #1 was full with three interns.

The team moved forward, planning and creating and developing a sense of both connection and mission. The process mirrored in many ways what is required to set-up a private practice, with the additional training clinic factor.

Some of the topics and questions reviewed and wrestled with included the following.

Administrative Systems:

What systems will we need to create and maintain?

What kind and how much documentation will we need?

Who will create this?

Public Relations:

What will a clinic web site need to include?

Who will create it?

What other ways will we promote the clinic and its services?

Logistics:

Where will the clinic be housed?

How will we furnish and monitor the facility?

What will be needed related to client access?

How will security be managed?

Funding:

How will the clinic pay for itself?

How will supervision be covered the first year before client fees can pay for this?

What will be the projected income and expenses?

Will it be profit or non-profit?

What will be the fee structure and related policies?

Target Clients:

Whom will we serve?

How will we recruit clients?

Where will referrals come from?

Services:

What specific types of counseling services will we offer?

Clinical Oversight:

What will be the specific system of accountability for the interns and their clients?

What will grad schools need regarding their students?

How will we ensure quality of service?

Intern Criteria and Responsibilities:

What will be the experience and training prerequisites for the interns?

What will the interns do besides direct counseling?

Staff volunteered many hours in clinic visioning and planning. In a collaborative process, they created clinic systems and policies related to documentation; client and staff communication; public relations; intern scheduling, roles and expectations; fees and financial tracking and management; new client free consultations; service tracking and follow-up; use of the facility; and client recruitment, information, and referral.

The clinic services chosen were individual, couples, family, and group counseling, integrating basic M.E.T.A./Hakomi techniques and principles. This meant the clinic interns needed to be either already M.E.T.A./Hakomi trained or be willing to train with M.E.T.A. concurrently with the internship, since most graduate programs do not sufficiently prepare students in this advanced work. The intention here was to ensure a high caliber of services based on mindful, somatic methods—and to offer truth in advertising to the public.

This involved critical thinking about the ethics of charging tuition for M.E.T.A. trainings to graduate students chosen to intern with us. In service to this, the decision was made to give a twenty percent discount to accepted interns for one year's worth of M.E.T.A. training, and to give full informed consent from the beginning about this requirement for interning at the clinic.

The first year, I projected a budget based on income from about eight clients per intern by mid-fall of the first year. I knew M.E.T.A. would need to front funds for all the initial expenses for the clinic and Jon and I used income from trainings to support this. Costs such as new clinic furniture, a phone system, intern keys, supplies, and rent were donated by M.E.T.A.. I volunteered my time to cover the cost of individual and group supervision and all administration. One office in M.E.T.A.'s office building was designated for exclusive clinic use.

The Evolution

The clinic opened its doors in the fall of 2010, with its first cohort of three interns. The process of developing systems and policies continued throughout the first year. As staff encountered new questions and needs, they explored the related issues and made informed decisions. The two-hour weekly group supervision sessions often lasted for two and a half hours and included clinical exploration and administrative planning.

Within about two months of starting, all interns had the client load they wanted and needed. By the end of the year each intern had met or surpassed her goals for client and

supervision hours. During this first year, more than thirty clients received services, two mindfulness-based groups were offered, and operating costs had been met.

Marketing clinic services was a major priority and was woven into intern duties from the start. This included distributing clinic postcards, speaking to groups, staffing community educational and networking events, reaching out to local organizations and schools, getting listed on various referral services (like 211), etc. Promotional activities were intern-initiated and focused on client recruitment and the professional development of the interns.

By year two, two changes happened regarding clinical supervision: the budget supported paying me for my supervising role, and Anne-Marie Benjamin, LPC, CHT, was hired as an adjunct supervisor. Adding a second supervisor allowed more oversight for the interns as well as richer educational support. Anne-Marie invested in the clinic development by volunteering many extra hours in collaborative problem-solving and clinic administration. She also offered regular intern in-services regarding Hakomi character maps. Having a second committed supervisor was a critical factor in maintaining organizational health and supporting intern development. Supervision groups continued to be central to clinic operations, with supervision processes oriented toward mindful, experiential, and relational engagement having to do with client and clinician needs.

In year three and as a result of the increase in numbers of interns and client sessions offered, overall income to the clinic increased. However, increase in rental costs and supervision offerings meant a small financial loss during this year. To respond to this and reduce the decline in client sessions over the summer, when interns traditionally completed their internships, the decision was made to begin some internships in July rather than September.

In year four, client usage of services increased significantly, averaging ten hours per week per intern, while client attendance also stabilized significantly. The overall health of the clinic continued to improve, ending the year in the black financially and with a waiting list for the 2014-15 cohort.

In year five, the interns averaged eleven-twelve clients per week, with more couples seeking counseling, as well as more clients from the LGBT communities. We welcomed a third adjunct supervisor, Stephen Keeley, LPC, to the team, as Anne-Marie began to reduce her time with the clinic due to her busy practice. The budget once again was balanced at year-end and there was a wait list.

Today's Clinic: 2016

In year six, with the clinic's viability proven, and in support of its sustainability, Stephen shifted into a partially volunteer, more involved supervisor and administrative role, in addition to his paid supervisory functions. This volunteer contribution to clinic development and administrative oversight was an investment in the clinic's future, and aligned with its organizational culture. This also paralleled Anne-Marie becoming more advisory, given her full and demanding private practice and professional commitments.

The intern cohort increased to six this year, and multiple changes took place. A significant one was adding regular continuing education in-service meetings. This involved Hakomi skill practice and clinically and private practice-related guest presentations. Clinic supervisors, other M.E.T.A. clinicians, and the interns themselves offered the in-services.

As the reputation of the clinic itself has grown locally, the need for active marketing has decreased. Though this has allowed interns to concentrate more on clinical skill building and system assessment and improvement, this has meant less emphasis on developing private practice promotional knowledge and skills.

As of April 2016, interns have between nine to twelve clients each. Since this group started their internships with many clients from the existing wait list, one consequence is that the wait list has grown and is currently at forty. This is both good and bad. It certainly indicates a need and interest in affordable, mindfulness-based therapy, but it also uncovers a limitation in service availability. Since we do not want to keep clients on a wait list, the clinic policy is to offer a place on the wait list and to also refer to other local clinicians. Though there are plenty of skilled M.E.T.A. grads, not enough have low fee openings to accommodate the demand.

The Move of 2016

In January, M.E.T.A., LLC moved its trainings into a new facility. This new, larger facility is accessible, offers a spacious training room and group room, as well as seven medium to large, sound-proofed therapy offices. The clinic has taken two of the offices, allowing double the previously dedicated clinic space in a shared professional environment adjacent to the trainings. This offers more capacity and accessibility in serving clients, as well as a more stable, professional, community-based, local professional presence.

General Clinic Outcomes Over the First Six Years

Over time, as more and more graduate students and registered interns have sought us out, M.E.T.A. instituted a clearer and more formal internship application and orientation process that includes a written application, pre-internship training with M.E.T.A., a group interview, and multiple pre-internship orientation events.

Between 2010 and 2016, the clinic accepted and trained a total of 25 interns (both graduate school and state registered) from counseling programs of PSU, Lewis and Clark College, California Institute of Integral Studies (CIIS), Southwestern College, Goddard College, Prescott College, and Pacifica, each year adding one intern to the cohort. These interns have had backgrounds in clinical mental health or couples, marriage and family therapy.

They completed six to twenty months of training with M.E.T.A. before or during their internships, either in our M.E.T.A./Hakomi comprehensive training and/or our Hakomi and RCS and attachment professional skills trainings. During the internship, they received two hours per week of group supervision and one hour per week of individual supervision.

Between 2010 and 2016, about 300 clients were served using Hakomi mindful somatic therapy and other M.E.T.A. modalities in individual, couples, family, and group counseling. Client presenting needs ranged from personal growth, to grief, to couples relational dynamics, to parenting, to mental health struggles with depression, anxiety, addictions, bipolar disorder, PTSD, complex trauma, and acute life stress.

During this time, interns offered eight groups with the following themes: mindful eating; mindful movement; the brain, body, and relationship; mindful parenting; interpersonal neurobiology; non-violent communication and mindful awareness; and mindful awareness in daily life. This year a Hakomi mindfulness process group was initiated that is meant to be a regular offering.

A significant (and somewhat unusual) clinic policy is that clients are able to stay with their clinic therapist after the internship, if the clinician is opening a private practice and the client wants to continue therapy with them. Since most interns from these first six cohorts opened private practices post internship, most of their clients transitioned with them into their private practices for \$5-\$10 over the standard clinic fee. This has supported both client continuity of care and therapist private practice start-up. For most interns, this internship doubled as a business incubator; for many clients, as a bridge to a private practice clinician.

All of the clinic graduates who went into private practice in Oregon continue to build successful practices based on highly professional values and skills, and customized career goals.

Client Feedback:

Interns regularly ask clients how therapy is going for them, and some use ongoing evaluation formats. At the end of this sixth year, a simple survey was taken addressing the relative importance of certain clinic factors to client satisfaction. Below are questions and some partial findings related to two areas on a 1-5 likert scale: therapist skill/attitude and clinic fees:

How important are the following aspects of the clinic's services to you?

Therapist skills and attitude: 40% said important and 60% very important

Affordable fees: 20% said important and 80% said very important.

How satisfied are you with the following aspects of the clinic?

Therapist skill and attitude: 40% said satisfied and 60% said very satisfied

Affordable fees: 20% said satisfied and 80% said very satisfied

How has being a client of the clinic benefited you? What do you appreciate about being a clinic client?

I am so grateful to finally be able to receive this type of counseling service at a price I can afford!

[My clinic intern] has been incredible to work with . . . her body-centered approach to therapy is integral to the gains I've made in the last year. Her endless compassion and encouragement are amazing as she's guided me through learning how to heal and gain greater self-acceptance.

[Our interns] perspective and insights have been so valuable for our relationship with each other and ourselves. [This] counseling has definitely made a huge impact.

2016-17 Clinic Plans

Plans for the 2016-17 internship include increasing the number of interns in the cohort to eight, starting in June. (Interviews were held in October and invitations offered in November; eight interns were chosen from PSU, Lewis and Clark, CIIS, Prescott College, and Saybrook.)

More interns will begin to address the growing demand issue and hopefully reduce the size of the wait list. This expansion means the cohort will be divided into two groups of four for group supervision purposes, with myself and Stephen alternating group supervision weekly. Individual supervision will also be shared.

Future Clinic Possibilities and Questions

Some important questions and areas of exploration for the future of the clinic include the following:

- (1) Should the clinic become an Oregon Health Plan provider in order to offer more client choice? Would this add unnecessary complexity?
- (2) What is the ideal size of the clinic in terms of quality and financial viability? What is the ideal scale of an established clinic?
- (3) Should the clinic itself become a non-profit or stay as an arm of M.E.T.A., LLC?
- (4) What research through the clinic would be useful and practical? What capacity would need to be built?
- (5) How can we serve a more diverse clientele? How can we increase the number of bilingual and bicultural interns and ones with disabilities?
- (6) How should the clinic continue to evolve its training model to foster solid cohort cohesion, clinical innovation, and training excellence?

The M.E.T.A. Counseling Clinic is clearly meeting a local community mental health need with quality services and a viable business structure. It has a firm foundation in Portland, a solid theoretical and educational foundation, significant interest among counseling interns, and high client satisfaction. However, identifying the optimal clinical internship model for effectively serving clients, training interns with sensitivity and skillfulness, supporting supervisors and staff, and being fiscally self-sufficient is an ongoing process. With its successes so far and the strong professional and personal commitment of the people involved, the clinic future seems promisingly secure.