Understanding Therapy - Insights from Julie Kellogg

Air Date: August 04, 2024

Guest: Julie Kellogg

Resources: https://www.juliekellogglmft.com/home

Don Drew: 0:29

Hello, everyone, and welcome to Peaceful Life Radio. I'm Don Drew, and I'm here with my co-host, David Lowry.

David Lowry: 0:36

How's it going today?

Don Drew: 0:38

Everything's going great. We've got a really special program today. We've been talking about therapy and the need for therapy. And we've got Julie Kellogg, a graduate of Oklahoma State University and holds a marriage and family and therapy license in Oklahoma since 2004. She first worked in a community mental health before moving into private practice. And over the last several years, she served as a family science professor at the University of Central Oklahoma. And now she's at Oklahoma Christian University where she has helped prepare and graduate the first class of marriage and family therapists.

David Lowry: 1:13

Oh, that's really great.

Julie Kellogg: 1:15

Very exciting!

Don Drew: 1:16

So, Julie, tell us anything else we need to know before we get started?

Julie Kellogg: 1:19

I don't know what to add except to say that I guess I've been at this for about 20 years now in various contexts. And I'm excited to talk about it with you guys today.

David Lowry: 1:27

Oh, Julie, welcome to our show. We're so glad you're here today.

Don Drew: 1:31

One of the first questions we have is what are some signs that therapy might be helpful to somebody?

Julie Kellogg: 1:37

Interestingly enough, we're talking about peace at large on this podcast, right? And so therapy might be helpful if a person does not feel at peace, either within themselves or

with the relationships that they have around them. So, if a person recognizes that they're not really at peace, then that might be a good sign that it's time to seek therapy.

David Lowry: 1:56

Julie, years ago, I remember hitting a spot in my life where quite honestly, I knew I wasn't happy. I just woke up one day and said, this has gone on long enough, but I'd never thought to go seek counsel or therapy. I went to a friend of mine and he says, Oh, you need to go see so and so. That's how it happened for me.

Julie Kellogg: 2:17

Right. I think what you did was a great first step to go to a friend. If you can go to safe people that you have who are healthy and you can talk to them, it might be that they can meet you where you are and they can help you out of that spot. But I think what your friend said was wise and he recognized that was not something he could do and so he referred you on to a therapist. And I would encourage people to reach out to the relationships that they have, if they have relationships with safe, healthy people. And then if that doesn't meet their need, then they can go to another level of service with a therapist.

Don Drew: 2:47

Does a person have to have any kind of a diagnosis to go to therapy?

Julie Kellogg: 2:51

A lot of people don't have a diagnosis. They don't have criteria that would qualify them for an official diagnosis. There's an interesting quote that I heard from Esther Perel just this week actually. And so I rewound it so I could listen to it and write it down. And she says that there's a paradox that we have a greater incentive for change when we are in pain or crisis but a greater latitude for change when we are quote unquote doing fine. So, even though you don't meet criteria or have symptoms that say, oh, I definitely have a mental health illness or diagnosis of some kind, that doesn't mean that you can't benefit from therapy. In fact, her quote tells us that you can really benefit from it, potentially even more when you are not in a place of crisis.

Don Drew: 3:32

Some people are concerned about stigma, about what other people will think if it's found out that they're going to therapy.

Julie Kellogg: 3:39

I think the younger generation has done a really good job of helping destigmatize therapy. It's something that they talk a lot about on the TikTok, as they say. But it is just a part of normal life where they help us understand that to have mental health as a part of health overall. So they've done a really good job.

David Lowry: 3:54

When I went to therapy. I was at a really low place and I thought to myself, I can't believe that I have to go into therapy. I had this stigma like, if I go in, it's admitting that I'm out of options. I don't know what to do. And now that I look back on it, I want to

laugh because my life really started getting better once I stopped trying to carry the load by myself and trying to figure it all out by myself and not realizing that some things are just bigger than we are.

Julie Kellogg: 4:27

Yeah, I think part of the stigma comes when we think about mental health when we separate it from other kinds of health. Because let's say you woke up and you had a pain in your back and maybe it was a kidney stone or something like that. You would never say to yourself, Oh, I'll just work through that on my own. I'll figure it out. We would never do that. And in the same way, though, we pressure ourselves to work through depression or a mental health issue or relational problem thinking. We should be able to fix it on our own, or we should be able to pray it away or some idea that we have when we wouldn't have that same idea towards a kidney or heart disease,

David Lowry: 4:59

I divide my life instead of B. C. and A. D. to B. T. and A. T. before therapy and after therapy. It's a line of demarcation in my life. I'm not proud that I waited as long as I did, because I think there was a lot of harm I perpetuated in my life, but I am proud that I finally did it. I was in pretty serious therapy for about two years, but seeing the growth that took place over those two years, it was all so worth it just to move forward with my life in a way that I couldn't have predicted.

Julie Kellogg: 5:31

In the clinic where I work, we have several clients right now who are in their 70s or 80s, and it's actually been so encouraging to think about how they want to make the most of the time they have using their life in the way that makes them happiest and most fulfilled. And some of our students have been a little bit hesitant when they see that they've been assigned a client who is older because they expect for them to maybe be stuck in their ways. But we encourage them that if they're coming to therapy, it's probably because they're open to change and want something different to happen.

David Lowry: 6:02

Absolutely. Julie, so many people have gotten used to the pressure of life. How can you know the difference between I'm just having a stressful time, it's finite, this is going to pass, I'll be okay, versus you really ought to seek some help?

Julie Kellogg: 6:17

So, just because something is normal, doesn't mean that it's healthy, right? Prolonged stress is not good for anyone. But if we're thinking about the difference between stress and anxiety, stress is generally in response to an event or circumstances that you have. And it's generally more short term and it can be tied to something specific. Whereas anxiety at large is more pervasive and may not be as easily tied to something specific. It's an overhanging kind of feeling. The way that you can think about whether it's problematic or not is to think about how it's affecting your daily life and if it is causing problems for you internally or in the relationships that you have with other people.

Don Drew: 6:53

I'd like us to explore what therapy is like.

Julie Kellogg: 6:56

I'd like to first say it's nothing like what you see on TV or in the movies. So, if that's your expectation, you might be disappointed or I don't know, you might like it. On TV, you'll see them giving advice and that is not something that a good therapist would do, because that makes the client dependent on the therapist instead of helping them learn to increase their own agency and to think through things productively for themselves. But what it is, it provides a private, intentional time to work together with another person on the things that are bothering you most. Good therapists ask questions. They look for patterns. They challenge when necessary. They pose alternate perspectives, all while trying to remain as neutral and objective as possible. Their job is to walk with a person whatever it is in the direction they want to go.

Don Drew: 7:40

Now, I've read quite a bit about the concept of a therapeutic relationship. Can you talk more about that?

Julie Kellogg: 7:46

We in the field have identified common factors and those common factors just mean that regardless of the therapist, regardless of the client or the presenting problem, if a therapist acts in these ways, or forms these things in session they are more likely to have good outcomes. And the number one thing on that list is the relationship between the client and the therapist. It's most important for them to have a fit, to click if you will, because the client needs to feel comfortable and safe in the space. And they're not going to do that if the therapist hasn't created an environment that encourages disclosure, safety, openness, transparency, the willingness to say the hard things.

Don Drew: 8:27

What other things can somebody expect what sessions are usually what, about?

Julie Kellogg: 8:31

There are 50 minutes about, yeah, 45, 50 minutes. In the first sessions they are spending a lot of time developing that therapeutic relationship and they're talking about what brings the person in, the goals that they have, how they would like for things to be different if possible. And then they move into kind of the meat and potatoes work session where they are working together, walking alongside one another in that direction, trying to make progress in the way that they want to go. It's hard to say how long each of those stages last because they're different for every person and every situation that comes in. Then the therapist, ideally with the client, decides when it's time to wrap therapy up so that they can reflect on the growth and they can talk about what the person can do to maintain the momentum that they've gained in therapy.

Don Drew: 9:12

You're a marriage and family therapist. Is that just for married people?

Julie Kellogg: 9:16

That's a great question and a common misconception. Before we started recording, I was just joking about how I've never had a psychology class and that seems like a strange thing for a therapist to say. But that's because marriage and family therapists are trained in family theory, and systems theory. And that means instead of looking just at a person and looking what's going on with them internally, or looking for the symptoms that other professions might be looking for. We're looking at a person within their families, friends, work environments, all of the places that they go. And we are understanding that they are in an individual within many relationships. We are working to understand how the relationships they have affect them individually and how they affect those. And that's the training of a marriage and family therapist. And so it doesn't mean that we can only work with couples or families. We work with individuals as well. But when we're doing that, we are taking into mind, maybe more so than other professions, the relationships they're having with other people and trying to figure out how that's affecting them and vice versa.

Don Drew: 10:13

Julie, help us understand the differences between different kinds of therapies or therapists. You're a marriage and family therapist. There are licensed professional counselors, psychologists and psychiatrists. Help our listeners understand some of those differences?

Julie Kellogg: 10:27

Right. So, an LPC, a licensed professional counselor is a master's level clinician just like I am. They though went the psychology route and they look at the world a little bit different than the way that we do. However, we are governed by the same licensure board and our rules in the state are very similar. As far as similarities go, we bill insurance in the same way, we apply for the same jobs, we meet the same people, and we are governed by the same rules. Now, if you have further education, like a psychologist or a psychiatrist, that enables you to provide other kinds of care, like psychiatrists can prescribe medication. That's not something that a master's level clinician can do. If a person wanted to incorporate. medication into their care, they would need to see a psychiatrist.

David Lowry: 11:08

Do licensed professional counselors suggest that a person should be taking a medication or might want to find out about taking a medication?

Julie Kellogg: 11:17

So, we don't give advice. That applies in this realm as well. But we do talk with our clients about whether that might be a conversation that they want to have either with their healthcare provider or with a psychiatrist specifically. It really depends on the problem that brings a person in. If they're having a relational problem, that's not something that we can take a pill for. But if they're having anxiety or depression, often we would encourage them to talk to someone who can prescribe medication if the therapy they are doing doesn't seem to quite be addressing the need that they have. Research tells us that medication in conjunction with talk therapy is some of the most effective treatment that someone can have. for depression. And so that's something that

we would collaborate with other providers to make sure that the clients are getting the best care possible.

David Lowry: 12:01

As a family therapist, what's the lens you look at life through? Is it systems or some other approach?

Julie Kellogg: 12:09

So, general systems theory, I consider an umbrella. It's almost so much of the way that I think that I forget that it's a theory because it informs everything that I do and looking at people in relation to everything else in their context. And so it's not just the relationships that they come from, but it's their backgrounds and the experiences that they've had. Under systems, we have several models that inform the way that we look at families. I'm a person who does not appreciate getting caught up in pathology. So, I look for models that are more solution focused. And in fact, we have one that is called solution-focused, and it's trying to help people recognize the strengths that they have and build on those to address the problems, maybe in different ways that they hadn't thought of. It's a more positive approach to helping people. address what they have instead of attacking one symptom at a time, kind of like a whack a mole thing.

Don Drew: 12:55

You mentioned there are others. Can you give us a couple of other approaches?

Julie Kellogg: 12:59

Emotionally focused therapy is also one that I really enjoy. In fact, the person who helped develop that theory, recently passed away. It helps us understand that people get caught in cycles of interaction with their partners based on the emotional needs that they have. And when those emotional needs aren't met, then they might try to meet them in ways that are not so helpful. So, if we can help couples recognize what the needs are at the root and it helps them think about how they can meet those needs productively, then they won't be lashing out in other ways to get their own needs met. So emotionally focused is one that's very popular. Another one that is more up and coming in the last few decades is, Eye movement desensitization and reprocessing, which is a mouthful to be certain. It is a really efficient way to treat trauma. And in fact has had results that are beyond what we've seen with any other treatment methods that are out there. The rates for PTSD with veterans, they are having over 80 percent success rates. It's incredible and so it's one that's a growing in popularity across the United States and here locally as well. It's something that helps therapists help the client connect their body and the way that their memories have been stored in fragmented ways. And they're doing that in a way that incorporates their body so that it's not all about talk therapy. So, it can be less re-traumatizing for people who have experienced events like Vietnam veterans. That's how it got started. But it's also helpful for people who, maybe they had a car crash and they are having a hard time on the road. Or it's helpful for people who have what we refer to as complex trauma, which isn't necessarily a singular event that we point to, but smaller events across the course of a lifetime that lead to traumatic effects.

Don Drew: 14:36

It's possible that our listeners might want to pursue therapy for themselves or for somebody in their family and they may find it daunting when they look at the price tag. What kind of options do people have besides that?

Julie Kellogg: 14:51

If you do have insurance, I would look and see what coverage you have there, because a lot of health insurance plans do have some mental health benefits. If you are employed, there are employee assistance programs or EAP that you might have heard about when you were onboarding, but haven't thought about since then. Oftentimes those have a contract to cover mental health care. But if those are not options to you, you'd still have other ways to receive services. One of the main ones is community mental health centers, and those are in various communities across the United States. Those are funded by Department of Substance Abuse, Department of Mental Health and Substance Abuse Services, as well as other funders like the United Way here in Oklahoma, and those rates are based on a sliding scale according to your income. And then there are training clinics like the one that we opened here last year at Oklahoma Christian, which where we have graduate level student therapists who are providing services. Those fees start at just 25 per session. You're getting great care. The research tells us the outcomes are very good because the students are working very hard to meet with these people, but they're also under the supervision of licensed therapists. So there are ways to receive care that don't cost as much. And the other thing to think about is telehealth. So even if you live, let's say out in Guyman, Oklahoma, and you don't have that many providers around you. Our clinic and many others provide telehealth services so that you could access those within the state where you live.

David Lowry: 16:10

I've always heard that what you say to a therapist is confidential. What does that really mean?

Julie Kellogg: 16:16

Confidentiality is one of our core values, and that's because we recognize that a person has to feel safe with the information they're sharing otherwise, they're not going to be as transparent as they could be. There are only a few reasons that we would ever break confidentiality. One of those is if there was child abuse or neglect or elder abuse or neglect and that's because we, like every other Oklahoman, are mandatory reporters. We are all required to report even the suspicion of abuse or neglect. Another reason would be if a client asked us to share their information and that might be because we need to contact the insurance and say that they're here receiving services or maybe they need to show the court they've been attending therapy. And we can provide a record of that. The only other reason that we would ever break confidentiality is if the client were presenting an imminent harm to themselves or another person. So if they were suicidal or homicidal, then we are required to report that as well.

David Lowry: 17:04

Can you be called to a court of law and ordered to share what I said in therapy?

Julie Kellogg: 17:10

The interesting thing about that is that there's a distinction between forensic therapists and treating therapists. Most are treating therapists. If you're going to your therapist and they haven't identified themselves as a forensic therapist, that means they are bound by confidentiality, and it would literally take a judge ordering them to say something. But even in those, we have a protection that allows us to report only facts that could be reported objectively, such as they've attended therapy on these dates. We're not allowed to give opinions of any kind. If a judge ordered us to do something, we would be required to comply with that but probably not in the way that someone would be afraid of.

Don Drew: 17:47

Julie? What have we left out?

Julie Kellogg: 17:49

I think one of the main things that people aren't aware of is that if you start with someone, if you start seeing a therapist or a counselor and you just don't really feel like you have clicked with them, it is, in your best interest to move on to a different therapist. And that's not something that you have to be afraid of hurting the therapist feelings. It's something we all understand. The fit is so important that we want you to find the clinician that you best work with. I like to think of it like a pair of shoes. We would never wear stilettos to go mountain hiking. We would never wear hiking boots to a grand ball. It's the same thing, different shoes for different purposes, different therapists for different needs and people. So, it's important for you to find a person that you fit with.

David Lowry: 18:26

What if you're going as a couple and one person really feels clicked in, but the other one doesn't?

Julie Kellogg: 18:32

That's something that you could say out loud to the therapist. And I know people might be hesitant to say that, but that's something that we deal with. We're used to people talking to us. That would be something that we could work through and help the couple decide what they needed to do. We would never tell them what to do, but we would help walk through the issues and try to alleviate that discrepancy between the two of them.

Don Drew: 18:52

What would happen if a therapist felt like they could not serve one of their clients because of some interpersonal conflict or some moral dilemma?

Julie Kellogg: 19:01

Right, there are some reasons why a therapist would choose not to work with a client and part of those are scope of practice. For instance, I had a woman I was seeing who disclosed to me after some time that she had a problem with disordered eating, and that is not something that I feel competent to treat and can be particularly challenging. I did not want to say anything that would be detrimental to her. So, I referred her to another person. I made sure we had a nice handoff transition so that she felt cared for across that. But another thing is that therapists are people and sometimes there are reasons

that it might be difficult for them to work with a client. Let's say that someone is coming in to deal with the grief of a loss that they've had. Maybe that is too close to a grief that the therapist has recently had. It's the job of the therapist to recognize when they are feeling that way and to help make sure then that the client finds someone who is a good fit for them. There's something called abandonment. If you go into a therapist and they ghost you, that's against our ethical code. It is our responsibility to refer and try to do our very best to hand off the client to another person where they're receiving good care.

Don Drew: 20:06

It sounds like therapy could be a real help to a lot of folks that are struggling in their lives.

David Lowry: 20:12

Absolutely, therapy can be a powerful tool for people who are struggling in their lives. It can help you improve your relationships, manage stress, and overcome difficult emotions. If you're thinking about seeking therapy, we encourage you to reach out to a qualified professional. And as we discussed in today's program, there are many resources available to help you find the right therapist for your needs. But this is just part one of our conversation with Julie Kellogg on Peaceful Life Radio. Please join us next time as we delve deeper into cultivating peace in our lives. Julie will share some practical techniques for fostering stronger, more fulfilling relationships. You won't want to miss it. Thanks again to Julie Kellogg for joining us today.