

Random Thoughts about Counseling Center Case Presentations and Job Talks

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Below are comments that I have written over the past several years as general feedback to interns about case presentations as job-talks. These are my thoughts and other professionals will have different views. Indeed, that is part of your task in designing a job talk: how to anticipate and address the different expectations your audience will bring. I hope these comments are helpful to you.



Your job talk can play a crucial role in getting yourself hired. The people you will be presenting to are trying to sort through numerous applications, and this is your shot at standing out from the crowd. It's likely that for many of the people attending your talk this will be the only contact with you that they have. So, make everything you do exceptional! That includes any sort of materials you are thinking of giving to them (e.g., outlines, handouts, vita).

Applying for a job is a process that is challenging, unsettling, and pretty damn exciting. It's an opportunity to assess yourself and put together for yourself all your years of training and your own personal style into one coherent package. The job search can clarify and even teach you a lot about yourself.

Be clear with yourself what the purpose of your talk is.

- What do you want the job interviewers to get from this? e.g., "what are the 2 points I will try to make?"
- How fact-driven vs. your clinical impressions-driven is the talk?
- Are you more concerned about telling them about the client, or about yourself? (The fact is, your audience wants to hear about you, what you do, your style, your biases, your politics; your case presentation is merely a *vehicle* to display yourself).
- This is a time to show your *best* work, not incomplete work, or cases you need supervision on or have questions about. Present a case that has a beginning, middle, and end. Show your *expertise*.

If possible, tailor your talk to each audience. What things will this audience find particularly interesting?

This is probably not the time to include untested or idiosyncratic therapeutic approaches (no past-lives therapy, please), particularly those that could raise ethical concerns.

Know the controversies of the day, too -- for example, if you are going to present a client who has repressed memories, are you prepared for the possible challenges you will receive about the nature of memory and the validity of repressed memories?

Is there a THEME to this presentation?

This sometimes will help organize the structure of the talk, and guide what to include and what not to include. Perhaps the theme (or themes) is something about you, that you then illustrate at various points in the presentation.

What about you?

- Talk about your relationship with the client, and the way in which s/he impacts you.

- Any countertransference issues happening? What's your approach to those issues, with this client and in general.
- How do the client's dynamics play themselves out in your relationship with him/her?
- How is the relationship used in the therapy?

Talk about treatment goals in the beginning. This helps set the context for the rest of the information you are going to present.

Provide an overview of what you intend to do in your talk. e.g., give an outline (either spoken or on paper).

This is a chance to demonstrate your approach to therapy. It is appropriate to spend a few moments at the beginning explicitly outlining your orientation, biases, and beliefs, independent of this particular client. Again, make yourself stand out, give them something to remember you by. And a brief overview of your approach also provides further structure/logic to your presentation. You move from the general to the specific -- They get to see *how* you apply your approach to a specific case.

Put *energy* into your talk -- act interested, enthused, use humor, self-disclose (appropriately!), whatever -- but convey a sense of involvement. This will keep your audience engaged with you, an important consideration because it is the overall gut response that remains with the people who interview you, and less what you specifically say to them (which isn't to say that the specifics are not important). Remember, they are not just listening to your talk to see what sort of clinician you are, but also they want to see if they want to work with YOU.