

# Integrative approach to counselling



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## INTEGRATIVE APPROACH

### INTRODUCTION

This is a 3500 words analysing a 50 minutes recorded DVD discussion I had with a client called Jenny who authorised me to submit the recoded DVD as part of my assignment on integrative approaches to counselling, exploring the use of integrative approach to counselling , demonstrating the effectiveness of integration and how it can be used to aid healing in psychological, emotional, and mental cases which occurs during my counselling session with Jenny whose name has been changed for confidentiality. She was referred for therapy by her GP to meet a counsellor or a psychotherapist to assist her in dealing with her issues. It will also explain how the first counselling session which is known as assessment stage / information gathering stage went between me (counsellor) and Jenny (the Client) bearing in mind the therapeutic relationship between the two of us (client and therapist) which is very important in counselling therapy

Integration is a therapeutic approach that makes use of most effective features from other approaches and combine all into one therapeutic method, Integration can also be referred to as an avenue where different modalities like Individual, Group, Couple and family therapy (Friedman et al., 2005), Psychopharmacology and Psychotherapy (Winston et al., 2005) healing traditions from other cultures and Western psychotherapy (Moodley and West, 2005; Van Dyke and Nefali, 2005) are emerged in order to help solve a client problem. The Integrative approach can include person centred, psychodynamics, Cognitive Behavioural therapy and other therapeutic

choices. An integrative therapist believes that there is no single approach can treat each client in all situation or provide the best benefit to client rather they believe and claim that they are mainly concerned in using whatever is of use to the client they are working with

#### DVD SUMMARY AND ASSESSMENT

In our (client and therapy) first meeting known as assessment session /information gathering session this is an information gathering stage and at this session everything about the therapy was explained to Jenny, (Client) how long the session is going to be and she was informed that everything we are going to discuss in the session remain confidential except if I think that she is likely to harm herself or someone else, then I might feel it necessary to break confidentiality. I also put in place and observed the core condition of acceptance, congruence, empathy resilience, good counselling skills and integrity. This initial session is to help Jenny ( client ) in identifying, clarifying the problems and dictating the best method to deal with the issues/problems and this is achieved through characteristics and potential of Jenny (client) by using self -reporting techniques, observations and test, bearing in mind that a good therapeutic relationship has become an important focus for therapist from different schools (Bateman2002), also therapeutic relationships are the very hub around which all else revolves. Clarkson (2003) suggest that the process of psychotherapy involves a multiplicity of relationships, including the working alliance, transference/counter transference, person to person relationship and the transpersonal relationship. However Jenny (client) was made to understand that she is a co therapist where two of us need to work together to achieve a potential goal

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and her co-operation is highly important and needed for an effective result (i. e. attending therapy sessions, listening and putting in practice the agreed rules) she was made to understand what therapy is and having demonstrated a good therapeutic relationship between both of us which is the main focus of the therapy and the avenue through which the therapy works, I was actively involved for it is very important in therapy, this is because it will help both of us to explore on the problems/issues, finding out where she is stuck and what she has done to get unstuck and gaining greater understanding looking at what need to be changed and what to do to achieve the changes, also it is at this time both of us tends to see if there is good therapeutic relationship that between us.

As the session unfold during the assessment Jenny (Client) made me to understand that she was currently into a good job, really progressing in her career as well studying for a degree in the university. She explained that she was making every effort and was so motivated, working very hard towards achieving a better and fulfilled life for herself and any one that is going to be around her and not like a life she and her siblings had while growing up in their parent house which she said that she is not happy to talk about at this time. However, she observed that her life began to change when she met an old school friend who invited her for a drink in a club house where they also met other school friends with whom she had some drinks with both alcoholic and non-alcoholic drink, she informed me that she really enjoyed her outing with her old friends and was very happy to be in the company of her old school friends. Jenny (client) made me to understand that she continued to visit the club house very often drinking all the time and mostly alcoholic

drinks with her friends and most times she gets home late and drunk having hungover which resulted in her being unable to get to work the next day on time or at times not going to work or showing up at all. She (client) explained how her life had progressively limited due to her addiction with alcohol, how she lost her job because of her inconsistency and her behaviour towards her colleague at work due to the influence of her alcohol intake/ addiction, she said that the way that she lost her very much loved job was traumatising, making her feel like she has lost the best thing in her life thereby creating fear, anxiety and left her depressed. Due of her state of mind and her ill feeling about being lost and with the other depressive feelings, she was referred by her GP to see a therapist. As a therapist/ counsellor and being aware of my biases, being open, listening attentively and very accepting of where Jenny (client) are at the moment with her problems of being alcoholic , feeling lost , suffering for anxiety, and depression in order to examine what actually seems to be the issues that she is worried about or that is frustrating her life thereby not allowing her enjoy her life and live a fulfilled life, I was able to demonstrate the core conditions of genuineness, acceptance, resilience, respect, empathy, being transparent not wearing mask and pretending to be who am not (Khan, 1997: 166) creating a safe environment which enabled her to open up and tell me more regarding her present issues where her life is limited by alcohol misuse, feeling confused and lost, not sure if to attend to any invitation from friends again and the kind of friends to keep. As the assessment session progresses Jenny (client) informed me (therapist) that at one point she started` feeling low because she thought that she has lost the goal/plan she have set for herself.

Jenny informed me that having started a new job at present that she has developed a strategy which have been helping her reduce the quantity of alcohol intake she consumes and also, she continued by saying that she has put in so much effort to stop going to the social club house she was addicted to visit for a drink which led to her addiction and that she is now scared of keeping and going out with friends. Jenny also mentioned that she is studying for a degree programme in the university but her present state of health and mind have affected her studies badly, she is being distracted and unable to attend lectures nor doing her assignments. Having listened to Jenny I explained to her the theoretical approach (Integrative approach) that I will be using as to facilitate the support she needs to get back her stability and change her maladaptive thinking

#### GOAL OF THERAPY

In regards and within the exploration that followed after the assessment where a good therapeutic alliance was put in place, Jenny state of mind was properly assessed, examined thereby helping both of us (therapist and client) to understand and identify the actual goal of the therapy in order to facilitate behavioural change, promoting decision making, improving relationship and also generate a coping method and if possible eliminate her alcoholic life style and unhealthy thinking of feeling lost which is really affecting and ruining her quality of life and her view about relationship with friends and others. Jenny recognizes her problem and was happy to be involved in order that she (client) will follow through them thereby being committed. Both of us (therapist and client) agreed to look into and identify the real cause of her behaviour, her alcoholic dependence and the reason

behind why she is feeling confused and lost, and her attitudes to people and to create an environment for a change, re-structure her thinking, belief and to create method for change which will lead to a healthy, physical, mental and emotional life. Also, both of us (therapist and client) agreed upon a mutual goals, objectives and plans which will lead to Jenny recovery if well put into practice. We also set and agreed by both of us (client and therapist) towards identifying what need to be changed and accomplished so as to work towards healing and fulfilled life. The need for Jenny to develop a sense of self- identity- a sense for herself as a grown woman who can take a decision and maintain her own boundaries was also discussed.

Following the assessment and to help Jenny overcome her persistence anxiety, depression, feeling lost, being suicidal, self-harming and insecurity, considering her preferences, characteristics, spiritual belief, needs, physical abilities and motivation which can be based as a psychological problems (evidence based ) having her mentioned and explaining her ill feelings and thought both of us (client and therapist) have agreed on a constructive therapy and for both of us to be fully committed also Jenny was reminded and encouraged to engage fully to the therapy and empowered herself to administer and put in practice new behaviours and life style that will assist her to achieve the changes that she need the most. Jenny was happy to endorse on goal of the therapy and said that she is ready to put in her best to achieve the better life she need.

#### THERAPEUTIC RELATIONSHIP AND THERAPY

During the assessment session there was a good working relationship between both of us and I was transparent, a mutual bond of genuine affection was developed between the two of us (therapist and client) and also as a therapist I was real, supportive, cooperative, and genuinely present without any biases, which led to Jenny being open during the assessment. It has been identified that Jenny has multi-specific issues i. e. being alcoholic, feeling confused, depressed, lost, anxiety and as such instead of using one approach it's best to integrate other forms of therapy and apply them to tackle and deal with each of the individual issues Jenny is encountering. Having understood the key concepts from psychodynamic, cognitive, psychoanalytic self-psychology, CBT, client self-centred etc. and with the understanding and knowledge on the concept of different approaches, potential, physical, emotional and mental wellbeing while exploring on what factor in her life that is behind the current issues/problems she (client) is going through at the moment

I observed that Jenny is troubled by a multitude of specific issues that need to be dealt with by blending different wide range of specific methods. I have decided to use theoretical integration of Psychodynamic, cognitive behavioural and humanistic theory based on the good therapeutic relation that has taken place between both of us (client and therapist) Jenny was happy and accepted the goals we have set up for the therapy and was ready to work towards changes.

PSYCHODYNAMIC



Having developed a good and genuine therapeutic alliance, Jenny was encouraged to open up during the information gathering session to tell me about her approach to self and life, interpersonal relationship and her cognitive and feeling ability this led to her explaining unresolved issue that is hidden in her conscious that is affecting her feeling and behaviour. I felt that it was important for Jenny to develop a better understanding of what is or could be behind her behaviours and also for her to discover the important information about herself as an individual.

Jenny having mentioned that she is not happy with the way she and her siblings were brought up showed that in regards to her upbringing she has unresolved conflict in her mind and might be unaware why she is in her present state and the reason behind her current behaviour. Even though in general Jenny was not entirely happy with her upbringing, the reasoning behind her unhappiness wasn't given much thought until the session. After discussing for a few minutes it was evident that the reason behind her uneasiness was abuse she received. Growing up Jenny didn't have a lot of friends, which she thought was normal of people between adolescents. As she eventually grew, the situation remained the same, she has been unable to maintain solid relations and hence doesn't have much of a social life. Having met her old friend for drinks, she indulged in a life she didn't have while growing up. Wanting to maintain this relationship Jenny, made sure she frequently went to the same bar on her way home in the chance that she will mingle with her peers.

Jenny also is addicted to alcohol even though she said that she has reduced her intake she mentioned of losing her job in effect to all of these. To enable

Jenny to examine her unresolved issues and with the symptoms she experiences, we need discuss the underlying reason behind her feelings. The possibility, that the alcohol addiction could go all the way back to her upbringing as a child surprised her. After consideration Jenny suspected her alcohol addiction, may come from its reliance to maintain the anxiety, but also the mediator of social interaction with her old friends. With varying studies showing correlation between the need for social-interaction and substance abuse. Initially drinking can reduce fears and take your mind off of your troubles, but over time this can make the anxiety and stress even more difficult to cope with.

#### COGNITIVE BEHAVIOURAL THERAPY

After examining and analysing Jenny's behaviour, her thoughts, feelings, emotions and actions I focused on identifying therapeutic approach to aiding in her treatment, an approach that's takes into consideration her feelings and the way she understands the world around her. With the other issues she is suffering from, it's vital to change Jenny's behaviour i. e. thought, emotions perception and her understanding about her life to stop thinking or feeling negatively about herself. In the session, Jenny said that she had a good job she loved so much and that she was working hard for a better life for her and any one that is to be around her. This goal she said was very important to her as she wanted to have a better life and environment, unlike what she had growing up at her early age while with her parents. In order words Jenny mentioned that where she finds herself now is not her plan /goal she promised herself. All these thought and feelings are going on in Jenny's mind and she believes that she has failed herself by not living the kind of life

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she planned for herself. In order to understand Jenny, I asked open questions relating to her feelings about her thoughts and feelings. She believes that being in therapy will help her explore more on this and help her to get back on track with what she wants to achieve and to also deal with what is presently going on now in her life. As Jenny described how she felt regarding how she was not where she is meant to be I found it very important to reassure her by praising her for being self-aware and having the ability to calmly observe what she was going through and seeking help. I also mentioned that it's good that she is making effort to change.

From my observations Jenny is experiencing depression. Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration (WHO 2012)<sup>123</sup>. Jenny's explanation fits with this description as her experience of lashing out at her colleagues at work, her tiredness, her inability to concentrate at work and her studies, which then lead to her inconsistency and ultimately the loss of her job.

I am using CBT as her depression and anxiety is as a result of negative thoughts and for me to correctly identify the specific negative thoughts I used the key areas of the cognitive behavioural model. Keeping in mind that the thoughts and actions are the most important aspects to stop the depression/anxiety cycle, I was able to understand that the stress induced by her losing her job triggered affected the dynamics between her Health, behaviour, Emotions and her thoughts. The stress triggered negative thoughts in her mind which then affected her emotions causing her to feel

sad and hopeless which then affected her actions causing her to withdraw from her friends and avoiding making new friends. All of these lead to making her anxiety and depression worse creating the depression tiredness she felt. Jenny was showing signs of a depression Cycle.

A Major reason for choosing CBT is due to its effectiveness on depression, it has been demonstrated to produce results on par or greater than antidepressants (tricyclic antidepressants in ameliorating depression). CBT also allows patients to deal better with future episodes of depression without external input. As she is also experiencing anxiety, addiction and loss because of the way her thoughts and emotions have reacted. She thinks that having lost her beloved job now means an end to a happy life. She is also scared of making new friends because she believes that it was friends who were responsible for setting her down her current path by introducing her to the club house where she got addicted to visiting, which then led to her becoming an alcoholic thereby leading to her losing her job and created the present predicament where she now finds herself. As a matter of fact, she really needs to change her negative thoughts and feeling so that she can begin thinking in a direction that will lead to healthier thoughts and behaviour as highlighted by Lynn, this approach is very effective as patients are taught methods for identifying and recording automatic thoughts in their day to day activities and are aided in countering them. As automatic thoughts are gone over, the underlying conventions they represent become clearer and the therapist can then begin to use a variety of techniques to get patients to examine the logic of their assumptions and to replace them with more positive outcomes.

## HUMANISTIC

Having provided a strong warm atmosphere where a genuineness therapeutic relationship i. e. supports, empathy, understanding, trust and being non-judgemental existed between both us (counsellor and client) helped Jenny to open to her negative/positive past and present situation using her own energy in order to restructure and change her thoughts and her behaviour. Being real and safe helped to her explore on those reason that is causing negative belief and actions which is affecting her thoughts and behaviour that need to be changed and encouraged Jenny able to understand who she is and to develop a real sense of herself (self-awareness), her responsibilities and freedom

Having explored into Jenny's thoughts, behaviour and experiences bearing in mind the therapeutic goal that we have agreed on it is quite obvious that an intervention strategies need to be applied focusing on Jenny's understand on who she is, being able to make a meaningful choice on how to live her life what to do irrespective of where she is and who she is with (self-awareness and self-understanding) As Jenny have mentioned that she is scared of keeping friends, I believe Jenny need to free herself from the negative assumption and the attitude she have in mind about friends and focus on her responsibility in making decisions in the best interest of herself that will help her live a life to the fullest. Being in the world involves the physical world, the world of relationship with others, and one's own relation to self (May and Yalom, 1995, 265)

In regards to her alcohol addiction she mentioned that she has reduced her alcohol consumptions after getting a new job thereby highlighting growth, changes and self-actualized and able to use her own judgement to recognise her problems and have to make choices well enough to create a meaningful life style. According to Carl Rogers who believe that people can only fulfil their potential for growth and changes if they have a positive view of themselves and this was seen in Jenny who have a self-directed choice to reduce her alcohol intake and also have made up her made to accept therapy, taking responsibility for her freedom.

During the session I was able to let go my current understanding of what is happening to Jenny (client) in order to objectively evaluate particular moments. I real struggled with temptation to state what may be indeed quite obvious to me but not jenny, Saffron stated “ we must constantly struggle with the temptation to deal with the anxiety and discomfort of ambiguous situations and to establish some sense of security in the midst of the experience of groundlessness, through reification” (Saffron and Muran, 2000)

In term of limitation and strength, a strength is my ability to empathise, this made sure the client felt comfortable enough to open up regarding inner feelings. My ability to empathise stems from the various life experiences I have been through, in a case like this where i have observed similar depressive states in other individuals and possibly within myself, empathising with jenny felt real and not something that was forced. This was essential in building rapport with the client, this relationship was a massive part of the therapy, crucial for development. As I’m not fully trained as an integrative counsellor, it was difficult, not only to integrate multiple

approaches but mainly, being conscious of my actions and my words. This, I think stem from my lack of professional experience, but I suspect will develop in due time.

## References

- Beck, R. (1994). Encouragement as a vehicle to empowerment in counseling: An existential perspective. *Journal of Rehabilitation*, 60, 6-11.
- Brooks-Harris, J. (2008). *Integrative multitheoretical psychotherapy*. Boston, MA: Lahaska Press.
- Carney, J., & Hazler, R. (1998). Suicide and cognitive-behavioral counseling: Implications for mental health counselors. *Journal of Mental Health Counseling*, 20(1), 30-34.
- Corey, G. (2009). *Theory and practice of counseling and psychotherapy* (8th ed.).
- Cully, J. A., & Teten, A. L. 2008. *A Therapist's Guide to Brief Cognitive Behavioral Therapy*. Department of Veterans Affairs South Central MIRECC, Houston
- DeCarvalho, R. (1991). Gordon Allport and Humanistic Psychology. *Journal Of Humanistic Psychology*, 31(3), 8-13. doi: 10.1177/0022167891313002
- Friedman, J., Phillips-Howard, P., Mirel, L., Terlouw, D., Okello, N., & Vulule, J. et al. (2005). Progression of stunting and its predictors among school-aged children in western Kenya. *European Journal Of Clinical Nutrition*, 59(8), 914-922. doi: 10.1038/sj.ejcn.1602161

- Lynn P. Cognitive and Behavioural Theories of Depression (John Wiley & Sons Inc, Franklin Township, NJ, United States ([https://www.israpsych.org/books/wp-content/uploads/2015/07/cognitive\\_and\\_behavioral\\_54.pdf](https://www.israpsych.org/books/wp-content/uploads/2015/07/cognitive_and_behavioral_54.pdf)))
- MacPhillamy, D. J., & Lewinsohn, P. M. (1974). Depression as a function of levels of desired and obtained pleasure. *Journal of Abnormal Psychology*, 83, 651-657.
- MacPhillamy, D. J., & Lewinsohn, P. M. (1982). The Pleasant Events Schedule: Studies on reliability, validity, and scale intercorrelation. *Journal of Consulting and Clinical Psychology*, 50, 363- 380.
- Safran, J., & Muran, J. (2003). *Negotiating the therapeutic alliance*. New York: Guilford Press.
- Winston, J., Henson, R., Fine-Goulden, M., & Dolan, R. (2004). fMRI-Adaptation Reveals Dissociable Neural Representations of Identity and Expression in Face Perception. *Journal Of Neurophysiology*, 92(3), 1830-1839. doi: 10.1152/jn.00155.2004
- World Health Organization 2008, *The Global Burden of Disease 2004 update*. [http://www.who.int/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf) Accessed 16. 6. 2012
- Yalom, I. (1980). *Existential psychotherapy*. New York: Basic Books.