Family counseling approach assignment

Philosophy

Running head: THE ISSUE OF CHOICE The Issue of Choice: Cognitive-Behavioral Therapy Melissa Trask Liberty University May 12, 2010 Abstract Counseling has been in existence from the beginning of time. From Jethro to Freud, therapists and philosophers have been seeking insight into the core of human nature and cognitions. Cognitive-Behavioral therapy(CBT) recognizes that faulty cognitions and beliefs affect the behaviors of individuals. One method of cognitive-behavior therapy, reality therapy, incorporates the concepts of free choice and personal responsibility that are taught both in Scripture and Dr.

William Glasser's choice theory. Other aspects of CBT, such as cognitive restructuring and Rational Emotive Behavior Therapy (REBT), also work towards eliminating negativistic attitudes of clients in exchange for more effective and realistic methods for interpreting the situations experienced in daily life. The Issue of Choice: Cognitive-Behavioral Therapy It is suggested that an individual's personality is a complex system of cognition, emotion, will, physiology, and spirituality.

Hawkins proposes nine aspects of the human self to be active influences on one's personality: " body, cognition, feelings, volition, human spirit, Holy Spirit, sin/flesh/SAS, temporal systems, and spiritual systems (Hawkins COUN507_BO1_200920). Each therapist individually determines what factors they believe to make up a person's being. Larry Crabb views humans as involving both the physical and spiritual aspects of man. Man's personality is then separated into five parts: the conscious mind, unconscious mind, heart, will, and emotions.

He argues that the way in which an individual identifies what takes place in his/her life determines the emotional or behavioral outcome (Crabb, 1977). The cognitive-behavioral therapist sees individuals as functioning within continuous, shared interactions between behaviors and social conditions. Although these theorists once focused solely on the environmental factors that contribute to unhealthy behaviors, present day behaviorists also acknowledge the need for self-regulation and self-direction in order to change behaviors.

Likewise, reality therapy, one of many subtypes of cognitive-behavior therapy, proposes that men and women consciously influence the way the feel and behave. Rather than blaming one's current situation on the past or on other people's actions and attitudes, Reality Therapy (also known as Choice Theory) argues that individuals have a clear choice as to how situations and other people influence them (Rapport, 2007). Glasser's choice theory maintains that every individual is driven by their attempt to meet their primal needs: love, power, acceptance, survival, freedom and fun.

Furthermore, Glasser proposes that human beings are motivated to fulfill each need at every moment of their life (Howatt, 2001). Crabb is in agreement with Glasser as he claims that " all behavior is motivated, we are motivated to meet our needs" (Crabb, 1977, p. 76). Reality Therapy assumes human beings only experience true contentment when they find their needs are met. A common theme of various counseling theories is the result of what individuals accept as truth on their emotional state.

Glasser alleges that it is not external forces that control human behavior, but an internal locus of control as he states that " Nothing we do is caused by what happens outside of us. If we believe that what we do is caused by forces outside of us, we are acting like dead machines" (Howatt, 2001, p. 8). Where many in the medical and psychology fields would view human dysfunction in terms of an " illness", Glasser suggests that negative symptoms are the result of poor choices, not a mental disease.

For instance, someone who views themselves as depressed is viewed as being " depressing" as that individual is choosing to live in misery rather than changing his/her environment for the better (Howatt, 2001). Reality therapy states that mental illness can be seen in the chosen behaviors of those unable to meet their basic needs (Peterson, 2005). Development By the end of the 1970's, a group of therapists began to recognize the way in which cognitive factors such as attitudes, expectations, and beliefs affect an individual's behaviors.

Cognitive-behavioral therapy (CBT) has been a welcomed treatment method in the marriage and family therapy community, as it focusing on interactions between couples and family members. Albert Ellis and Aaron Beck are reported to be the first to recognize the impact that faulty cognitions have on relationships. Ellis' A-B-C theory of dysfunctional behavior presents an idea that the activating events (A) are not to be blamed for upsetting consequences (C) in a person's life, but rather the unrealistic beliefs (B) they hold about their experiences.

In terms of family therapy, Ellis would argue that the disarray that takes place in couple's marriage is not due to the act of arguing, but the beliefs each partner holds about the argument or other destructive behaviors. A run-of-the mill argument may be blown out of proportion if one half of a couple believes that he/she is worthless as a result (Goldenberg & Goldenberg, 2008). CBT is founded on the ideas of cognitive psychology and behavior therapy. Numerous perspectives in the psychology world have contributed to the development of this treatment method.

Adlerian concepts can be seen in the CBT ideas of schemas and individual perceptions. Gestalt perspectives are also utilized as these therapists recognize the impact an individual's environment has on his/her cognitions, feelings, and behaviors. The humanistic existential and parts of systems theory may also be found when exploring cognitive-behavior therapy. Because CBT draws from a large number of other modalities, this treatment method is seen to be extremely successful in a multitude of environments and situations (Merrick & Dattilio, 2006).

Although cognitive-behavior therapy continues to prove its effectiveness, family therapists have ignored in favor of the theoretical approaches of theorists such as Minuchin, Bowen, Satir, Madanes, White and Epston (Dattilio, 2001). Couples The use of CBT in couples' therapy was founded on the behavioral therapy approach. Beyond the work of Ellis, one key study in the effectiveness of CBT with couples was conducted by Margolin and Weiss in the late 1970s. Their research led to numerous studies that would examine the use of cognitive concepts in the behavioral therapy of couples.

These studies drove family therapists to acknowledge the great impact that cognition has on the relationships and interactions between partners and family units as a whole. These cognitive factors are seen to not only impact the levels of dysfunction in relationships, but also in the ability a couple or family unit possesses to change (Dattilio, 2001). Just as babies enter the world as separate beings from their parents he/she also require connection& Townsend speak to such boundaries as they maintain that boundaries are used as a clear-cut division to their mother and father in order to survive.

It is critical to be aware of this dual relationship between connection and separation in terms of the concept of boundaries (Hoodstad, 2008). Cloud between individuals; defining where one person ends and the other begins. They contend that when people establish true boundaries in their relationships, they become free to take ownership over their own emotions, attitudes, and behaviors. Once people come to a realization that they are in charge of their feelings and responses, they then are able to take responsibility for those feelings and behaviors as well (Cloud & Townsend, 1999).

Sandra Wilson (2001) believes shame to be the ultimate contaminator of beliefs, choices and interpersonal relationships. This unbiblical guilt is connected to the false idea that only " perfect people deserve life and happiness (p. 21). According to Wilson, while man is not completely removed from the image of God, every aspect of God's perfect image was shattered beyond recognition at the fall; resulting in the various psychological defects seen in human beings today (Wilson, 2001).

Similarly, Backus & Chapian (2000) assert that the root of human dysfunction is the misbeliefs that bring about the emotional distress and unhealthy behaviors known by the world as mental illness. Ellis' rational-emotive approach (REBT) to family therapy focused on an individual's interpretation of their life experiences the world around them. It is believed that people are responsible for the way in which they experience life as they create their own unique ideas about what happens to them.

This modality examines the way in which individual problems affect the experiences and well-being of those around them. During couples' therapy, each partner is treated individually, as it is argued that they each posses their own beliefs and expectations. The REBT therapist acts as a teacher who enlightens couples to the irrational beliefs that cause their dysfunctional relationship patterns. It is believed that once couples are able to change their destructive thoughts and beliefs, they can work together to improve the overall quality of their relationship.

It is noted, however; that REBT is limited in treatment effectiveness in that is lacks any systems application (Dattilio, 2001). Glasser's Marriage Counseling outline provides a useful and successful model. Glasser established 5 questions for therapists to ask clients involved in Marriage counseling. The first question asked refers to the commitment level experienced by each spouse. It is important to address whether people truly desire change or if they have already decided on divorce and merely want to be able to say that they sought help.

Therapists also ask clients to briefly describe what they believe is wrong with their marriage. However, each partner is only allowed to list one negative attribute of the relationship. That said, it is best to allow a couple time to consider their answers so that the issue(s) addressed are well-thought out. Question three addresses the principles of encouragement, value, and affection. When a couple's marriage is in trouble, so much attention is paid on negativity that spouses forget the positive qualities each partner holds that drew them to marriage in the first place.

Aiding couples to voice things that they appreciate about the other person rather than criticism makes it more difficult to be angry. The next question calls for clients to accept personal responsibility for their emotions and behaviors. A valuable point is brought up in that no one has the power to cause another person to feel a certain way. The angry, hurt, or frustrated individual has chosen to handle their situation in a negative way instead of choosing a healthier coping method. The final question is more of an assignment.

Each client must think of one realistic action they can take within the upcoming week to enhance the quality of their marriage. Statements such as, " I will try to…" will not be accepted, as commitment to the goal is key (Perkins, 2004). Families Cognitive-behavioral family therapy is seen to be similar to the progression of CBT in the use of couple's therapy. Recent studies show that at least 18 different subtypes of cognitive therapy are presently being used in the counseling field (Dattilio, 2001). Research looking at family systems has found that dysfunction appears to be passed down generationally in families.

Psychological disturbances such as mood disorders, addiction alcoholism, and aggressive-assaultive behaviors are just a few unhealthy behaviors in families that suggest that the general functioning areas of the nuclear family significantly affect levels of dysfunction in future generations. Unfortunately, few studies have been conducted on the correlation between specific cognitions and intergenerational schemas and the role they play in the thought processes of future family members. Aaron Beck can be credited with developing the concept of schema.

His work with depressed patients looked at the negative core beliefs that the individuals held about themselves and the world around them. It has been suggested by numerous other researchers that extended environmental experiences contribute greatly to the thoughts and beliefs a person holds (Dattilio, 2006). Schemas are an essential part when using a cognitive-behavioral approach with families, especially in regards to family-of-origin and structured beliefs. These structured beliefs are those that individuals hold about others relationships. Schemas are constant, unwavering cognitions rather than brief assumptions or observations.

While CBT does not propose that cognitive processes are to blame for every behavior, it does presume that a family member's thoughts and beliefs significantly affect that individual's interactions and responses to other members of the family (Dattilio, 2006). Comparable to systems theory, the cognitive-behavioral family therapy (CBFT) approach is founded on the belief that each member of a family unit affects and is affected by other family members. The actions and attitudes of one family member has a domino

affect on other members as it leads to the subsequent behaviors, feelings, and thoughts of each family member.

This then brings about a response seen in the cognitions and behaviors of the original member. Family members then become vulnerable to a dysfunctional cycle as the problematic family dynamics increase. Four ways in which family members' thoughts, actions and emotions may escalate into an unpredictable climax are seen in: 1. The individual thoughts, behaviors and feelings a family member has about their family interaction. 2. The way in which other family members behave toward one individual member. 3. The collective reactions that several members have toward one family member. . The relationships among specific family members, such as two members who are generally seen to support one another (Dattilio, 2001). Numerous systems theories argue that the dysfunctions seen in couples and families are heightened by the ways in which they attempt to solve problems. CBT therapists seek to change relationship dysfunctions by focusing on the roadblocks that hinder change through altering the schemas of individual family members and skill deficits that exist either individually or as a collective family unit.

Family therapy may include working on communication abilities, restructuring interpretations and beliefs about disagreements, and creating effective observational skills. Because schemas are often seen to be at the core of relationship conflict, CBT therapists hone in on the ideas and perceptions each family member has about their situation and the ways I which their life is consequently affected (Dattilio, 2006).

The CBT method of reality therapist involves a therapist asking his/her clients specific questions in order to discover the following: a client's wants and views (W), what the client is currently doing to meet their needs (D), whether their actions are currently working for the client (E) and to establish plans for making positive changes (P). Reality Therapy's WDEP system appears to be a highly effective method of identifying goads and focusing on what is necessary to achieve them. The therapist using the WDEP system asks a client to identify their wants and personal perceptions of their lives.

A client must them examine whether or not their present actions and emotions are getting them the results they desire. After their behaviors are examined, a client must make plans and goals for effective change (Peterson, 2005). Children Cognitive-behavioral work with dysfunctional couples led to a handful of studies on the effectiveness of family interventions in treating problematic childhood behavior. Behaviorists subsequently began to acknowledge the impact that family members have on their child's life experiences and called for whole families to be involved in the treatment of youth (Dattilio, 001). Behavior therapists have acknowledged the need for providing parents with effective strategies for eliminating troublesome behaviors in their children for years. One behaviorist, Gerald Patterson, maintains that while children with behavior issues may experience anger, poor self-esteem or academic difficulties; these problems are merely by-products of a deeper issue and not the cause of their conduct problems. The majority of behavioral parent training (BPT) work towards altering a child's poor behavior rather than parent perception.

Rather than attempting to convince parents that their child is not a problem, these therapists seek to alter the manner in which parents respond to their child's conduct (Goldenberg & Goldenberg, 2008). Providing parents with a sufficient set of skills that can be utilized in a multitude of situations (school, home, social, etc.) is seen to increase the chance that parents will use these tools in the future with existing or future concerns. Parent skill training has many positive features that make it a highly recommendable treatment method.

Because treatment plans are standardized, BPT proves to be cost effective, as limited time is needed for assessment and the development of an intervention plan. BPT's focus is on the empowerment of family members; limiting the need for qualified professionals who may be in short supply. Parent training is also seen to be applicable to multiple children in a family, as skills learned to handle on child's behavior can be carried over for future concerns with siblings. BPT also increases confidence levels in parents as they learn to effectively manage their child's behavior (Goldenberg & Goldenberg, 2008).

Reality therapy appears to be quite effective in working with children who come from broken homes. One particular choice theorist chose to study the success of these techniques in counseling children whose parent(s) is/are incarcerated. This researcher describes his initial meeting with a fifth-grade African American student who resides with his mother and three siblings. This student's father has been in the prison system for the five years on drug-related charges. This child was referred to the therapist due to frequent fighting with his peers and excessive use of profanity with teachers.

Upon the initial meeting with me, this child is described as being angry; stomping into the counseling office and refusing to speak. However, after establishing rapport with him, the young man eventually mentioned that he felt " everyone was against him and no one understood what he was going through" (Shillingford & Edwards, 2008, p. 42). He shared that although he felt he was attempting to behave appropriately, he was constantly getting into trouble at school and home. He stated he felt his mother was too exhausted and tense with working to have much free time with him.

The counselor and student discussed and began to process each negative action and then clarifying the reasoning behind them. It was discovered that this young man's behavior stemmed from anger towards his father for making unproductive choices leading to his unavailability (Shillingford & Edwards, 2008). The student and therapist discussed the essential elements of choice theory, and then evaluated several scenarios where he believes he has made poor choices; reflecting on how each choice affected him. Once this evaluation was made, positive alternatives were taught and practiced.

The results of choice theory in working with a child of an incarcerated parent proved to be quite successful. By learning to apply the principles of choice theory, this child was reported to distract his classmates less frequently as well as decrease his incidents of fighting. Although he still experienced occasional conflicts with peers, this child's psychosocial performance was seen to improve tremendously by employing the WDEP scale and various combinations of the choice theory's positive habits (Shillingford & Edwards, 2008). Conclusion

Cognitive-behavior therapy is currently seen to be an effective method in the treatment of couples, families, and children. CBT theorists maintain that an individual's perception of their environment and daily interactions greatly influence the way in which they respond to others. Therapy focuses on restructuring the irrational schemas and cognitions held by each individual so effective relationship patterns might develop; thus improving the overall quality of life of all involved. Personal Integration In researching and studying the methods of both behavioral and cognitive-behavioral therapies, I found that I was very interested in what hey have to offer. While I do not intend to incorporate much of these techniques into my own style, I can respect their value of choice and responsibility of each individual. I found that my personal style differs from Behavioral therapy in that I place a value on the therapeutic relationship and behavior therapists do not. The Rational Emotive Behavioral Therapy of CBT also differs slightly from my counseling style in that it places the therapist in the role of a teacher and a client in the role of a student.

While I agree that clients often need someone to model themselves after, I believe that the counseling process should be a collaborative one where clients are encouraged to come up with effective goals and plans to implement changes in their lives. The cognitive behavior therapist does place a focus on collaboration; however it seems to me that the therapist is more focused on correcting a client than working with them to correct themselves. As a future Marriage and Family therapist, I have the responsibility to offer effective counseling that fits the various needs of both traditional and nontraditional family systems.

I have found that theories focusing on choice and responsibility, such as the cognitive-behavioral modality of reality therapy, best reflects the model of Marriage and Family counseling that I hope to practice in the future. It is essential that every individual entering the counseling profession understand his/her worldview clearly. Christian integrationist therapists have the critical task of maintaining Biblical principles and truth as they incorporate techniques and theories from the secular world. Such multitasking fuses psychology, spirituality, and theology together to fully encompass all aspects of human behavior and functioning.

Some would argue that a Believer should either work for a Christian organization or change professions (Dettrick, 2004). In fact, John MacArthur believes that scripturally based counseling is a necessary stable of life. However, MacArthur warns against the incorporation of secular counseling and Biblical principles, saying that, " it has conditioned Christians to think of counseling as something best left to trained experts". He worries that many believers will be left feeling that the Scriptures are incomplete and not sophisticated enough to aid in the trials of life.

While more and more Christians are seeking the counsel of professional therapists, a trend toward biblical counseling is also on the rise. Individuals who believe that Scripture is superior to human understanding have taken hold of the counseling world (Meir, et al. , 1992). While it is certainly important and necessary to adhere to the teachings of Scripture, it seems irresponsible to use the Bible as the only tool in counseling as there have been numerous contributions to the psychology field over the years from secular sources.

A successful therapist looks at every model available, picking and choosing which aspects best suit his/her individual personality and do not contradict Biblical truth; as well as taking into consideration the types of clients that will be encountered. Reality therapy, combined with Biblical principals, best reflects my personal style of therapy. I strongly believe that individuals are born with free will and full responsibility for the choices each of us makes. I also believe that Reality therapy aligns quite well with my Christian viewpoints and standards.

Just as choice is a key component of reality therapy, choice is a constant theme in the Bible. Throughout Scripture, one can find examples of God-given choice and responsibility for the actions decided upon (Dettrick, 2004). Someone looking in on a therapy session of mine could expect to view clients who are making steps towards accepting personal responsibility for their lives and acknowledging that they are the only ones who hold the power to change the way they are currently living.

I agree with Glasser's Reality therapy when he maintains that each individual is driven by one or more of five basic human needs at any given time of their life. Of these needs – survival, love and belonging, power, freedom, and fun – it is believed that the need for love and belonging is most important as it is required to meet the other needs (Peterson, 2005). The goal of my therapy style is for clients to reach a point where they are able to make effective choices in their own lives. Albert Einstein said it best when he stated that insanity is doing the same thing over and over again but expecting different results.

I believe that Reality Therapy's WDEP system is a highly effective method of identifying goads and focusing on what is necessary to achieve them. The therapist using the WDEP system asks a client to identify their wants and personal perceptions of their lives. A client must them examine whether or not their present actions and emotions are getting them the results they desire. After their behaviors are examined, a client must make plans and goals for effective change (Peterson, 2005). I find value in the idea that ehavior cannot change unless an individual is able to admit that their current state of living is not working for them. There are certain aspects of Reality therapy that I do not agree with and would not choose to implement in my own therapy practices. Reality therapy states that mental illness can be seen in the chosen behaviors of those unable to meet their basic needs (Peterson, 2005). While I believe that people certainly choose irrational behaviors when they are not satisfied with their current state of living, I disagree with choice theorists in their view of treatment and cure.

Both individual psychologists and reality therapists reject the use of the DSM IV diagnostic labels, stating that labeling a client gives a client relief or an excuse to abdicate responsibility for behavioral change. However, reality therapists do use DSM IV diagnoses when required for therapy reimbursement from insurance companies. I feel this is a bit hypocritical to use a label that a therapist does not even believe in for financial purposes. I personally plan to use the DSM IV labels when necessary to assist in clarifying actual mental instabilities.

However, when counseling in a Marriage and Family setting, unless one partner or family member displays a psychological disturbance, I do not feel

that the DSM IV would be necessary in treatment. While these theorists do not label mental illnesses such as depression and Schizophrenia, I believe that it is important to recognize the difference between ineffective behavior choices and chemical imbalances. While I am a firm believer that no therapy method is without fault or unrequiring of room for improvement; reality therapy's approaches have confirmed my desire to pursue a profession in psychology.

Psychology is an ever changing field as societal needs and issues develop and evolve over time. However, I believe that a strong commitment to personal values, ethical standards, and the call instilled inside of each therapist to help others is the key to a successful career and experience in the therapy world. References Backus, W. & Chapian, M. (2000). Telling yourself the truth: finding you way out of depression, anxiety, fear, anger, and other common problems by applying the principles of misbelief therapy. Minneapolis, MN: Bethany House Publishers. Crabb, L. (1977).

Effective Biblical Counseling: A model for helping caring Christians become capable counselors. Grand Rapids, MI: Zondervan Publishing House. Dattilio, F. (2006). A Cognitive-behavioral approach to restructuring intergenerational family schemas. Contemporary Family Therapy. 28 (2). 191-200. Retrieved from the EBSCOhost database on May 6, 2010. Dattilio, F. M. (2001). Cognitive-behavior family therapy: contemporary myths and misconceptions. Contemporary Family Therapy 23 (1). 3-15. Retrieved from the EBSCOhost database on May 8, 2010. Dattilio, F. (2005). The critical component of cognitive restructuring in couple's therapy:

A case study. Australian & New Zealand Journal of Family Therapy. 26 (2) 73-78. Retrieved from the EBSCOhost database on May 11, 2010. Dettrick, Charles (2004). Reality Therapy and Christian belief- Can they be reconciled? International Journal of Reality Therapy. 23(2) 23-25. Retrieved from the EBSCOhost database May 9, 2010. Fernando, D. M. (2007). Existential theory and solution- focused strategies: integration and application. Journal of Mental Health Counseling. 29(3) 226-241. Retrieved from the EBSCOhost database on May 6, 2010. Hart, A. (2000). The bondage breaker.

Eugene, OR: Harvest House Publications. Hawkins, R. E. Hawkins model for guiding the counseling process. Retrieved from the Liberty University website www. liberty. edu on May 6, 2010. Hoogstad, J. (2008). Choice Theory and Emotional Dependency. International Journal of Reality Therapy. 28(1) 63-68. Retrieved from the EBSCOhost database of May 7, 2010. Howatt, W. A. (2001). The Evolution of Reality Therapy to Choice Theory. International Journal of Reality Therapy. 21(1) 7-12. Retrieved from the EBSCOhost database on May 11, 2010. Merrick, P. L. & Dattilio, F. M. (2006). The contemporary appeal of ognitive behavior therapy. New Zealand Journal of Psychology. 35 (3). 117- 199. Retrieved from the EBSCOhost database on May 8, 2010. Mier, P. D. ; Minirth, F. B. ; Wichern, F. B. & Ratcliff, D. E. (1992). Introduction to Psychology and Counseling: Christian Perspectives and Applications (2nd ed.). Grand Rapids, MI: Baker Book House. Perkins, Ernie (2004). " It's the principle of the thing": The Essential Foundational Truths of Glasser's Marriage Counseling Outline. International Journal of Reality Therapy. 23(2) 36-38. Retrieved from the EBSCOhost database on May 6, 2010.

Peterson, Sharlene (2005). Reality Therapy and Individual or Adlerian Psychology: A Comparison. International Journal of Reality Therapy. 24(2) 11-15. Retrieved from the EBSCOhost database on May 8, 2010. Puffer, K. A. (2007). Incarnational Christian psychology and psychotherapy: What do we Believe and what do we do? Pastoral Psychology. 54(6) 535-544. Retrieved from the EBSCOhost database on May 8, 2010. Rapport, Z. (2007). Using Choice Theory to Assess the Needs of Persons Who Have a Disability and Sexual/Intimacy/Romantic Issues. International Journal of Reality Therapy. 27(1) 22-25.

Retrieved from the EBSCOhost database on May 8, 2010. Roberts, R. C. (2006). Wisdom and Psychotherapy. Journal of Psychotherapy and Christianity. 25(2) 127-136. Retrieved from the EBSCOhost database on May 7, 2010. Shillingford, M. A. & Edwards, O. W. (2008). Application of Choice Theory with a Student Whose Parent is Incarcerated: A Qualitative Case Study. International Journal of Reality Therapy. 28(1) 41-44. Retrieved from the EBSCOhost database on May 11, 2010. Wilson, S. D. (2001). Hurt people hurt people: hope and healing for yourself and your relationships. Grand Rapids, MI: Discover House Publishers.