

Personal theoretical
perspective and
emerging counseling
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My passion for counseling has always been with addictions and the families involved in supporting someone in recovery. I consider my personal theory of counseling ever changing and integrative in the approach. I am open to various ways of implementing diverse theories and techniques and experienced that clients can benefit from a variety of ways in conducting therapy. However, my base theory derived from a combination of cognitive behavioral treatment, rational emotive therapy, and family systems theories. The following paper will discuss my perspective on becoming an effective counselor, what philosophies and concepts make up my theoretical ideas, what my intended goals are for counseling, my direct and indirect role as a therapist and finally what techniques I plan on using to engage clients in the process.

The art of effective counseling, in my perspective, not only addresses the identified need of the client, but the co-existing issues related to family, relationships, employment, education, spirituality, physical health, mental health, alcohol and drug use and legal concerns. The development of an effective counselor in regards to addictions depends on the presence of attitudes, reflecting openness to alternative approaches, appreciation of diversity, and most importantly the willingness to change (Brammer, 2012). Effective counseling involves a process, the aim of which is to help others to help themselves by making better choices. The counselor's collection of skills includes those of forming an understanding relationship, as well as interventions focused on helping clients change specific aspects of their feeling, thinking and acting (Blau and Ellis , 1998).

I believe a good counselor is someone who can learn not to make judgments on behalf of the person being helped. Although counselors have their own values, these should not be imposed on the client and the counselor must retain the ability to actively listen to and accept the views of clients. In the addiction field, an effective counselor shall also be able to maintain healthy boundaries. This includes not taking their clients problems home with them and understanding the need for balance in their life. I have experienced that the addictions field can yield a high burn out rate in counselors due to unhealthy boundaries. In addition, I feel that an effective counselor understands the importance of self-awareness in their personal, professional, and cultural life. Since living in Hawaii and working professionally here for 10 years, I have found that having the ability to be aware of cultural diversity is extremely important. This provides a safe and non-judgmental environment for the clients to express themselves openly (Brammer, 2012). When I first moved to Hawaii I was completely unaware of this concept as a counselor and have since made this limitation one of my strengths throughout the years.

In relation to the addictions field specifically, I believe professional counselors adhere to ethical and behavioral standards of conduct in the helping relationship. It is also important for a counselor to participate in ongoing supervision and continuing education in the delivery of client services so they can participate in effective counseling. Counselors that are willing to grow and change personally and professionally are far more effective in the ability to be open, in tune and delivery of effective services (Ellis and Harper, 1961). There is also a level of professionalism that needs to

be demonstrated through knowledge, skills and consistency in maintaining the code of ethics and modeling (Center for Substance Abuse Treatment, 2006).

The personal characteristics I find in an effective counselor include patience and acceptance. A counselor should use his or her self-control in dealing with people, even those people who are not likeable. This characteristic, when dealing with drug and alcohol clients, is important since they tend to be deceitful and resistant when participating in treatment. Learning to grow into a more complete person from the experience of life's hard knocks can be a valuable quality in a counselor. Social skills are also important characteristics, such as listening skills, being present, having empathy as well as paying attention to verbal and non-verbal cues (Corey, 2013).

Effective counselors have a genuine interest in other people and in what they do. My passion for the addiction field and seeing the success of the family and individuals is evident in my work and I feel contributes to the motivation for the clients to continue forward. This is often referred to as respect or unconditional positive regard for the person being helped (Blau and Ellis, 1998). Counseling requires a lot of training, followed by much practice. The counselor is perhaps the first person that the individual has met for a long time who truly listens without prejudice and whom he or she can trust hold heartedly, therefore being an effective counselor for the success of the client is important (Moonshine, 2008).

Professionalism, cultural competency, sincerity, flexibility and authenticity are just some of the uniqueness that makes an effective addiction counselor.

With this, also come personal and professional strengths and limitations. My <https://assignbuster.com/personal-theoretical-perspective-and-emerging-counseling-style-psychology-essay/>

personal limitations include using a systems approach, which presumes that all family members have roughly equal contributions to the process and have equality in terms of power and control. This belief is not substantiated in the research on family violence, for example (Nichols, 2010). Hence, I appreciate that the practice of family systems therapy only should be used when one family member is not being terrorized by another family member. Being able to acknowledge imperfections and admit to mistakes is another personal quality an effective counselor shall hold (Corey, 2013). This proves to be another limitation for myself as I am always striving for precision. This is something I continue to improve on through supervision, feedback and willingness to start making changes in myself.

My belief surrounding human nature parallel with some beliefs in existential therapy; that is, the basis of therapeutic practice is based on an understanding of what it means to be human (Corey, 2013). I believe in respect for the person, exploring new aspects of behavior and thinking, and seeking balance between recognition of limits and identifying strengths. I plan on using numerous approaches to therapy based on this assumption of human nature. As I have worked in the addictions field I have formed a belief that our existence is not fixed; rather, people create self through experiences, relationships with others and connection to living systems. I also agree with some of the human nature beliefs in the cognitive behavior therapy. This includes the idea that people have the potential to think both rationally and irrationally (Corey, 2013). I see this predominantly when working in the addictions field and the justice system. I have observed that working with the idea that we can identify irrational thinking patterns and

start making productive thinking patterns has had a real benefit in working with addicts and their families. I believe that people can develop and gain more control by increasing their skill sets for more appropriate responses to stressful situations (Santee, 2007).

I believe that the personality of a counselor plays a key role in the treatment process. Personality, to me, is something you observe in someone, displaying consistency or continuity for someone to model. Personality, in this context, would definitely play a part in both helping the addict see differences in themselves, as well as the families taking a look at what has changed in the addict over time. Another important part to understanding personality and developing my own theory of counseling is how one may or may not change over time. I think my personality traits are always changing through life experiences. Erickson's view of Psychosocial Development played a big part in my thinking about development and how one obtains their personality (Carver and Sheier, 2008). He believed that personality evolves throughout the life, from birth through maturity and finally to death. He also believed no part of life is more important than any other, and was therefore the first to propose the idea of life-span development. This theory definitely posed an impact on how I plan on seeing the big picture of clients I will counsel in the future.

I think it is crucial to take a look at the entire person, over a continuum to see how they develop, marking important parts in one's life that may be bench markers for their current behaviors. I think that people often act in reaction to another event happening. This develops from interacting with social reality and it changes constantly in response to events in the social

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world (Blau and Ellis, 1998). Erik Erickson goes on to talk about psychosocial crisis as a turning point where potential growth can be delayed or heightened (Berger, 2011). When counseling addicts, I think that it will be prudent to understand if there was a 'conflict' in the early stages of trust versus mistrust, or in initiative versus guilt. If there was, then this would be a good place to begin with the client to discover ways to better support them in changing antisocial behaviors, addiction or criminal activity.

I also find Alfred Adler's views have an impact on my thinking about behavior. His view of inferiority complex, preventing one from striving, and superiority complex, feeling the urgent need to excel at all costs, made me think a bit more about how people may feel and therefore behave (Corey, 2013). In working with families, I believe that it is important to understand the entire dynamic of the style; how each individual sees him/herself in relation to the system. This will in turn determine how they will behave now and in the future. For example, if a client was put down his entire life, called 'no good' and 'worthless' (rejection), according to Adler's theory, he may develop an inferiority complex and develop a lifestyle involving dependence. I believe this theory is important in understanding why a person is behaving the way he/she is in the current context.

A third area that I find important in the development of my personal counseling philosophy is how one plans on assessing and ultimately changing behaviors. When learning about incentives and sanctions, I found that it seemed to correlate with reinforcing behaviors you want to see accelerated or decelerated (Wanberg and Milkman, 1998). This goes back to my theory about people behaving, feeling and thinking in reaction to another

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event. In counseling others, I believe it would be very effective to give an incentive to a person when you observe a behavior you want to see again. I think this theory of changing and reinforcing behavior would be extremely effective.

I feel that conditioning theories greatly influence my ideas of how people feel and behave. According to Carver and Sheier (2008), personality is the accumulation of a person's conditioned tendencies. In other words, by adulthood you have a wide range of emotional responses to various stimuli. You also have tendencies to engage in various kinds of actions in a range of settings. This view has three implications for personality assessment that I agree with: it should focus on behavioral qualities rather than cognitions; focusing on observable aspects of emotional reactions rather than a general sense of what a person is like. Second, is that feelings and actions are tied to specific situations or cues. Finally, there is no better assessment than observation (Carver and Sheier, 2008). I feel that self-reports of feelings and behavioral tendencies are not as reliable as simply observing a person's behavior, mainly due to the idea of social desirability factors. I feel as though addicts and criminals are so good at lying and deceiving, that observations of their behaviors would be the most honest way to see their true feelings and actions.

The potential for substance use disorders to mimic a variety of medical and psychological disorders and to co-exist with addiction is pretty high (Levinthal, 1999). Therefore, it is important to understand substance use disorders and describe treatment modalities and placement criteria within the continuum of care. This involves the knowledge of the DSM-IV current <https://assignbuster.com/personal-theoretical-perspective-and-emerging-counseling-style-psychology-essay/>

diagnostic standards, ability to establish placement criteria, identify the strengths and limitations to various diagnostic and placement criteria and base treatment services on the client needs (Slaght, 1999). I battle constantly with the idea of diagnosing a client based on the DSM-IV, however I believe that if a counselor is able to recognize the value of research findings, they are able to tailor treatment strategies and modalities to the client's stage of change and cultural needs.

My philosophy regarding assessment and ability to define behavior change in the addiction field, incorporates a biopsychosocial aspect of the client through medical, vocational, social and family support, cultural, psychological, legal and drug and alcohol aspects (Johnson, 2004). I feel that individuals are best understood through assessing the interactions between family members, self-reporting, individual observations as well as the diagnostic criteria for abuse and dependency. Being able to incorporate all of these factors allows a counselor in the addiction field to have a well-rounded approach to their counseling perspective. I believe that behavior change is defined by the client through observable changes in themselves, by the family in looking at patterns and relationships that are changing, as well as counselor observations. I think it all has to do with the ability to identify changes that are allowing the client to struggle less over time.

The goal I have in mind for myself in counseling includes helping strategies for reducing the negative effects of substance use, abuse, and dependence in individual clients and their families. I want to be able to provide treatment services appropriate to the personal and cultural identity of the client.

Meeting the challenge of working together will call for mutual understanding, <https://assignbuster.com/personal-theoretical-perspective-and-emerging-counseling-style-psychology-essay/>

flexibility, and adjustments among the substance abuse treatment provider, family therapist, and family system (Nichols, 2010). This shift will require a stronger focus on the systemic interactions of families. The idea for me is to help family members gain awareness of patterns of relationships that are not working and to create new ways for them to interact.

Systems theory recognizes that a whole system is more than the sum of its parts (Nichols, 2010). Nichols (2010) goes on to note that the family systems model is based on the idea that families become organized by their interactions around substance abuse. In adapting to the substance abuse, it is possible for the family to maintain balance, or homeostasis. Using the systems approach, as a therapist I attempt to identify the maladaptive patterns of communication or family role structures that require substance abuse for stability. In parallel, cognitive behavioral approaches are based on the idea that maladaptive behaviors, including substance use and abuse, are reinforced through family interactions (Hubble, Duncan and Miller, 1999). One way for a therapist to start change with a client would be behaviorally oriented treatment which tries to change interactions and target behaviors that trigger substance abuse, to improve communication and problem solving, and to strengthen coping skills (Blau and Ellis, 1998).

A major goal of family therapy in substance abuse treatment is prevention, especially keeping substance abuse from moving from one generation to another. Study after study shows that if one person in a family abuses alcohol or drugs, the remaining family members are at increased risk of developing substance abuse problems (Miller, Taylor and West, 1980).

Another goal evolving in my style of counseling provides a neutral forum in <https://assignbuster.com/personal-theoretical-perspective-and-emerging-counseling-style-psychology-essay/>

which family members meet to solve problems. Such a rational venue for expression and negotiation often is missing from the family lives of people with a substance problem. Though their lives are unpredictable and chaotic, the goal is to normalize and settle the individual and family dynamic. Goals shall be developed together, identifying what behaviors, attitudes, beliefs or thoughts are hindering as well as strengthening the need for change (Slaght, 1999). Operant conditioning is used most often in reinforcing the pattern change and focuses on the dyadic interactions. This kind of conditioning modifies the occurrence of ones own voluntary behavior due to the consequences of the behavior. It operates on the environment, or social reinforcement, and is maintained by its consequences or outcome (Watson, 1913).

A therapeutic relationship is empowering to the client. They will tend to view the therapist more as a resource than as somebody who tries to tell them what to do and the client can walk away from such an encounter feeling like somebody has really listened to them (Edelwich and Brodsky, 1992). I see the therapeutic relationship as a working relationship and a form of learning. I see the counselor as someone who is willing to be an authentic person in the therapeutic relationship, building rapport and develop a person-to-person connection with which the client can experience growth. The role of the therapist is to consistently model appropriate behaviors and actions that the individual or family can observe and learn from. I view the therapist in the addiction field as a teacher for the family or individual who identifies that emotional problems are usually caused by unrealistic belief clutches and to reinforce and model positive behaviors.

I believe that the personality a therapist has plays a key role in this relationship. They need to be spontaneous, sensitive, present in the here and now and can demonstrate caring and acceptance when working with addicts. Sometimes the therapist will need to share with the client, having appropriate boundaries in tact, to build the genuineness and rapport with someone in recovery. Through the use of humor, spontaneity and personality, the therapist can unbalance the family and bring about change in a family system therapy (Nichols, 2010). Most importantly, I have experienced in my own career that truly enjoying your job, having appropriate boundaries, and a genuine care for the client has brought much success and empowerment to the clients motivation as well as my own.

To bring about change with the individual and family, the therapist helps ensure that every family member is given a voice. Family members gain a broader and more accurate perspective of what they are experiencing, which can be empowering and may provide enough energy to create positive change. To achieve this goal, family therapists facilitate changes in maladaptive interactions within the family system (Nichols, 2010). The therapist looks for unhealthy relational structures and faulty patterns of communication. In a counseling relationship, the therapist and client work together to explore every aspect of the client's circumstances, enabling the individual to re-evaluate his or her experiences, capabilities and potential. Counselors facilitate full and confidential expression of the client's feelings, without diverting any attention to their own feelings.

Finally consumer rights and confidentiality is paramount in the counseling relationship (Center for Substance Abuse Treatment, 2006). If there is no <https://assignbuster.com/personal-theoretical-perspective-and-emerging-counseling-style-psychology-essay/>

trust there can be no therapeutic relationship. In order to benefit from therapy the client has to be willing to share their biggest concerns and secrets. They will only do this if they feel certain that it is safe to do so. Building trust usually takes time, and it has to be earned. Part of the process of creating trust is respecting confidentiality. The client needs to feel assured that any information they provide will not be used in any way that could harm them. Upholding this confidence of the client will allow the person and family to feel free and safe in sharing to overcome challenges and start to make changes.

A variety of helping techniques are tailored to meet the needs of the individual client or family member and happen within the context of a counseling session. Addictions counseling is appropriate for children, adolescents and adults who are abusing drugs or who are affected by another person's addiction (Wanberg and Milkman, 1998). Treatment may include individual or group counseling sessions in one or more sessions per week as well as outpatient treatment or inpatient rehabilitation. Sessions are used for assessment, psychoeducation, treatment planning, support, evaluation of progress, recommendations and referrals. The length of treatment depends upon the specific substance or behavior, the client's stage of readiness, environmental influence and co-existing complications.

Cognitive behavior therapy uses a lot of problem solving, practice and role-play, which I enjoy doing with clients the most. These are the kinds of treatment techniques that I feel would work best in helping others identify the areas to be changed and the pattern of consequence their behaviors are resulting in. CBT also uses questions aimed at identifying distorted

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assumptions, homework assignments, communication building and confronting faulty beliefs (Morgenstern, Morgan, McCrady, Curroll and Keller, 2001). This often begins with redefining the problem in terms specific to behaviors or in terms of positive behaviors to teach the individual and family unit. Identification of the antecedents, behaviors and consequences is a key part to this redefinition (Glass and Arnkoff, 1992). This has an educational portion to it, which involves teaching communication skills, problem solving, conflict resolution and negotiation skills. Some techniques used are thought stopping, rational emotive therapy, and self-monitoring. Operant conditioning techniques often used in this therapy include token economies, contingency management and shaping. The goal of the therapist is not only to help with the here and now problem behavior, but also to model to the family and individual how to use cognitive strategies to solve problems in the future (Wanberg and Milkman, 1998).

There is an assortment of approaches that use techniques, which I plan to integrate into my theoretical counseling theory. The Narrative Approach uses questions like 'when did the problem first appear in your life', as well as the solution focused miracle question and pre-session change check in. These techniques would be good to begin sessions with to get the client talking about their point of view and to assess where they are as far as thinking patterns and what area they want to be working on. Rational Emotive Behavior Therapy and Dialectic Behavior Therapy uses techniques that get the client talking about the process of thinking through dialog instead of games or activities. The idea that our view of the world is what shapes our experiences serves as the groundwork of these approaches (Blau and Ellis,

1998). Problem solving therapies, role-playing, skill building, cognitive restructuring and behavior rehearsal are often features of cognitive behavior therapy. The basics are to identify the thinking that transcribes to behaviors that have certain outcomes. The approach identifies a situation, followed by an automatic thought, belief, value, choice and outcome. Stages of change are often used to monitor and enhance the therapeutic relationship and accelerate their motivation for CBT treatment process (Prochaska, DiClemente & Norcross, 1992). When introducing family systems therapy, I would use techniques such as genograms, family sculpting, counter transference, reframing, restructuring and setting of appropriate boundaries (Nichols, 2010).

Treatment often relies on the therapeutic relationship and motivational enhancement. Change does not often happen successfully when supported only by the individual. The support of their environmental contingencies and support network plays a major role. Motivational Interviewing (MI) is another central technique I would use in engaging the client and their family to start taking a look at making changes. MI recognizes that people with addictions are usually ambivalent and uncertain about whether or not they want to change (Edelwich and Brodsky, 1992). Their addiction has probably already had consequences for them, which have brought them into treatment. Yet, they have developed their addiction as a way of coping with life, and they do not necessarily like the idea of giving that up. MI helps people to make up their minds about how to move forward, by helping the individual to look at the advantages and disadvantages of different choices and actions. Rather than challenging, opposing or criticizing the person with the addiction, the

therapist will help the individual to reach a new understanding of themselves and what their addiction means to them (Wanberg and Milkman, 1998). They do this by re-framing, and offering different interpretations of situations that come up in the change process, typically which increase the person's motivation to change. All of this is based on the individual's own goals and values, which have already been explored.

To this end, I consider my theoretical perspective to be an integrative approach to counseling. As a counselor, I am ever changing, becoming more self aware and focused on improving my limitations identified as a counselor. I am open to a variety of ways to integrate diversity and techniques, which can benefit individuals and families battling addiction. In combining cognitive behavior therapy, existential aspects, and family system approaches to counseling, I have developed multidimensional perspective to my counseling style, which I use currently and plan on using in the future to engage clients and their families in the change process.