My beliefs, values, and clinical gestalt with individuals and system's paper

My Beliefs, Values, and Clinical Gestalt with Individuals and System's Paper University of Phoenix HSBS 321 December 16, 2010 My Beliefs, Values, and Clinical Gestalt with Individuals and System's Paper Introduction Working as a Clinician does not just requireeducation. It requires a thorough look into your own values and beliefs. Working as a clinician also requires dignity, the capability of remaining humble, a good set of ethical standards and a big heart when it comes to helping others in need. One of the most important things about being a clinician is maintaining the capability to be aware of your own feelings.

To be an effective clinician, you must be able to set aside your own personal feelings and beliefs and in turn focus on the client instead of your own personal beliefs. In this paper, I am going to talk about personal assumptions of clinical helping, how it relates to my own personal beliefs, values, past experiences. I am also going to talk about the larger societal and systems contexts of my life, and the types of clients I work with. I am also going to add some of my personal insights about the strengths that I have and the areas I need work on. Personal Assumptions of Clinical Helping " The term ' clinicalpsychology' was introduced in 1907 by the American psychologist, Lightner Witmer (1867–1956), who distinguished it from other uses of psychology as the study of individuals, byobservationor experimentation, with the intention of promoting change. " (BPS 2005 p. 1) When I first read this paragraph I was unsure if it was exactly what I wanted to put in for this particular section, however, I agree with this 100 percent.

Clinical helping is designed to promote change. The word psychology was defined by Wilhelm Wundt who is also considered the father of psychology as

" the study of individuals, by observation or experimentation, with the intention of promoting change. " Personal Beliefs of Helping I have always tried to base the way I live my life around the " Golden Rule". I personally enjoy helping people work through their issues, and strive to help people become better human beings. There have been plenty of times in the past where people have had to step in and help me with an emotional problem that I may have been going through, whether it was the loss of my Father or when I went through mydivorce. The simple fact of the matter is that I belief it is my turn to take time and return the favor to someone that may need a helping hand. I chose to get into the Human Service profession, not because I want to be rich, but because I choose to help people that cross my path on a day-to-day basis.

Values When determining what personal values are I had to get a clear definition. Personal values and value systems are closely related to attitudes and behavior (Madrigal and Kahle, 1994). According to Rokeach (1973), values consist of cognitive, affective and behavioral components. He suggests that: ' When we say that a person has a value, we may have in mind either his beliefs concerning desirable modes of conduct or desirable end-states of existence. We will refer to these two kinds of values as instrumental and terminal values". (Rokeach, 1973, p. 7).

Values represent abstract ideals and are stable over time. After a review of the relevant literature, Schwartz and Bilsky (1987, p. 551) concluded that: ' Values are (a) concepts or beliefs, (b) about desirable end states or behaviors, (c) that transcend specific situations, (d) guide selection or evaluation of behavior and events, and (e) are ordered by relative

importance'. According to the same authors (1987, 1990), values represent three universal human requirements, including biologically based needs, social interactional needs for interpersonal coordination and social institutional needs for group welfare and survival. As a result, values can be seen at an individual or an institutional level. This confirms Rokeach's (1973) categories of socially shared cognitive representations of personal needs and socially shared cognitive representations of groupgoalsand demands (Madrigal and Kahle, 1994). " Past Experiences I have only dealt with a clinician two times in my entire life.

I was forced to go to afamilytherapist when I was going through a divorce. At this particular moment I did not want to be in that office and my now ex-wife and the clinician were taking turns beating up on me. This is the point in my life where I said I would never go through this again, and I thought that the clinician was only out to collect a paycheck from the insurance company. The second time however, I chose to take my present wife and children to see a completely different clinician and she was able to help us work out our problems and show us different ways to talk to our children. Shortly after this, I decided that I wanted to go into the field of helping people. I decided that life was very valuable and that if I could show someone how to better his or her family I was going to do it. Conclusion In 2007, it was the tenth leading cause of death in the U.

S. , accounting for 34, 598 deaths. The overall rate was 11. 3suicidedeaths per 100, 000 people. Estimated 11-attempted suicides occur per every suicide death. (National Institute of MentalHealth[NIMH], 2007, para.)This number is too high, and the best way to implement that is to work with

clinicians to help them understand that every life is important and they need to deal with each case not just on a educated level, but on a personal level.

Working as a clinician is a challenge that requires people to live their lives based off their personal values, ethical values, and follow their belief system without crossing the boundaries and forcing them on their client. My personal model of helping people is based off the fact that I have been helped in the past. There are a ReferenceCLINICAL PSYCHOLOGY. (2008). In Dictionary of Forensic Psychology. Retrieved from

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