

# Orientation to counseling theory

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Having extensively learnt about counseling theories, I have already decided on the theory that would fit my desired line of work. My desire is to work with the chemically dependent because I believe that there is hope for them and that through cognitive behavior therapy it is possible to help them stop their unhealthy way of life. I know I will be met with client resistance and that cognitive behavioral theory has its own limitations but I will handle these. The most important thing is that I will try to use this theory to help the chemically dependent. Cognitive behavioral theory proposes that cognition is important for behavior change.

According to the theory, the thoughts an individual has affects their behaviors and if an individual has negative thoughts, it would be very difficult for the individual to positively change their behavior (Perkinson, 2002). In counseling, this theory is applied to help clients through cognitive behavior interventions where both behavior and cognitive strategies are employed to help solve their psychological and behavioral problems (Perkinson, 2002). The theory explains that by altering an individual's thinking processes, an individual can clearly think about the choices that they make as well as the behaviors they engage in.

The theory views behaviors such as chemical dependence as learned behaviors which are acquired through life experiences (Perkinson, 2002). The cognitive behavioral theory is a combination of two theories which are the behavioral theory and the cognitive theory. This theory fits both my personal beliefs and my value system. Personally I strongly believe in guarding what I let dominate my mind. I believe that if I let my mind dwell on negative aspects of life, my behavior will follow suit. I also believe that if I find myself

having negative thoughts, the ability to alter my thinking and start thinking positively is in my hands.

I also do not see substance abuse as having any positive effect whether on a person or on the society. In fact, to me substance dependence is a major source of problems in the society one of which is marriage breakups. This theory fits these beliefs and values in that the theory explains that by altering the thinking processes one can alter their behavior. This theory fits the chemically dependent perfectly. This is because in counseling them my main objective would be to change their behavior. To change their behavior I would need to help them recognize that they have a problem and then work towards changing their behavior.

Chemical dependence is a learned behavior that is usually acquired following continued use of a given substance (Kadden, 2002). In most cases these substances are used to achieve certain results in the absence of other means. For example having realized that alcohol enables one to temporarily forget their problems, one would repeatedly drink in an attempt to forget his or her problems and at long last the individual would become addicted. Using this theory it is possible to help the addicted individuals learn about the triggers of their behavior which could be either the environment or certain people (Kadden, 2002).

The individuals can then be helped to respond differently to these triggers using healthy means. This way the addicted individuals would stop being chemically dependent by changing their way of thinking and thus the way they respond to the triggers. To help my clients I would have to formulate treatment goals. To help my clients using the cognitive behavioral theory, <https://assignbuster.com/orientation-to-counseling-theory/>

together with the client we would try to identify the particular needs that the substances are being used to meet (Kadden, 2002). This would be one of my goals.

To do this I would talk with the client and ask them several questions such as when they are most likely to drink in order to find the trigger. After identifying the trigger, as a counselor my second treatment goal would be to help the client develop skills that would provide the client with alternative ways of meeting the needs that the substance is being used to meet (Kadden, 2002). This way I would help the client to change their behavior and thus stop being dependent on drugs. In order to achieve positive results using the cognitive behavioral theory, both the client and I as a counselor have roles to play.

To begin with, the client must be willing to change his or her negative thoughts and replace them with positive thoughts-the client needs to actively participate in the therapy. The client has the responsibility of providing as much information as possible to me as a counselor, this way I would know which is the best therapeutic approach to the client's problem. As a counselor my work is to listen to the client carefully and prod for questions to gather as much information as I can to be in a position to help the client. Another role is to provide coping-skills training to the client to enable the client respond alternatively to triggers.

I also should encourage the client. Resistance from clients cannot be ignored. I understand that the clients will not happily play their role and that they may find it difficult to expose themselves to me. However, I will try to deal with this resistance in a way that is consistent with cognitive behavioral

theory. As a counselor I will need to know what the client hoped to gain from substance abuse in different circumstances and I expect some of the clients to be hesitant. This could be due to embarrassment such as when use of substance is the only way a client can feel comfortable in social situations.

As a counselor I would handle this resistance with understanding and assure the client that what they were trying to get from substance abuse is not unreasonable. I would explain to the client that the desire to blend during social occasions is common to many people. This way I would have helped the client in cognition. In dealing with chemically dependent individuals using cognitive behavioral theory I would apply several therapeutic techniques. One of this is the coping skills training method. I would choose this method depending on the information given to me by the client.

Using this method I would help the client choose or develop an alternative healthy way of meeting a need as an alternative to taking the addictive substances (Kadden, 2002). This is because development of coping skills is a major step towards recovery from chemical dependence. Another therapeutic method that I would apply would be the relapse prevention technique. I would choose this method depending on whether a client is at high risk of relapse. Using this method I would help the client stop being dependent on chemicals by helping them avoid high risk situations (Kadden, 2002).

Cognitive behavioral theory though good for helping the chemically dependent, it has its own limitations. One of these is that it does not fit everyone which means that not everyone will get off drugs following treatment using cognitive behavioral therapy (Perkinson, 2002). This also

applies to other populations and not only to the chemically dependent. Another thing is that it calls for active participation from the client and in case the client is not active, the therapy may be ineffective. Active participation comes in the form of assignments which can be very challenging (Perkinson, 2002).

Another limitation is that the method uses a confrontational approach where clients are supposed to face their shortcomings head on (Perkinson, 2002). Many clients may find this very uncomfortable and this may lead to resistance. Another thing is that since the work of counselors in cognitive behavioral therapy is to make the clients face their faulty beliefs, there is risk of therapists misusing their position to push clients to adopt the therapist's beliefs which would compromise the neutrality of therapy (Perkinson, 2002).

Cognitive behavioral theory as an approach to helping the chemically dependent limits the clients I can deal with as well as the kind of settings I can encounter. This is despite the fact that the approach is very successful both with adult and adolescent clients and can be used in a wide variety of settings which range from inpatient to outpatient settings (Wanberg & Milkman, 1998). Groups of clients to whom my expertise as a cognitive behavior therapist would be limited include the clients with DSM-IV personality disorders and clients who are medically unstable (Wanberg & Milkman, 1998).

In addition, I cannot work with unmotivated clients since they would not actively participate in the therapy and this would make the therapy unsuccessful (Wanberg & Milkman, 1998). Other forms of challenges are <https://assignbuster.com/orientation-to-counseling-theory/>

related to limited time and costs. Due to cost containment, some of the clients are usually unable to complete their sessions as some of the managed care organizations are unwilling to cover all the required sessions (Kadden, 2002).

The recommended sessions for one who is undergoing cognitive behavior therapy are 24 sessions but most of the managed care organizations are only willing to cover 6 sessions (Kadden, 2002). This leaves the clients afraid that they have not had enough treatment and this poses a challenge to the therapist who should work towards boosting the client's confidence by assuring the client that they can overcome their addiction by employing the skills already learnt (Kadden, 2002). Following my extensive research and study on the cognitive behavioral theory, I have learnt a lot.

To begin with I have learnt that this therapeutic approach cannot be used on all the clients who are chemically dependent. I have learnt that there are groups of clients to whom this therapy has limited effectiveness. I have also learnt that I would need additional training if I were to change people's lives by practicing this theory. The most relevant course that I would wish to pursue would be a course in substance abuse counseling. By doing such a course, I would gain in-depth knowledge on the issue of drug abuse and how to help the addicts.

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