

# [The through the pre-practicum classes allowed me](https://assignbuster.com/the-through-the-pre-practicum-classes-allowed-me/)

[Life](https://assignbuster.com/essay-subjects/life/), [Emotions](https://assignbuster.com/essay-subjects/life/emotions/)

The past semesterof classes, especially the short counseling sessions in which I played the roleof the counselor through the pre-practicum classes allowed me the opportunityto realize my theoretical orientation. I have always admired Rogers’ humanisticapproach, and that was the approach that we used at the organization that Iinterned in for a year before joining the CHMC program at Syracuse University. As a result, I used to think of myself as a Rogerian therapist-to-be. To mysurprise, I discovered myself taking a very cognitive approach in the sessions inpre-practicum.

So far, I have displayed a very strong cognitive orientation. Itis one that I am most comfortable with, and one that has been empirically provento be effective with the population of people that I would like to work with inthe future: college students. The basic belief ofthe cognitive orientation is that a change in thoughts will have a consequentchange in behaviours and emotions. (Seligman & Reichenberg, 2014)This approach feels the most natural to me within the counseling set-up becausethis is the approach that I adopt in my personal life with success. Within the therapeutic environment, cognitive therapy has proven to beeffective in the treatment of a multiple mental health disorders such asdepression, anxiety, substance abuse disorders, autism and relateddevelopmental disorders, and, in combination with standard care, schizophreniaas well.

(Stirman, et al., 2013; Luxford, Hadwin, & Kavshoff, 2017) Cognitiveoriented therapists are quite directive, but even they establish relationshipsconsisting of empathy, unconditional positive regard, active listening, andcongruence with their clients. The interventions are determined based on the concernselicited through the process of guided questioning. Within college settings, students are exposed to a stressful environment almost continuously. There is agreat deal of pressure to do well, and competition that makes achievementharder.

This is especially true of certain cultures that value and emphasize onacademic and extra-curricular achievement. Thus, these individuals mightdevelop cognitive distortions from a very young age. In the stressful college settings, these can trigger the feelings of maladaptive perfectionism. (Radhu, Daskalakis, Arpin-Cribbie, Irvine, & Ritvo, 2012) Maladaptiveperfectionism is just one consequence of a stressful college environment. Research, as well as personal interviews conducted for an assignment for another classhas indicated an increasing number of students seeking counseling services oncampuses. It is essential for counselors on college campuses to implementapproaches that can cater to diverse populations and result in measurableoutcomes for the students. (Crumb & Haskins, 2017)As a potential counselor in such a setting, I need to be able to be able toguide students in identifying their points of pressure and stress and work onreducing or eliminating them, and help them find relaxation techniques that willslowly build up resilience and coping skills to stress.

However, stress andanxiety are not the only issues prevalent on college campuses. As a student, Ihave not been exposed to the full range of issues from the counselor’s point ofview. In my role as a student, I have seen depression, anxiety, sexual abuse, emotional abuse, stress, disability in myself and my fellow students. Theunderstanding of these issues from a student’s perspective will be immenselyhelpful when I start seeing these individuals in the capacity as a counselor. Inessence, I view my role as a counselor as one of providing the students with asafe space to explore who they are within their context and outside of it, guidethem towards identifying the thought patterns that are maladaptive and work onconverting them into adaptive, functional patterns that will promote betterfunctioning in such a high-stress environment. In addition, psychoeducation isa very important part of our jobs as counselors, especially in university settingswhere awareness of mental health could be distorted based on the general opinionsand judgements formed about different types of issues and disorders. In India, there is a stigma associated with seeking mental help. Not having been exposedto the American culture very much yet, the impression I have so far is that itis a much more accepted practice here, but that some people still feel stigmatizeddue to the perceptions surrounding mental health.

Thus, advocacy for theprofession (among other things) and awareness is another crucial aspect of thejob of a counselor that I expect to b doing in the future. In thepre-practicum class, I had a client who was a university student experiencing agreat deal of college-related stress as well. I found that through the use of Socraticquestioning and demonstrated microskills such as reflections, empathetic listening, we were able to arrive at certain cognitive distortions that prevented theclient from achieving her full potential.

My interventions included addressingthe avoidance of certain specific topic, confrontation or clarification ofdysfunctional thought patterns and simple homework assignments such as relaxationexercises, paying attention the next time thoughts related to the issues wediscussed came up for her, and the context that they came up in. These werethen discussed in the sessions and explored with the client. Thus, as a counselor, I pay more attention to the client’s thought processes, what they think about the situations that they are in than I do to how theyfeel and how they behave in the situation. The cognitive distortions that clientsexhibit, the way that they think about aspects of their lives that are directlyor indirectly related to their presenting issues, concrete goal setting, and amore planned, structured treatment plan as compared to my more emotionally andsystemically focussed peers. These aspects are not completely ignored, but theyare not given as much importance as cognitions.

This is an area for weaknessfor me, because while it is good to have a theoretical orientation to rely on, it needs to be flexible to accommodate clients who have issues that affect themmore on the emotional, behavioural or systemic level. The goal of a cognitivetherapeutic approach is to make individuals more aware of their dysfunctionalthought processes and the impact that they are having on their lives. Thisawareness ideally promotes a shift in more functional and adaptive thoughtprocesses that consequently change behaviours and emotions in the individual. Therole of the counselor is to facilitate the shift from dysfunctional tofunctional thought processes through the use of confrontation, labelling todistortions and working to change them. Cognitive therapy has been used to promote change effectively across multiplecontexts that are directly or indirectly connected to college settings. Researchhas proved the use of interventions from CT show a greater reduction insymptoms over the passage of time than without the use of the interventions. (Lorenzo-Luaces, German, & DeRubeis, 2014) The use of Socratic questioningis crucial in the facilitation of change in this theory.

The questions asked encourageclients to be more active in their own therapeutic progress, and better learnthe skills and practices that have been discussed in sessions with the clients. The increased involvement of the clients in their own process of therapypromotes greater improvement in relatively shorter time periods. (Braun, Strunk, Sasso, & Cooper, 2015) This is just onemethod in CT through which change and progress are brought about.

Clientawareness of their symptoms and dysfunctional thought processes are veryimportant. The approach in building this awareness is very important however. Depending on the level of vulnerability of the client, the counselor will needto change their approach.  Veryemotionally vulnerable may not be able to handle aggressive counselorconfrontation. Defensive clients may not accept the labels assigned to theirdistorted cognitions, some clients may require an aggressive approach on partof the counselor for them to be able to accept the counselor’s identificationsof their issues and interventions. Thus, as a counselor I would take some timeto get to know what my client’s style of thinking and approaching difficultsituations is and then modify my style accordingly to ensure that the client isbenefitting as much as possible. Client’s identification, acknowledgement and acquiescence to begin the processof facilitating change in their lives would be considered by me to be progress.

Once the client is willing to make the necessary changes, then the process ofchange would take place through homework assignments to identify and modifydysfunctional thought patterns into more adaptive ones. This could take placethrough encouraging clients to challenge their absolute statements, changingtheir ‘ must’, ‘ should’ and ‘ ought’ statements to softer versions of theimperative, affirmations to encourage the client of the ongoing process ofchange and progress, a more systematic approach to thinking about situationsthat were previously problematic for the clients and other such interventionsthat encourage the clients to challenge their thoughts and change them. Depending upon the presenting issue, interventions from other therapeuticapproaches could be incorporated into the treatment for greater effectiveness.

Cognitive therapyhas been used in conjunction with multiple other therapeutic approaches tobetter help clients. However, as an emerging counselor with little practicalexperience in the field, the approach of cognitive therapy seems ideal to me atthe moment. It is a systematic process of identifying maladaptive and/ordysfunctional cognitions, collaboratively identifying relative stable andconcrete goals and then coming up with a treatment plan that will allow theclient to achieve those goals and increase their experience of functionality intheir lives. I am a very organized, systematic person, who prefers stabilityand structure. The cognitive therapeutic approach is thus ideal for me, becauseit plays into my strengths as an individual. However, this could be disadvantageousas well, if I am unable to stay flexible in my approach to clients. It will bean area of continuous growth and work for me. Counselors play avery active role in a cognitive therapeutic setting.

They help the client, through Socratic questioning, reflections, empathetic listening and other such microskillsidentify cognitive distortions or dysfunctional thought patterns that have developedsince childhood and the negative impact that these are having on their lives. Once these distortions and their impact are identified, and the client iswilling to begin the process of change, the counselor, through the use ofinterventions specific to CT or other therapeutic orientations depending on theclient’s presenting issue facilitates the change in small gradations. Theindividual that emerges on the other side is one who is more aware of his/herdistortions and able to regulate them more effectively to lead a more mentallyhealthy, functional life.