

# The through the pre-practicum classes allowed me

[Life](#), [Emotions](#)



The past semester of classes, especially the short counseling sessions in which I played the role of the counselor through the pre-practicum classes allowed me the opportunity to realize my theoretical orientation. I have always admired Rogers' humanistic approach, and that was the approach that we used at the organization that I interned 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 my surprise, I discovered myself taking a very cognitive approach in the sessions in pre-practicum.

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

(Stirman, et al., 2013; Luxford, Hadwin, & Kavshoff, 2017) Cognitive oriented therapists are quite directive, but even they establish relationships consisting of empathy, unconditional positive regard, active listening, and congruence with their clients. The interventions are determined based on the concerns elicited through the process of guided questioning. Within college

settings, students are exposed to a stressful environment almost continuously. There is a great deal of pressure to do well, and competition that makes achievement harder.

This is especially true of certain cultures that value and emphasize on academic and extra-curricular achievement. Thus, these individuals might develop 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)

Maladaptive perfectionism is just one consequence of a stressful college environment. Research, as well as personal interviews conducted for an assignment for another class has indicated an increasing number of students seeking counseling services on campuses. It is essential for counselors on college campuses to implement approaches that can cater to diverse populations and result in measurable outcomes for the students. (Crumb & Haskins, 2017) As a potential counselor in such a setting, I need to be able to be able to guide students in identifying their points of pressure and stress and work on reducing or eliminating them, and help them find relaxation techniques that will slowly build up resilience and coping skills to stress.

However, stress and anxiety are not the only issues prevalent on college campuses. As a student, I have not been exposed to the full range of issues from the counselor's point of view. In my role as a student, I have seen depression, anxiety, sexual abuse, emotional abuse, stress, disability in myself and my fellow students. The understanding of these issues from a student's perspective will be immensely helpful when I start seeing these

individuals in the capacity as a counselor. In essence, I view my role as a counselor as one of providing the students with a safe space to explore who they are within their context and outside of it, guide them towards identifying the thought patterns that are maladaptive and work on converting them into adaptive, functional patterns that will promote better functioning in such a high-stress environment. In addition, psychoeducation is a very important part of our jobs as counselors, especially in university settings where awareness of mental health could be distorted based on the general opinions and judgements formed about different types of issues and disorders. In India, there is a stigma associated with seeking mental help. Not having been exposed to the American culture very much yet, the impression I have so far is that it is a much more accepted practice here, but that some people still feel stigmatized due to the perceptions surrounding mental health.

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

My interventions included addressing the avoidance of certain specific topics, confrontation or clarification of dysfunctional thought patterns and simple homework assignments such as relaxation exercises, paying attention to the

next time thoughts related to the issues we discussed came up for her, and the context that they came up in. These were then 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 they feel and how they behave in the situation. The cognitive distortions that clients exhibit, the way that they think about aspects of their lives that are directly or indirectly related to their presenting issues, concrete goal setting, and a more planned, structured treatment plan as compared to my more emotionally and systemically focused peers. These aspects are not completely ignored, but they are not given as much importance as cognitions.

This is an area for weakness for 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 them more on the emotional, behavioural or systemic level. The goal of a cognitive therapeutic approach is to make individuals more aware of their dysfunctional thought processes and the impact that they are having on their lives. This awareness ideally promotes a shift in more functional and adaptive thought processes that consequently change behaviours and emotions in the individual. The role of the counselor is to facilitate the shift from dysfunctional to functional thought processes through the use of confrontation, labelling of distortions and working to change them. Cognitive therapy has been used to promote change effectively across multiple contexts that are directly or indirectly connected to college settings. Research has proved the use of interventions from CT show a greater reduction in symptoms over the passage of time than without

the use of the interventions. (Lorenzo-Luaces, German, & DeRubeis, 2014)  
The use of Socratic questioning is crucial in the facilitation of change in this theory.

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

Client awareness of their symptoms and dysfunctional thought processes are very important. The approach in building this awareness is very important however. Depending on the level of vulnerability of the client, the counselor will need to change their approach. Very emotionally vulnerable may not be able to handle aggressive counselor confrontation. Defensive clients may not accept the labels assigned to their distorted cognitions, some clients may require an aggressive approach on part of the counselor for them to be able to accept the counselor's identifications of their issues and interventions. Thus, as a counselor I would take some time to get to know what my client's style of thinking and approaching difficult situations is and then modify my style accordingly to ensure that the client is benefitting as much as possible. Client's identification, acknowledgement and acquiescence to begin the process of 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 of change would take place through homework assignments to identify and modify dysfunctional thought patterns into more adaptive ones. This could take place through encouraging clients to challenge their absolute statements, changing their 'must', 'should' and 'ought' statements to softer versions of the imperative, affirmations to encourage the client of the ongoing process of change and progress, a more systematic approach to thinking about situations that were previously problematic for the clients and other such interventions that encourage the clients to challenge their thoughts and change them. Depending upon the presenting issue, interventions from other therapeutic approaches could be incorporated into the treatment for greater effectiveness.

Cognitive therapy has been used in conjunction with multiple other therapeutic approaches to better help clients. However, as an emerging counselor with little practical experience in the field, the approach of cognitive therapy seems ideal to me at the moment. It is a systematic process of identifying maladaptive and/or dysfunctional cognitions, collaboratively identifying relative stable and concrete goals and then coming up with a treatment plan that will allow the client to achieve those goals and increase their experience of functionality in their lives. I am a very organized, systematic person, who prefers stability and structure. The cognitive therapeutic approach is thus ideal for me, because it plays into my strengths as an individual. However, this could be disadvantageous as well, if I am unable to stay flexible in my approach to clients. It will be an area of

continuous growth and work for me. Counselors play a very active role in a cognitive therapeutic setting.

They help the client, through Socratic questioning, reflections, empathetic listening and other such microskills identify cognitive distortions or dysfunctional thought patterns that have developed since childhood and the negative impact that these are having on their lives. Once these distortions and their impact are identified, and the client is willing to begin the process of change, the counselor, through the use of interventions specific to CT or other therapeutic orientations depending on the client's presenting issue facilitates the change in small gradations. The individual that emerges on the other side is one who is more aware of his/her distortions and able to regulate them more effectively to lead a more mentally healthy, functional life.