

Clinical psychology assignment

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**ASSIGN
BUSTER**

Throughout this course I learned about many models and theories related to behavioral therapy. My endeavor during the last five weeks through the world of behavioral theories has ignited and opened my eyes to a career that I never thought that I was ready for or even in to.

In this paper about personal models of helping, the following topics about cognitive behavioral therapy will be explored: How and why my viewpoint was formed from the following personal models, my view of helping, the relationship between the clinician and the participant regarding this model, quenches or approaches to change, and a coherent model that is consistent to the course material. Additionally, the kinds of problems that can be addressed, the multi cultural issues behind this topic, the limitations and strengths, the population this model can help, and the original thinking behind these models.

Cognitive-Behavioral Therapy So, what is Cognitive-behavioral therapy and why is it important? According to The Albert Ellis Institute “ Cognitive Behavioral Therapy or CAB was developed by Dr. Albert Ellis in 1955 and it was developed Individuals manage their emotional, behavioral and cognitive 1) The Cognitive Model as described by The Beck Institute of Cognitive Behavioral Therapy is “ how peoples perceptions of, or spontaneous thoughts about, situations influence their emotional, behavioral reactions. (Para. 1). So what does this mean in plainly? It means that every persons emotional reactions are a result of their environment and their environment is the result of their emotional reactions. CAB seeks to take someone distorted or dysfunctional thoughts and behaviors and correct them so that they resemble something closer to a reality. These maladaptive behaviors

are unhealthy and unproductive to an individual's life and can create an environment that promotes anxiety, depression, and isolation.

Viewpoint Cognitive-Behavioral Therapy (CAB) is an interesting and exciting model because the whole point of this therapy is not accepting that a behavior is permanent and that anything can be changed with the right finesse and will. The reason I formed this viewpoint is because of my brother Jason. Jason has always been the type of anything. This is one of the reasons why I have pursued the field of psychology since I started college. As I said earlier, The Cognitive Model seeks to change behaviors that are unhealthy for a person and the environment around the person.

Now I accept the fact that maladaptive behaviors are all decided on the society or environment that a person lives in, and in saying that, this society does not accept this type of behavior, or at least I don't believe it does. For many years, I possessed a certain viewpoint towards my brother that created resentment and hate towards him, because I did not understand the basic principles of a theory like the cognitive model. In the last 2 years I have grown to appreciate my brother's behaviors for what they are, distorted and dysfunctional.

This has allowed me to take a large amount of bias and negativity towards him and "squash it". Now, I am not a therapist, and I do not claim to be. Because of this, there is only so much of this therapy that I have comfortable with trying. When I started trying to help my brother empower himself and helping him feel more confident in his life, I could tell instantly that he

thought as if I were Joking with him or making fun of him. He did not trust me. Because of this lack of trust, it made it trickier to help him.

This lack of trust came from so many years of not being round him as much as I should have been and because I myself never treated him like an adult. My viewpoint was formed not only because of my brothers behaviors, but also because of me and my other family members that had always granted Jason the position of being the failure in the family since the day he made his first mistake. This has created an enormous sense of responsibility for me to help others and it gives me the drive and interest in these behavioral models like the cognitive theory of psychopathology, The Cognitive Model.

My View of Helping My view of helping is very simple. If I can create a sense of empowerment and responsibility in someone life that make that person feel better about themselves and promotes healthy relationships than I have used my time on earth the right way. My view of helping extends much farther than this still. As I have heard in many of of my classes is that many therapists and counselors use theories of different therapists models to help their clients achieve the results they want to attain. In my career I hope to reach farther and find a theory that is my own.

I believe that a theory only makes sense if the person that you are using it with is being helped by it. What I mean by this is that I believe that no one theory is best for each and every person. I know that each individual could benefit from a collection of two theories or possibly a theory that might be tailored specifically for that behavior. Clinician and Participant The relationship of a clinician and a participant regarding behavioral therapy is

important to the success of the therapy. Each clinician dealing with a participant that has behaviors that they are looking to change needs that support and guidance of the clinician.

During therapy it is necessary to constantly remind each participant that while they may not be able to control the environment around them, they are capable of controlling and understanding those emotions to better sustain themselves in that environment (Cherry, 2013). Approaches to Change and Problems Addressed Individuals often follow a certain set of beliefs that are reinforced by the beliefs of their family or the people around them. This is where the components of behavioral Emotive Therapy or RET is an approach that aims to assist anyone with problems overcoming or coping with difficulties achieving their goals.

RET addresses emotions that are unhealthy such as, anger, anxiety, depression or guilt. After working towards the goal of eliminating certain behaviors that are considered unhealthy, RET, then focuses to introduce new behaviors or beliefs that are healthier and realistic (Ellis Institute, 2014).

Course Material During this course, Models of Effective Helping, the main focus of the learning was on behavior and the theory surrounding behavioral therapy. The theories I personally focused on most of the five week course had to do with behavioral changes.

My thought on behavioral therapy is that I consider behavioral therapy to be the most effective type of therapy when trying to correct attitudes or habits that are harmful to them or someone around them. I learned about Dry.

Albert Ellis and The Cognitive Model, Ivan Pavlov and his work on Classical

Conditioning, and Dry. William Glasser with his creation of Reality Therapy, and development of Choice Theory. These individuals have all shaped my view of how I would use these theories or treat a patient. My view point is leading me to the inevitable role of psychotherapist.

Because of this course and all of the interesting theories in it, a passion has come sack to me and many theories have been learned that are all vital in the quest of my career as a behavioral therapist. Multicultural Issues Multicultural issues play a dominant role in how a client finds help or even if that same client receives help at all (Good Therapy, 2014). These multicultural issues range from sexual orientation, race, religion, ethnicity and culture. Additionally a therapy session can depend on what the multicultural issues are with the therapist.

Each therapist has a simple set of beliefs that they follow in their daily lives that may also be applied in their therapy practices. Many families in America see mental health conditions as reason for seeing a health professional for help. The difference for someone that has cultural norms may see their family members as someone that talks to god because of their religion, or a certain ethnic traditions accepts this behavior as ritualistic. It is a necessity for each therapist to know a persons conditions as well as their culture considerations so that their therapists will know how to appropriately handle each person differently.

Limitations and Strengths The limitations of Cognitive-Behavioral Therapy (CAB) are inevitable to arise with some individuals. When dealing with problems in life, some people will inevitably associate negative feelings with

these problems and create a habit of feeling negatively whenever dealing with similar results. The human mind is complex and because of this, there is always going to be a situation that will test someone therapy which can easily back track someone success in therapy.

These limitations are present in all models and therapies. Each person is different and because of these differences, and therapy model that may work completely for one person may not work entirely for another. The best way to avoid falling back into old habits is to ATA in therapy, keep practicing these good behaviors, and recognize when you are using self-defeating behavior. The strengths with CAB are more beneficial than the limitations and because of this fact, CAB is considered to be one of the most recognizable forms of therapy.

These strengths include: Helping mentally ill short term, The way that this therapy is structured creates an type of environment that is conducive in different settings (group settings, one on one, and even self help books) that ultimately allow individuals to find comfort through an environment that allows them feel more comfortable. CAB not only allows for the safe environment that individuals look for, but during this therapy it teaches them to cope with future situations that may have been hard to deal with previously.

Population Served CAB is a therapy that can help any population that is having problems with depression, anxiety, drug abuse, even sleep problems. CAB helps each individuals with these problems become a stronger, more effective individual that can cope easily with hard decisions or situations. A

few specific populations that would benefit would be the mentally ill population, The military population and there families, Alice officials, families, and individuals with traumatic pasts. Each of these populations success is dependent on how well each of these groups or individuals follow the therapy and there willingness.

This willingness is decided on many factors that are personal to each of these people. Original Thinking The original thinking behind this model was to help individuals change behavior that was dangerous to the person with the habit. Originally Cognitive-Behavioral Therapy (CAB) was created by Dry. Albert Ellis in 1955 and later developed by many other therapist. The basic and original thought behind CAB was that problems were to caused by situations alone, but how we, as individuals, interpret these situations, which cause out emotional responses and actions (BBC, 2014).

This thinking when it started was considered so different and untrue. The thought in the sass when this theory was created was that each persons emotions came from themselves, not because of the situations in that environment. Personally, was my grandfather was still around, he always told me that no matter how hard something becomes, a persons character defines their emotions, he was a firm believer that a persons behavior was a product of themselves, because this is how god made everyone. This had never made sense to me, and so I shrugged whenever I heard this story.

Conclusion Cognitive-Behavioral Therapy is a theory that assists individuals in changing maladaptive behaviors that are unhealthy and distorted. We explored the beginning of CAB, my viewpoint of the theory of behavioral

therapy, the relationship between the clinician and participants, the approaches to change and problems addressed, my course material for this course, the multicultural issues surrounding this therapy, the limitations and strengths, the populations served and the original thinking behind this therapy model.