

My Counseling Theory Paper
EPS 601 Theories of Counseling
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Clinical Setting

It is my goal to become a school counselor in a local high school.

Population I intend to work with:

Yuma has a diverse group of high school students. Over fifty percent are of Hispanic origin. Many children are first or second generation immigrants and don't have a good grasp of the English language. Many of them bring with them a strong identification to their Mexican heritage; therefore, I will have to be sensitive to their culture in order to better understand them. There are also children of military members, who have moved to different countries and cities every couple of years since they were born. Many of them have difficulty forming friendships and effective relationships. Many of these adolescents often act out and get in trouble often. It is also important to try and understand the different experiences in their lives to get through to them as well.

Key theoretical concepts/techniques I intend to use:

After studying the different counseling theories, I have discovered that each theory is valid and there are ideas and techniques that I would use out of each of them. However, there are some theories more than others that I would use to guide me in my daily school counseling.

First, I would like to address **Psychoanalytic Therapy**. I agree with Freud on the power the unconscious in influencing how we think, feel and behave and that dreams are powerful tools in helping people recognize their internal conflicts, central struggles, wants hopes and visions of the future. He also acknowledges the power of the past and

early traumatic childhood experiences in preventing people from living happy, healthy, well-adjusted lives. I agree more with Erikson's *psychosocial* perspective than Freud's psychosexual stages in that people continue to develop socially throughout their lives and that there are specific events to be resolved in each stage of life. Since I will be working with adolescents, they will be concerned mainly with resolving the *identity versus role confusion* conflict. High school students are at a transitional phase between childhood and adolescence where they are testing limits, breaking dependent ties and establishing an identity. During this stage, they are focusing on finding their identity, figuring out their life goals and life's meaning. But rather than have my students lie on a couch and tell me their dreams and participate in free-association, I would use Adler's *life style assessment* to reveal their family background and early childhood experiences which may have influenced their lives.

I would use **Adlerian Therapy** to guide how I counsel my students. Unlike Freud, Adler stresses choice and responsibility, meaning in life and the striving for success, completion and perfection. He believed that human behavior was not determined solely by heredity and environment. People have the capacity to interpret, influence and create events. In order to understand people we must first understand the systems of which they are part. Adler's *life style assessment* is holistic and systemic. With each student, I would try and gather as much information as I can about his attitudes and the world in which he lives from his perspective. This subjective reality is described as *phenomenological* and includes the individual's perceptions, thoughts, feelings, values, beliefs, convictions and conclusions. Adler believes that *encouragement* is the most powerful method available for changing a person's beliefs. I like how Adler

emphasizes the goals for the future. He acknowledges that a poor childhood may influence life but the client may *choose* the direction of his or her life. I would encourage my students to try and understand themselves and gain insight into what they believe their purpose is in life and help them to make better choices and take responsibility for what they make of themselves.

In **Person-Centered Therapy**, Carl Rogers believed that people are essentially trustworthy. They have a vast potential for understanding themselves and resolving their own problems without direct intervention on the therapist's part. Rogers believed that the quality of the client-therapist relationship is the prime determinant of the outcome of the therapeutic process. As a school counselor I would try and be an empathetic counselor as I do think it is very important for therapy to be successful, though most people enter the counseling profession because they are very empathetic people. I agree with Rogers on what a counselor should be. The perfect counselor would try and understand the client's perspective, be non-judgmental, be accepting, caring and genuine. Rogers believed that each human being has the potential for self-actualization, through which we find meaning. We are like little acorns that if we are nurtured will grow to be what we were meant to be. I like this positive view of people and believe the therapist should listen to what the client is saying and help them come to solutions on their own.

In **Cognitive Behavior Therapy**, Albert Ellis believes that people contribute to their own psychological problems as well as specific symptoms by the way they interpret events and situations. Our cognitions, emotions and behaviors interact significantly and have a reciprocal cause and effect relationship. Like the Adlerian approach, **Rational Emotive Behavior Therapy, (REBT)** emphasizes the importance of goals, purposes,

values and meaning in human existence. Ellis believes that our emotions stem mainly from our beliefs, evaluations, interpretations and reactions to life situations. We originally learn irrational beliefs from significant others during our childhood and we actively reinforce self-defeating beliefs, keeping ourselves emotionally disturbed by internalizing beliefs such as the “shoulds” “musts” and “oughts.” The ABCDE concept helps clients change their irrational thoughts and assists them to understand the vicious circle of the self-blaming process, which also changes their self-defeating behaviors. Ellis believes that people often create a negative self-fulfilling prophecy and fail because they had told themselves that they would. I know how important positive thoughts are and the way we see ourselves. With REBT, clients are taught the value of self-acceptance. *Rational emotive imagery* is used where clients imagine themselves thinking, feeling and behaving exactly the way they would like to think, feel and behave in real life. I understand how powerful the mind is and believe this kind of therapy would be beneficial for adolescents, many of which are struggling with low self-esteem while trying to form an identity. Role-playing and other behavioral techniques are also used such as *systematic desensitization* and *relaxation training*. Aaron Beck’s **Cognitive Therapy, (CT)** is also an insight focused therapy that emphasizes recognizing and changing negative thoughts and beliefs. According to Beck, people become disturbed when they label and evaluate themselves by a set of rules that are unrealistic. I agree with him that it is the therapists’ role to *help* clients discover misconceptions or *cognitive distortions* for themselves. Ellis believes the therapist should be more directive. He also believes that the focus should be on working with thinking and acting, rather than primarily with expressing feeling. I think that expressing feeling is equally effective and

highly therapeutic. I also *don't* agree with Ellis that human beings do not need love and acceptance from significant others to feel worthwhile. I believe that a person needs to have at least one close relationship with another person to be emotionally healthy.

In **Reality Therapy**, which is based on *choice theory*, William Glasser believes that mental illness is the result of an individual's unsatisfying present relationships. To achieve and maintain the relationships we need, we must stop choosing to coerce, force, punish, manipulate, criticize, blame or complain. We must replace these destructive behaviors with choosing to care, listen, support, encourage, trust, accept and love. According to Glasser, all people have five basic needs: survival, love and belonging, power, freedom and fun. He believes that people need to accept personal responsibility for their own lives and stop blaming other people for their problems, complaining about their negative life situations or dwelling on what happened to them in the past. He acknowledges that we are products of our past, but not victims of our past, unless we choose to be. I agree with Glasser on most respects; however, I think there is therapeutic value in talking about issues that occurred in the past. After a client has identified, acknowledged and dealt with incidents in the past which may have caused ineffectual ways of coping or looking at life, a client will be more ready to move on and deal more effectively with the present. Glasser emphasizes teaching clients to focus on making responsible choices and to evaluate whether their behaviors are getting them what they need and want and to implement specific procedures that lead to change if they aren't. Reality therapists also understand the importance of a positive, satisfying therapist-client relationship. The therapist should be caring, mildly confrontational, yet not critical, blaming, or complaining.

Out of all the counseling theories, we have studied, I identify most strongly with **Feminist Theory**. Feminist therapists hold two main assumptions: that personal problems are often connected to or influenced by the political and social climate in which people live – “the personal is political” – and that problems and symptoms often arise as methods of coping with and surviving in oppressive circumstances, such as racism, sexism and heterosexism. I have experienced this oppression first hand as a woman Marine officer in a male-dominated service and also a male-dominated field. Feminist therapists also believe that society’s objectification of women’s bodies may increase women’s vulnerability to eating disorders. Girls and women absorb the media culture of the need to be thin and beautiful, which leads to constant body monitoring and restrained eating and also may trigger anxiety, depression and sexual problems. When I was a teenager, I had anorexia, so I understand how influential our society is on young women’s body image, even though there are also other issues involved with eating disorders. *Gender-Schema Theory* explains that men, as well as women are influenced by societal gender-role expectations that are imposed on them from the moment of birth and continue to shape both men and women’s personality throughout their lives. These expectations can be extremely limiting. Women are expected to be attractive, nurturing, submissive to men and responsive to their husbands’ sexual needs. They should be primarily concerned with taking care of the children and home. Men are expected to be strong, brave, and unemotional and be primarily concerned with providing financial support for their families. Both of these sets of expectations are not only limiting, but also outdated. Today, most women work and the majority of mothers with children work due to financial reasons and also for self-fulfillment. However, with the increasing

number of single mothers due to never having married or to divorce, working is a financial necessity. And fathers are now required to be more involved with the care of the children and household chores since their wives are working too. Since I have been affected by the traditional expectations of women and the financial need to work, I have been exhausted trying to juggle all of my responsibilities. I have been torn with the desire to be a good mother and also to excel at work. Women's and men's societal roles must change in order to keep up with modern expectations. But not only that, attitudes toward women in the workplace must also change. I have been discriminated against in the workplace and know many other women have. Men that still have outdated schemas about women's roles are resentful having to compete with them in the workforce. They still assume that women should be submissive to them and when they aren't, they go out of their way to try and make them fail. I have experienced all of these issues; therefore, I can understand the feminist theory and see that it is essential to consider the social and cultural context that contributes to a person's problems in order to understand that person. I agree with the radical feminists whose major goal is to transform gender relationships, and transform societal institutions and the social feminists who also seek societal change. In fact, I believe women's values, such as cooperation, altruism and connectedness could positively change the workforce and our society.

Narrative Therapy, like Feminist Theory believes that individuals need to create alternate life stories and separate themselves from the stories that they have internalized from the dominant culture. Clients need to *deconstruct* uncritically accepted problem-saturated stories of the past and describe their experience in a new and fresh language. Narrative therapists also believe in separating the problem from the individual, which is

called *externalization*, which enables clients to take a stand against self-blame. Like Feminist therapists, they believe it is not the person that is the problem, but the problem that is the problem.

Counseling processes/techniques I intend to use:

1. **Adlerian Life Style Assessment.** I like the *life style assessment* to determine early childhood influences. The five roots of the tree are: health and appearance; social and economic position of the family; parental attitudes; family constellation; gender role. *The style of life* is the core repetitive pattern of thinking, feeling, and acting that characterizes the student's unique attitude toward the tasks of life. This is made up of five subordinate attitudes: the attitude toward self; the attitude toward difficulties; the attitude toward others; the attitude toward the other sex and the attitude toward life. *The three tasks of life* that each adult is face with in life are: other people; an occupation; love and sex. Part of the assessment would be how the student sees other people. As far as the other two task of life, I would have my students evaluate their current relationships and help them prepare for the future by thinking about what kind of occupation they would be interested in. I like Adler's cognitive emphasis. He believes that emotions and behaviors are largely influenced by ones beliefs and thinking processes. I want my students to understand that they are entirely responsible for what they make of themselves.

2. **Reality Therapy worksheet and WDEP, (Wants, Doing, Evaluation, Plan).**

Glasser believes that we choose everything we do, including how we feel. Other people can't make us miserable; we choose to be. I want my students to understand that they have within themselves the power to be happy and successful, by what they choose to

believe and think. In order to help my students create and carry out plans to enable them to gain effective control of their lives, I would use the WDEP system. I would use the worksheet to assess my student's current satisfaction of needs, having him rate the five basic needs on a scale of 1 -10. Then I would help the student decide which of the needs weren't being met satisfactorily and move onto the WDEP form finding out what the student really wants, what he is currently doing to get this want satisfied, whether current behaviors are leading toward satisfaction of want, and help him specify ways he can carry out his wants and needs.

3. Cognitive Behavior Therapy.

a.) Using **Cognitive Behavior Therapy**, I would explore with my students the potential benefits and barriers to change and help them recognize that they can be successful and bring about change. At first, it would be best to help the student identify small, realistic and achievable targets so the student may experience early success and not get discouraged. The agreed goals are regularly reviewed and also the progress toward their attainment. Students must understand that they must take an active role to integrate their skills into everyday life and plan for future setbacks. When the student experiences setbacks, the therapeutic aim is to help him or her reflect upon previous helpful skills and strategies and to encourage their use. In motivational interviewing, the therapist helps the student develop discrepancy between the current situation and what he or she would ideally like by helping the student feel understood and confronting his or her resistance. Self-efficacy can be supported by attending to and reinforcing signs of motivation from the student that change is possible. In order to help the student weigh benefits and disadvantages of trying something new, Stallard uses *Scales of Change*, where the young

person writes down what he or she is thinking about doing at the top of the scales and on one side of the scales writes the positive reason/ benefits and on the other side all the negative reasons /disadvantages.

b.) **Rational Emotive Behavior Therapy – ABCDE.** If any of my students have irrational beliefs, I would use Ellis’ ABCDE approach to dispute and change them into more positive beliefs. I would explain the whole process to them and help them work through it where A is the activating event, B is the belief and C is the emotional/behavioral consequence. I would teach my students how to substitute rational beliefs and behaviors for irrational ones – D (disputing intervention), which would lead to E (new effect) and F (new feeling). Stallard uses different words to help young people recognize the importance of their negative thoughts. He recommends that they write down what *happens*, what they *think*, what they *feel* and what they *do*. He uses a *Schema Questionnaire for Children* to identify their core beliefs. *Diaries* and *thought records* are a way to identify the young person’s assumptions or beliefs, which I think would be very helpful.

c.) **Rational Emotive Imagery.** I would have my students imagine where they want to be in one year, five years and ten years and write them down. It is very productive to have goals. I have used this in my own life, imagining that I have actually accomplished my goals in life and believe that this kind of positive imagining is very effective.

4. **Other.** For students that have difficulty managing stressful situations in their lives, I would give them a variety of behavioral and cognitive coping techniques such as acquiring and rehearsing a new set of *self-statements*, *relaxation training* and *time management instruction*.

Limitations of my approach:

My approach would not be useful for students with serious psychological or personality disorders or for those that require medication. I'm not qualified to diagnosis mental disorders; however, I may refer them to a psychiatrist. Also, if children are withdrawn and refuse to talk to me, I won't be able to find out their core beliefs and reveal underlying problems.

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