Personal Philosophy of Counseling

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The “Survey of Attitudes and Values Related to Counseling and Psychotherapy” is meant to reflect one’s current “basic beliefs, attitudes, and values related to counseling and psychotherapy” (Corey, 2009a, p. 8). Comparing which answers changed and which ones did not has helped me to begin to develop a personal philosophy of counseling, including my beliefs, values, and attitudes about the role the helper plays in a helping relationship, the techniques and basic philosophies associated with the counseling approaches we have covered, and the capabilities and role of the helpee.

On the Pre-Survey, my answer to number 19 reflected my belief that a counselor should “borrow techniques from many different theories” (Corey, 2009a, p. 10). Post-Survey, I responded that counselors should aim to combine two theoretical approaches. Since I have not really used any techniques or practiced a particular theory, I am still uncertain about this question. However, I like the idea of theoretical integration as described in the text. According to Corey (2009b), “[n]o single theory is comprehensive enough to account for the complexities of human behavior, especially when the range of client types and their specific problems are taken into consideration” (p. 450). Theoretical integration goes beyond the mere blending of techniques and employs the best features (philosophies and techniques) of two or more theoretical approaches (Corey, 2009b).

I have a difficult time completely accepting just one theoretical approach as best for all helpees. Individuals are so unique and different that committing oneself to steadfastly following the techniques and principles contained in a singular theoretical approach seems antithetical to the idea of effectively helping such a diverse population. Reconciling my own personality, values, attitudes, and beliefs with a set of counseling philosophies and techniques has been a learning process—confusing and difficult, as well. I reviewed my Pre- and Post-Surveys and
considered which techniques or principles of the different approaches to therapy helped me the most to understand my own problems and struggles. At this point, my personal philosophy of counseling seems to reflect an appreciation especially for person-centered therapy, cognitive behavior therapy (CBT), and solution-focused brief therapy (SFBT).

My Pre-Survey revealed an attitude which gave far too much importance to the role of the therapist as expert and too little credit to the innate creativity, strengths, and resources of the helpee. (I think this was evident in my first counseling lab tapes!) On the Pre-Survey, item number 2, my answer indicates that clients who seek counseling “will progress only if I am highly active and structured” (Corey, 2009a, p. 8). When completing the Post-Survey, I answered that clients who seek counseling “can be trusted to find creative solutions to their problems” (Corey G., 2009a, p. 8), and that clients are the experts on their own lives (also, number 35), showing a clear change in my perception of the role of the counselor as an all-knowing expert. Experts on SFBT suggest that though professional helpers may show great expertise at creating for clients a context which is conducive to change, “they stress that clients are the experts on their own lives and often have a good sense of what has or has not worked in the past and, as well, what might work in the future” (Corey, 2009b, p. 380). The person-centered framework assumes that clients are capable of understanding the factors in their lives which are bringing them unhappiness, possess the capacity for self-direction, and can effect constructive personal change (Corey, 2009b). Though the therapeutic environment varies a bit among CBT approaches, all require close collaboration with the practitioner and faith in the client’s ability to change (Corey, 2009b). During the therapeutic process, clients have the opportunity to review their progress, develop plans, and delineate tactics for managing ongoing or potential problems (Corey, 2009b).
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The Pre-Survey showed my previous belief that the power of the therapist “can be a vital force that the therapist can use in modeling for a client” (Corey, 2009a, p. 9). Post-Survey, I indicated that the power of the therapist needs to be minimized because of potential harm. The person-centered approach stresses the centrality of the I/Thou, or person-to-person, relationship (Corey, 2009b), which certainly minimizes the therapist’s power. The power of the therapist is also minimized with SFBT since the solution-focused framework stresses an encouraging, curious, not-knowing stance for the helper and the client as the expert of his/her life (Corey, 2009b). The more directive nature of CBT (especially Rational Emotive Behavior Therapy, REBT) creates more of an opportunity for the power of the therapist to be problematic. REBT practitioners are urged to strive for an egalitarian therapeutic relationship, and practitioners are cautioned about exerting too much power due to possible psychological harm which may result from the “large amount of power by virtue of persuasion” (Corey, 2009b, p. 307). As my Pre- and Post-Surveys show (on number 26), I think that therapists should model certain behaviors in line with being ethical practitioners; but therapists should not feel so superior that they expect clients to exhibit the same behaviors.

I answered on both surveys that the therapist should be “directive or nondirective, depending on the client’s capacity for self-direction” (number 14) (Corey, 2009a, p. 9). I think that many clients have a great capacity for self-direction; however, depending on circumstances, age, developmental level, heritage, etc., some clients may need more direction than others. Cognitive behavior therapists are quite directive, acting as teachers (Corey, 2009b). Person-centered therapists “operate with a much looser and less defined structure” (Corey, 2009b, p. 461) than in many other approaches. Although practitioners of SFBT view clients as experts on
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their own lives, they frequently are directive and active in their use of questioning (Corey, 2009b).

Number 1 on the survey seeks to find one’s beliefs about the main purpose of counseling and psychotherapy. I was surprised to see that I ended up with the same answers, “increase a client’s awareness” and “assist clients in creating solutions to their problems” (Corey, 2009a, p. 8), in both the Pre- and Post-Surveys. Though CBT, the person-centered approach, and SFBT do so in different ways, I think that they all manage to increase client awareness. The CBT approaches aim to assist helpees in gaining insight about the ways in which their thoughts affect their behaviors and feelings and then gives helpees some tools they can use to act on these insights, thus improving their emotions and behaviors by altering their thoughts (Corey, 2009b). Visual tools such as the ABC Framework, central to REBT, seem especially useful in giving insight by connecting thoughts to feelings and behaviors. The person-centered approach provides a climate in which clients can feel safe to explore obstacles which may be hindering growth and self-actualization (Corey, 2009b). SFBT creates an environment in which problem-saturated stories are replaced with a “world of new possibilities” (Corey, 2009b, p. 379), thus creating new attitudes and insight which can lead to a new ending for the client’s story. SFBT, in particular, has as a main purpose supporting clients as they create solutions to their own problems, which often involves directing clients to times when their problem did not exist/was less intense, using exception questions and encouraging clients to consider what must happen for these exceptions to happen more often (Corey, 2009b). I especially like what Corey (2009b) says about the solution-focused model: “[It] requires a philosophical stance of accepting people where they are and assisting them in creating solutions” (p. 378).
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I think that among the most valuable things I learned this semester include the necessity of establishing a genuine, caring, understanding, collaborative therapeutic relationship; the importance of practicing reflective, empathic listening instead of focusing on technical skills and theoretical orientation; and the notion that the helpee, not the helper, is the main agent of change. I was surprised to learn in lecture and in the text that after extensive research, these four factors have been found to account for change in therapy: “client factors: 40%; alliance factors (the therapeutic relationship): 30%; expectancy factors (hope and allegiance): 15%; theoretical models and techniques: 15%” (Corey, 2009b, p. 477). After studying person-centered therapy and watching the Gloria video, I am convinced that Rogers’ three core conditions, accurate empathic listening, unconditional positive regard, and genuineness, should form the cornerstone of any counseling relationship. The person-centered and SFBT approaches pose that the personal relationship is the determining factor in treatment outcomes (Corey, 2009b). Corey (2009b) goes on to explain that creating a sense of trust is essential so that helpees are more inclined to return for future treatment and follow through with homework tasks. The CBT approaches, in general, require a sound collaborative therapeutic relationship (Corey, 2009b). Beck’s view when utilizing cognitive therapy is that Rogers’ core conditions are “necessary, but not sufficient, to produce optimum therapeutic effect” (Corey, 2009b, p. 291).

My new understanding of the client-therapist relationship is evidenced by the way in which I responded on the Post-Survey to number 18, which addresses the client-therapist relationship (numbers 35 and 39 address similar issues). Post-Survey, I answered that “the client is the expert on his or her own life” and the client-therapist relationship “is the most important factor related to therapeutic outcomes” (Corey, 2009a, p. 10). Pre-Survey, I had indicated that the client-therapist relationship is the most important factor. At that time, I really did not
understand what it means for a person to be the expert of his/her own life. Learning about this concept has been tremendously enlightening. Studying the person-centered approach and the solution-focused model, I have come to the conclusion that treating a person as anything less than the expert of his/her own life seems insulting and disrespectful. Both the person-centered approach and solution-focused brief therapy treat the client as the expert of his/her own life (Corey, 2009b). Corey (2009b), citing Tallman and Bohart (1999), note, “the philosophy of person-centered therapy is grounded on the assumption that it is clients who heal themselves, who create their own self-growth, and who are the primary agents of change” (p. 172). Beck’s cognitive therapy assumes that the clients are capable of discovering their highly personal meanings on their own and that “lasting changes in the client’s thinking and behavior will be most likely to occur with the client’s initiative, understanding, awareness, and effort” (Corey, 2009b, p. 291).

On number 13 on the Post-Survey, I responded that “The most important function of a therapist is being present for and with the client and creating trust that allows the client to freely explore feelings and thoughts” (Corey, 2009a, p. 9). On the Pre-Survey, my answer had included that the therapist’s most important function is “giving the client specific suggestions for things to do outside the therapy session” (Corey, 2009a, p. 9). While both CBT and SFBT might suggest specific tasks for clients to do outside of therapy, I now believe that these are merely part of the process and not the most important functions of the therapeutic process. Pre-Survey, I thought that technical skill; genuineness and openness of the therapist; and the therapist’s ability to delineate a treatment plan and appraise the results were the most important features of effective therapy (number 20). Post-Survey, the only item I checked for this question about effective therapy was the importance of the therapist’s genuineness and openness. As mentioned above, in
both the readings and the counseling lab sessions, I have realized that technical skill is far from the most important factor in effective therapy no matter which theoretical framework one chooses to follow. Genuineness and openness in the therapeutic relationship in person-centered therapy, in particular, are critical since it is generally believed that the attitude of the therapist, rather than techniques, theories, etc., is the catalyst for change in the client (Corey, 2009b).

My notions about setting treatment goals and about the goals of psychotherapy are changed as well. The Pre-Survey (number 4) showed that I saw goal-setting for therapy as a collaborative venture, but my Post-Survey revealed that I now see that the helpee is competent and able to set his/her own goals. The person-centered approach emphasizes that the client is primarily responsible for the direction of therapy and are capable of choosing personally meaningful goals and values (Corey, 2009b). The SFBT approach holds that individuals are able to delineate significant personal goals and have the necessary resources for solving their problems (Corey G. 2009b). With the solution-focused approach, “Goals are unique to each client and are constructed by the client to create a richer future” (Corey, 2009b, p. 381).

The goals of psychotherapy (number 5) that I initially thought were important included “making the unconscious conscious” and “learn realistic and responsible behavior” (Corey, 2009a, p. 8). The goals that I chose as important on the Post-Survey were “assisting clients in creating a new life story”, “providing symptom relief in as brief a time as possible” (Corey G. , 2009a, p. 8), and identifying and changing faulty thinking. The CBT approaches have brevity of treatment as a common characteristic and offer many techniques which provide quick symptom relief (Corey, 2009b). Meichenbaum’s constructivist narrative perspective (CNP) gives attention to the “stories people tell about themselves and others regarding significant events in their lives” (Corey, 2009b, p. 300). One factor which Meichenbaum considers in evaluating CNP’s
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Effectiveness involves whether or not clients are “able to tell a new story about themselves and the world” (Corey, 2009b, p. 300). SFBT is, by nature, brief as well; and one of SFBT’s main goals is to “create a climate of mutual respect, dialogue, inquiry, and affirmation in which clients are free to create, explore, and co-author their evolving stories” (Corey, 2009b, p. 382). Effectiveness and brevity are set to remain important factors in the types of counseling that clients seek (Corey, 2009b). These traits also fit well within the framework of school counseling practices, which is of primary importance to me. I added “identifying and changing faulty thinking” as a goal of therapy. CBT has, as a major goal, identification and changing of faulty thinking.

The above-mentioned points about CBT bring me to do some reflection about which of the theoretical approaches have helped me the most or have been particularly relevant to me. Researching and presenting CBT in class not only made me appreciate this approach as an effective and well-proven method of psychotherapy, but the two student manual exercises on CBT were most helpful to me personally. Identifying the irrational thinking in which I sometimes engage has made me aware of how I reinforce my feelings of anxiety, guilt, depression, etc., with the unhelpful things that I tell myself. Now that I have taken the intentional step of identifying and owning up to my irrational self-statements, I have had much better success with disputing and even preventing them. I was also helped immensely by completing the exercise involving Meichenbaum’s cognitive behavior modification since I was able to thoughtfully and deliberately trace the way in which my inner dialogue was affecting other areas of my life. At this point, I think that if I ever sought professional therapy, I would likely choose within the cognitive behavioral framework.
However, being so infinitely unique, not all individuals who seek counseling would feel comfortable with the CBT approach. You mentioned in class that you want us to consider how most people with problems similar to ours would solve their problems. This is an interesting question, especially given that professional counseling did not exist for thousands of years; yet somehow it seems that people have generally managed to muddle through their problems since the beginning of human existence. As we learned earlier, 40% of successful therapeutic outcomes are attributed to what the client brings to the therapy experience. I think that the seeming resilience of many individuals speaks to their innate strengths and problem solving capabilities and that people can change because they have an inborn striving for self-actualization. When people experience an imbalance between what they are and what they want to be, they are driven to find ways to adjust this imbalance.

Though people have vast inner resources, I think that sometimes the imbalance or problem is so overwhelming that a second person is needed to help sort out thoughts and feelings and to just listen; this second person may or may not be a professional counselor. Though counselors are trained to have more resources to offer than a non-professional, sometimes what the person who is experiencing incongruence needs most is someone who will listen with empathy, a nonjudgmental attitude, unconditional positive regard, congruence, trust, openness, and warmth. In traveling alongside others in the pursuit of their happiness, I must be that person who can exhibit genuineness, accurate empathic listening, unconditional positive regard, a nonjudgmental attitude, and warmth so that the foundation is firmly set for a trusting relationship. Especially after reflecting upon counseling lab sessions, I have realized that the type of relationship that has been most meaningful and helpful to me is one in which the other
person is actively listening, inserting themselves into my subjective world, and not worrying about what they will say next or comparing their situation to my own.

Both Pre- and Post-Survey results reflect my belief that counseling should focus on thinking, feeling, and doing (number 6). I like what Corey (2009b) says about finding the best route by which to help clients achieve their goals: “The key challenge is to find ways to integrate certain features of each of these approaches so that you can work with clients on all three levels [thoughts, emotions, behaviors] of human experience” (p. 448). The CBT approaches give attention to thoughts, feelings, and behaviors, treating the three as reciprocal entities which interact in a cause-and-effect fashion (Corey, 2009b). Corey (2009b), citing Dattilio (2001), says that although CBT places primary emphasis on thoughts and behaviors, emotions are not ignored, as critics sometimes suggest. The person-centered approach creates an atmosphere which is conducive to fully exploring one’s “feelings, beliefs, behavior, and worldview” (Corey, 2009b, p. 171). In SFBT, clients are encouraged to focus on what is working and to continue doing these things. When their behavior is not getting them what they want, clients are urged to experiment with different things in hopes of finding something that works for them. Feelings about the client’s level of satisfaction in reaching solutions are measured using a rating scale (Corey, 2009b).

My responses on the Pre-Survey showed that I saw counseling as a process of “reeducation”, “helping clients make life decisions”, “learning to integrate one’s feeling and thinking”, and “learning more effective coping behaviors” (number 7) (Corey, 2009b, p. 8). Post-Survey, I answered with the same response, minus the item about “helping clients make life decisions”. Again, this omission indicates a shift in my view of the therapist as the all-knowing expert. My remaining answers reflect that my personal philosophy on counseling is partly
formed by a belief in the philosophy and techniques of CBT. In CBT, the helper plays the role of a teacher, using varied emotive, cognitive, and behavioral techniques to assist the helpee in identifying and changing maladaptive thoughts (Corey, 2009b). Changes in maladaptive thoughts can then bring about changes in undesired behaviors and feelings. With Beck’s CT, attention is paid to integrating feeling and thinking; and with Meichenbaum’s cognitive behavior modification, learning more effective coping behaviors is stressed (Corey, 2009b).

On items 8 and 12 on the Pre-Survey, my answers revealed that I placed a lot of importance on past experiences as they relate to who one is today. In contrast, my Post-Survey results show that I now prefer putting primary focus on the present and future. CBT, in general, is used to address specific issues within one’s here-and-now experiences (Corey, 2009b). Person-centered therapists usually avoid taking a history on their clients and strive to have their clients “move in the direction of being more in contact with what they are experiencing at the present moment, less bound by the past” (Corey, 2009b, p. 172). Unlike with most approaches, emphasis on the past and current problems is avoided with the solution-focused approach. Instead, ways in which a more satisfying future can be obtained are given attention (Corey, 2009b). Although I found completing the Lifestyle Assessment with the chapter on Adlerian therapy and doing the exercise on unfinished business with the chapter on Gestalt therapy helpful in some ways, I much preferred completing the exercises which focus more on current and future functioning (CBT, SFBT, Reality Therapy, behavior therapy). When I spend too much time pondering past events, I feel like I get mired in regrets, “should haves”, and “if onlys”. I imagine that focusing too much time on the past might be a problem for others, as well. On the other hand, with respect to the individual needs of unique people, I am aware that there are instances in which it is important to address past issues such as trauma, loss, and abuse, especially when they
substantially affect one’s current functioning. Applying solution-focused principles in small ways to areas in my own life in which I feel dissatisfaction has led to more feelings of hope and positivity and keeps me focused on the future. For example, conversations with my son about touchy subjects (e.g., bad grades or irresponsible decisions) quickly turn into debates or arguments and end up not addressing the real issue. By applying SFBT principles and thinking back about times in which these conversations were successful (exception question) and by imagining how I would most like our conversations to transpire (miracle question), I have been able to make a conscious effort to do more of what works (e.g., speaking with soft tones, empathic listening, showing understanding, and finding positives about his decisions).

My results reflected somewhat of an understanding of the importance of sensitivity to diverse client populations since my Pre- and Post-Surveys responses remained unchanged for items 9, 10, and 11. According to Corey (2009b), traditional therapies will be effective in a multicultural society only if the helpers strive to understand helpees in consideration of their “salient cultural and environmental factors” (p. 42). As listed in number 10, I think that completing coursework on different cultures, participating in fieldwork experiences involving multicultural populations, acquiring skills for working with diverse helpees, and gaining a better understanding of my own culture are all critical elements in working with an increasingly diverse population (Corey, 2009a). Although I answered on the Pre-Survey that understanding my own culture is important, I really had not given it much thought or considered why this might matter. After reviewing the “Microaggressions” article and reading about multicultural perspectives throughout the text, I better understand that my heritage is part of who I am and will affect what I will bring to the helping field, thereby affecting those whom I will be helping (Corey, 2009b). Although I have a lot more learning to do about multicultural issues, I am much
more aware that I absolutely cannot take for granted that my worldview is the same as that of others and that ethnocentrism can destroy the trust in a therapeutic relationship.

As stated in the text, “It is an ethical obligation for counselors to develop sensitivity to cultural differences if they hope to make interventions that are consistent with the values of their client” (Corey, 2009b, p. 24). Thus, in reference to number 9, I think that effective counselors are sensitive to the ways in which oppression, gender roles, culture, sexual orientation, disability, and spirituality influence one’s choices and one’s perception of reality. Only by developing an understanding about the dynamics of racism, stereotyping, oppression, and racism can I detect my own racist feelings, beliefs, and attitudes (Corey, 2009b). We learned in class that by 2023, white children will be the minority race in schools and that by 2042, whites, in general, will be the minority. These statistics should help convince those in the helping field of the necessity for culturally sensitive practices. Accurate knowledge about cultural differences (number 11) is not only helpful in “providing a conceptual framework”, but is “essential for effective counseling” (Corey G., 2009a, p. 9). As asserted in Corey (2009b), helping diverse clients is enhanced when helpers use methods and approaches and outline goals which are consistent with their clients’ realities and cultural values.

It is critical that helpers are able to be flexible in applying techniques to diverse populations, using a theoretical orientation as a guiding map and not a rigid agenda (Corey, 2009b). For example, CBT is culturally sensitive in that it incorporates an individual’s belief system as part of the self-challenge (Corey, 2009b). However, in respectfully applying the CBT approach to diverse populations, a helper must clearly understand the helpee’s cultural context before challenging core values and beliefs. To avoid harming or offending the helpee, challenges to long-standing cultural assumptions should only be attempted if these assumptions
lead to dysfunctional feelings or behaviors (Corey, 2009b). Some think that person-centered therapy, with its attention to universal core therapeutic conditions, is ideally suited to multicultural counseling (Corey, 2009b). Alternately, the person-centered approach may be inappropriate for ethnically diverse clients who need or desire more a more structured or directive approach (Corey, 2009b). Postmodern approaches, including SFBT, support the idea of multiple realities which are socially constructed; this is congruent with the foundations of multicultural counseling (Corey, 2009b). Corey (2009b) also mentions that the social constructionist dimension allows the helper to guide the helpee in a mode which respects underlying cultural values, making this approach especially applicable for situations in which the helper and helpee are from different cultural backgrounds or have opposing worldviews (Corey, 2009b). However, SFBT practitioners must be aware that the not-knowing stance of the helper and the assumption that the client is the expert might compel culturally different individuals to lack confidence in the helper (Corey, 2009b). Thus, the helper must guide the helpee in understanding that the helper can indeed have expertise in the therapeutic process while placing the helpee in the role as expert of his/her own life (Corey, 2009b).

Before ending, I also wanted to add what I think of CBT, person-centered therapy, and SFBT in the context of my plans to be a PSC. CBT has such a wide variety of techniques, covering the gamut from visually oriented (written materials, check lists, activity logs, other homework) to physically oriented (role playing, shame-attacking exercises) to verbally oriented (Socratic dialogue, rational humorous songs-possibly edited, changing one’s language), that cognitive behavioral techniques could offer many options for students of varying ages, interests, needs, and developmental levels. The person-centered approach brings the obvious relationship requirements, genuineness, accurate empathic listening, and unconditional positive regard, which
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form the basis for a safe, trusting, and accepting helping atmosphere. I also like the applicability of the person-centered approach to crisis counseling which, unfortunately, will be a reality for many students. During crisis intervention, sensitive listening and hearing; genuine support, caring, and non-possessive warmth; and communicating a deep sense of understanding (Corey, 2009b) are some applications of the person-centered approach. The class discussion (including Dr. Brewer’s input) and activities accompanying SFBT inspired me and gave me a much better understanding of what this approach is all about. I see many pros with this approach for the school counseling field, such as appropriateness for groups; effectiveness for children of all ages; writing of summary messages for encouragement; positive, solution-focused orientation; and brevity (Corey, 2009b). This passage from the text about the solution-focused approach really inspired me:

Rather than being a cookbook of techniques for removing students’ problems, this approach offers school counselors a collaborative framework aimed at achieving small, concrete changes that enable students to discover a more productive direction. This model has much to offer to school counselors who are responsible for serving large caseloads of students in a K-12 school system. (Corey, 2009b, P. 387)

Completing the Post-Survey refreshed my memory a bit about the early chapters dealing with ethics, counseling for the counselor, imposition of values, my own self-awareness and psychological health, professional disclosure, and the personal qualities I will bring to the helping relationship. Previously, I had not thought that counseling for the counselor was too important. Now, I see the importance of a helper doing whatever is necessary to attain and maintain optimal mental health so that they can avoid burnout and be truly helpful and present for the helpee. One’s own good mental health is important so that sound ethical decision making
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is possible. I am much more aware that I must be sensitive of and respectful towards the value
systems and cultural heritage of each individual I encounter so that trust is not compromised.
Comparing survey results and reflecting about microhelping skills I learned in conjunction with
counseling lab sessions, I think that I understand better that counseling is so much more than just
which techniques I can use and what things I should say next. Most importantly, I have
ascertained that therapy is about creating a safe atmosphere for the helpee to feel free to open up
so that the stage is set for positive change. Skills and techniques are secondary. Therapy is not
about “fixing” people, because I have realized that people do not need fixing.
References


