

Personal Theoretical Orientation

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As the COVID pandemic settled in, my teaching became unsettled. I had to change so many things -- assignments, communications, how we held class and exams. When the school year was all over, a friend of mine who worked in supporting students with social and emotional learning (SEL) called and said, "I have a work for you to do." It felt like a sign from the universe to move in a different direction. I began teaching SEL for middle school, with extra attention to stress management and neuroscience. As I prepared the neuroscience portions of the lessons, I was impressed with the evidence connecting thought, emotion, and the brain (Torre & Lieberman, 2018). Even after I finished my SEL work (as the grant money waned), I continued the practices I had taught – gratitude practice, journaling, meditating and examining my thoughts, practicing reframing, naming my feelings out loud, breathing practice, and yoga. My curiosity was piqued. I felt I was ready to take the next step and begin a program in mental health counseling. Taking this class in my first semester of grad school was a random stroke of genius as I pivoted to a new work.

As a result of this class I have studied and discussed the major theories of counseling, and I have considered for several weeks which theory of counseling will guide my new work. Because of my experience with Therapeutic Lifestyle Changes (TLCs), my study of neuroscience, and the broad array of evidence-based techniques, I have chosen Cognitive Behavioral Therapy (CBT) as my framework for mental health counseling. I am also interested in the third wave of cognitive therapies that involve mindful habits, such as Mindfulness-based Cognitive Therapy (MBCT) which includes mindfulness, acceptance, spirituality, meditation, focus on values, and the importance of the therapeutic relationship (Corey, 2024). In this writing, I will discuss the key concepts of my approach, a view of my role as a counselor, some of the

therapeutic goals that CBT can offer, and the relationships I need to consider as I practice counseling in a small Wyoming town. I will also consider the techniques of CBT that I will use, how I will pay attention to diversity in my practice, and my own personality and style as a therapist.

Key Concepts of My Approach

I am interested particularly in Dr. Aaron Becks's approach to Cognitive Behavioral Therapy. Dr. Beck began to work with people by helping them examine their thoughts, especially looking for distorted or irrational thoughts (Corey, 2024). Corey (2024) points out three key concepts of Beck's Cognitive Therapy, which are 1) humans have the ability of introspection, 2) "people's beliefs have highly personal meaning" (Ibid, p. 341), and 3) people can identify meaning on their own without interpretation from a therapist (Weishaar, cited in Corey, p.341). Another key concept that I find compelling in CBT is the ability to think about our thinking and create self-awareness. Through CBT, clients can recognize catastrophizing, become aware of overgeneralization, avoid magnification or minimization of a mistake, and watch out for personalization – the tendency to make a connection between an event and the person, even if there is no evidence for the connection (Corey, 2024). On the flip side, the CBT therapist can act as a guide to help the client find thoughts that empower and strengthen the client in their outlook on life and in their daily living, especially with practices from MBCT (Psychology Today, 2022).

I plan to complete training in Mindfulness-based Cognitive Therapy (MBCT), which is a group therapy manualized program lasting eight weeks. MBCT is a modified type of cognitive therapy that uses mindfulness and stress reduction strategies to move through depression, or to

head off a depressive episode before it begins (Segal, 2014). MBCT helps clients develop a different relationship to their sadness by learning to attend to the thoughts and emotions of the present moment, being aware of the thoughts and feelings without judging them (Ibid, 2014). Sometimes thoughts may be interpreted as facts, and MBCT teaches clients in a group setting to allow the present thoughts and emotions to move through the mind and body and pass away (Ibid, 2014). The course is less a treatment and more a way of life, as clients take over once the course is over (Ibid, 2014). MBCT has been found to be highly successful for people with depressive episodes, as well as with clients with chronic pain (Ibid, 2014).

. Suicide prevention is a pressing need in the US, and MBCT can help. In Wyoming, where I live, suicide rates have been among the highest in the nation per capita, for several years. As I have learned about MBCT, it has occurred to me that I could offer this program here at little or no cost, and it could be offered to promote mental wellness for adults and teens in my community.

View of My Role as a Counselor

I see my future therapist self as a fellow traveler with the client, offering guidance and support. Even though CBT therapists may not in general consider the client/therapist relationship to be as essential as other schools of psychological thought (Corey, 2024), I will consider it the most important part of my practice. In fact, Flückiger et al. (2018) found that the strength of the patient/therapist alliance – no matter the type of therapy – is the most likely indicator of whether the patient feels that the therapy worked. As I continue to work on the microskills of counseling (Ivey et al., 2018), I hope to become more gifted at the hard work of listening well, checking in to make sure I understand, and then working collaboratively toward

goals. Although CBT focuses largely on the present and future, I hope that as a counselor I can help examine the client's past and cultural context just enough, to identify their strengths and resources and allow them to consider how skilled they already are. I also plan to use appropriate self-disclosure in sessions, just enough to let a client know that I understand many human struggles, but not too much – it's important to keep the focus on the client.

Therapeutic Goals

I intend to use therapy to create collaborative goals each session, so that therapy time can regularly benefit a client's daily life. I will also use Therapeutic Lifestyle Changes (Ivey, Ivey, & Zalaquett, 2018) to improve a client's life through the body and mind, and some goals could come from the TLC's. Some of the most effective TLCs are exercise, good nutrition and regular sleep (Ibid, 2018). These have all been shown to improve mental health along with gratitude practice (Brown & Wong, 2017), service to others (Achor, 2010), mindfulness (Segal, 2014) and meditation (Ivey et al., 2018). I believe that clients are the expert on their own lives, and that they carry with them the solutions to the challenges they face. Part of my work will be to stay out of the way enough through listening and careful use of counseling microskills (Ibid, 2018) so that each client can consider the next step toward their best hope.

Relationship Issues I Am Likely to Consider

As a counselor in a small town, I will avoid dual relationships as much as possible. However, it is likely that I will treat people that I know or am acquainted with. In those cases, we will have to collaborate not only on the guarantees of informed consent, but also on what will happen when we see each other at the grocery store or the movie theater. My first offer will always be to not initiate conversation, but to let them handle the moment as they would like.

Another relationship issue I have been thinking about is what the client relationship will be like during sessions. I aim to provide a calm, empathetic, nonjudgmental atmosphere that will help normalize the struggles of life and also celebrate successes and opportunities that come with living a human life.

Central Techniques I Am Likely to Employ

I will employ the basic microskills of intentional listening, with encouragers, paraphrases, summaries, and check-ins (Ivey et al., 2018). I will keep practicing open-ended questioning and closed questions that provide useful focus and direction to the session (Ibid, 2018). Empathic confrontation will be important as we encounter cognitive dissonance and then search for a new thought that provides value and meaning to the client (Ibid 2018). I will offer psychoeducation in most sessions, emphasizing TLCs (Ibid, 2018)

I also will employ practices common to CBT that I have found useful so far, such as role playing, recognizing critical self-talk, exposure therapy, reframing and creating a new story for the future, goal setting, mindfulness, meditation, and relaxation techniques (Corey, 2024). I will consider dream work if the client has interest (Corey, 2024). Another technique that I would like to use is therapeutic letter writing, a technique found in Narrative Therapy (Corey, 2024). In Narrative Therapy, the therapist will often write a letter between sessions, or at the end of treatment (Corey, 2024). These letters can “reinforce the importance of carrying what is being learned in the therapy office into everyday life” (Corey, p. 482). I have used letter writing in my teaching experience as well as in my relationships, and I think it could be a powerful practice for my client as another way to recognize and emphasize growth, strengths, and skills. Corey cites a 1997 report on therapeutic letter writing that states that a letter before or after a therapy session

can be as effective as five regular sessions” (McKenzie & Monk, 1997, as cited in Corey, 2024). That idea has stayed with me since I read it a few weeks ago, and I would like to test it out in my own practice.

How I Would Address Issues of Cultural Diversity.

In some ways every client will inherit the social/emotional traits of their community or “tribe”, yet each person is unique. Human diversity is a sign of healthy community and the health of the human species -- much in the same way that biodiversity is a sign of a healthy planet. Life on earth has given us human diversity in appearance, gifts, gender, sexuality, and beliefs. I welcome all of it.

I intend to allow each client to be who they are. I intend to become as educated as possible about the people I serve. I also intend to make client feedback part of each session – at the end or even the middle of a session if I sense I have made a mistake relative to the client’s culture, or am missing something. A sincere question like, “Is there any that I am missing?”, “Is there anything about me being an older white female that might make you think I don’t get it?”, or “Tell me what it’s like for you?” can draw out information I need to respect cultural diversity. And always: “What else do I need to know to help you better?” As I work collaboratively with clients in setting goals and choosing a technique during session, I will need to pay attention to hesitation and body language and be willing to change gears if it does not work for them because of culture, gender, or any other reason.

My Personality and Style

I have often been told – even in my twenties – that I have a calm, compassionate presence. I am now my fifties, and I feel that I have added curiosity, a willingness to accept life and people as they are, and a nonjudgmental attitude – I don't show surprise easily and I like to reassure, normalize, and encourage.

To round out my understanding of my own personality, I took The Big Five personality test (Big Five, 2024), and I think the results are fairly accurate. My personality, according to the Big Five, leans toward Emotional Stability, Intellect/Imagination, and Agreeableness. I am also fairly reserved – at times even introverted – and a little below average when it comes to organization and responsibility. My scores on Emotional Stability and Agreeableness are strengths for a career as a helper (Big Five, 2024) and my score on Intellect and Imagination indicates that I am curious, imaginative, and open to new ideas and experiences. I hope to use my curiosity, intellect, agreeableness, and emotional stability to serve as a helper in the counseling field, and to get a handle on my organization!

As written already in this paper, I enjoy the educational part of therapy. I feel like it places tools in the hands of people that they can use to move the needle on their own contentment with life. Sonja Lyubomirsky (2007) says that about 60% of our happiness may be determined by nature and nurture, but a whopping 40% can be acted upon. That is significant to me, and I'd like to pass on some of the TLCs to make that knowledge available to my clients. I also believe that a person's hobbies and interests are a way to unlock some of their creativity – another source of healing - and I will encourage that.

Even though I am choosing CBT as my Personal Theoretical Orientation, I lean toward existential thought during my down time. My podcasts and reading lean toward self-awareness and meaning in life. I find myself thinking and reading about the Big Questions in life and will be ready to discuss them if that is what a client needs to process their experience. Even though that is part of my daily routine, I also value action and building a life of meaning through paying attention and setting goals, which is a particular strength of Cognitive Behavioral Therapy. I suppose I am a nascent CBT therapist with an existential vibe.

Perhaps the most important part of my style is that I believe that every human has dignity and is a unique creation. If given time and a context of compassion, each person has an inner knowing that will guide them to their solutions. I aim to be a helper in this kind of work.

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