

An Emergent Personal Counselling Framework

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Throughout the process of reflecting on various counselling theories, an emerging personal framework has developed to guide future counselling practice. From personal reflection and introspection, certain aspects of particular theories have proved to be more congruent with personal pre-existing views and beliefs and will serve as a future counselling paradigm. This paper will discuss the perception of the human condition, as influenced primarily by the cognitive theoretical perspective of psychotherapy. Firstly, it will outline my personal emerging philosophical assumptions and discuss the nature of the well-adjusted individual. Secondly, the counselling sessions will be described as based on a personal definition of counselling. An exploration of the ideal client/therapist relationship will then be discussed and the change provoking tasks with which individuals can implement to work towards achieving their fully functioning selves. Following this, a reflection will be presented, illustrating the factors that have influenced me to be drawn to one theory over another, and how the process of introspection was able to serve as a guide to developing a personal framework for counselling.

Philosophical Assumptions

Certain philosophical assumptions have guided the development of a personal framework for counselling such as the notion that individuals have an innate desire to heal and become fully functioning individuals. There are, however, obstacles that can stand in their way and block them from becoming their ideal self. Based on the principles of the cognitive perspective is the personal belief that many of the obstacles that limit people from becoming their most ideal self is related to their distorted cognitions. Human

behaviour therefore is a consequence of how they pay attention, observe the world, and adapt to it (Caro Gabalda, 2015).

The Nature of Humans

It is in human beings nature to perceive things around them in an efficient way. Rather than consistently using rational thought to deduce information, they will often allow emotions and previous thinking to interfere with their automatic thoughts. In that way, people are often ineffective in their thinking, using schemas in order to simplify their ways of perceiving events and emotional responses. Because the individual cannot process and attend to all the thoughts that they are exposed to, “they use structures such as their beliefs, automatic thoughts and schemas to facilitate the task of making sense of their environment” (Caro Gabalda, 2015, p. 383). Using these shortcuts however has emotional consequences because they can be maladaptive thought processes which leads to mental health issues.

The Nature of the Well-Adjusted Individual

Cognitive therapy focuses on the belief that people make of their reality, which is of central importance when discussing optimal mental, as well as physical, health. How we attach meaning to our experiences will greatly affect the outcome of our thoughts and behaviours and therefore influence our mental wellbeing (Caro Gabalda, 2015). Our thoughts influence our mental state as “distortions in our thinking have been shown to be important in the development and maintenance of a variety of psychological disorders” (Truscott, 2010, p.77). In contrast, by seeing situations more objectively and rationally,

we experience a substantial shift in mood and behaviour (Truscott, 2010). I have to agree with this fundamental aspect of the cognitive theory due to my strong interest in resiliency and its implications in mental health. When considering two individuals who have experienced a similar traumatic event, it is very interesting how one individual might be able to overcome such an event and be a fully functioning healthy individual, while the other might suffer from mental illness and lack the ability to cope. Other mental disorders such as depression and anxiety are commonly associated with cognitive distortions, and therefore a therapeutic method that focuses on mindfulness to reduce chronic harsh self-judgements would be an effective method to have in a toolbox when moving forward and working with children and youth in counselling sessions (Semple, Lee, Rosa, & Miller, 2010). The humanistic worldview supports that we all have the capacity to become fully functioning people, and achieving such a state should be the goal in therapy (Truscott, 2010).

The Major Causes of Problems

The major limitations in an individual's capacity to function as their ideal self is a reflection of how they perceive their situation and the views that they make of themselves and their circumstances. An individual can have a problem that may be severe, but the way in which they perceive it is in a positive manner, enabling the individual to have more adaptive thinking. It could be assumed that people can all occasionally suffer from distorted thinking, but the healthy individual will question the negative thoughts and replace them in lieu of more productive thinking. The client suffering from maladaptive thinking and behaviour has not questioned the genuineness of their thoughts and seems

unable to think alternatively about the negative events, and as a result, “they are emotionally disturbed, and their behaviours are also affected” (Lam & Cheng, 2001 p. 255). It could also be suggested that along with developing positive thinking, an individual benefits from a supportive environment in which positive thinking is modeled. If for example a child does not have an environment that is conducive to learning appropriate social behaviour or an environment where they do not have their needs met, then they cannot be expected to reach their goal as a fully functioning individual. There needs to be interpersonal support and family systems in place in order to create an ideal environment for them to achieve healthy cognitive perceptions. Thus, certain aspects of systemic therapy need to be in place when considering why an individual might be having the distorted thoughts and perhaps practices of systemic therapy need to be incorporated in order to address the negative feedback loop that the environment can have on the individual.

The Counselling Experience

The counselling experience is rooted in introspection. As a therapist, I would want to strive to encourage my clients to self reflect and look into their own minds in order to learn about how their thoughts and interpretations shape their emotions and behaviour. I think that while this remains consistent with the cognitive theory, it is also present in many other theories including psychodynamic theory which aligns itself with the process of “strengthening our sense of self...through logical, rational self-understanding so that our everyday functioning is more flexible and less rigid” (Truscott, 2010, p.25).

A Personal Definition of Counselling

My personal definition of counselling is related to enabling clients to achieve positive mental health. Counselling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, and goals (Kaplan, Tarvydas, & Gladding, 2014). As I am presently an educator, the theme of the educational model resonates with my personal definition of counselling. As Truscott (2010) outlines, cognitive therapy is based on an educational model and “the assumption that the cognitive distortions that cause most emotional and behavioural problems are learned and therefore the goal of the therapist is to help clients identify unhelpful thought processes and identify new ways of thinking” (Truscott, 2010 p.101).

Counsellor-Client Relationship

There is consistent finding that about 8 per cent of variation in therapeutic outcome is attributable to the client/therapist relationship, which is more than can be attributed to any specific therapeutic technique (Hiskey, 2012). With this knowledge in mind, it is essential that the relationship between client and therapist be one of genuineness, openness and empathetic listening. The ideal relationship with the therapist should be grounded in the roots of the person-centered approach, which is based on one of genuineness, unconditional positive regard and empathetic understanding (Truscott, 2010). The therapeutic relationship is seen as central in encouraging insight and is therefore placed at the highest of importance when considering the three parts necessary for change. First, there must be a bond of trust with the therapist, and then there can be change tasks implemented and finally goals can be met (Hiskey, 2012). By using

warmth, accurate empathy, and genuineness, the cognitive therapist appreciates the patient's personal world view yet appreciates that these qualities alone are not sufficient for therapeutic change (Corsini & Wedding, 2014).

The Structure of a Session

From the moment that a patient enters into a cognitive therapy session, the therapist plays a guiding role. Therapists are “teachers” and patients are “students” that learn about the influence of their thoughts and beliefs during therapy. A questioning format is used to facilitate the patient's movement toward greater recognition of areas, issues, and situations that cause difficulty (Caro Gabalda, 2015). Therapy sessions should be structured in duration in order to allow self-reflection on behalf of the client as well as the therapist in order to evaluate if goals have been met or if therapy needs to be altered. This offers a definitive timeline for re-evaluation of the therapeutic method and progress monitoring (Corsini & Wedding, 2014). The absence of any improvement is reason for the therapist to re-evaluate whether he or she has conceptualized the problem accurately, whether he or she is using the appropriate techniques or needs to switch tactics, whether there is some personal problem with him or her as the therapist, or whether a referral to another therapist or another form of treatment might be necessary (Corsini & Wedding, 2014). By having an anticipated end date in mind, this will encourage the therapist to reflect at that time to determine if the therapeutic methods used have been useful and if the client is making progress. The goals of the first interview are to initiate a relationship with the patient, to elicit essential information, and to produce symptom relief. Building a relationship with the patient may begin with questions about feelings and thoughts about

beginning therapy (Corsini & Wedding, 2014). Questioning is a major therapeutic device throughout the therapeutic session. The therapist carefully designs a series of questions to promote new learning. Obtaining answers to such searching questions is facilitated by a relationship of trust and mutual understanding, and “to achieve this, the therapist is attentive, trying to be objective and empathic” (Corsini & Wedding, 2014 p. 251).

Emphasis on the Past, Present and Future

The therapy should focus primarily on issues that are currently maintaining the problem and the present thoughts around the issues. However, past experiences cannot be ignored, but should be examined in terms of how they shape an individual's schemas and how they directly contribute to the client's distress (Corsini & Wedding, 2014). A person's underlying assumptions and schemas are developed in childhood as the child interacts with significant others and encounters a series of situations (Lam & Cheng, 2001). The past then interacts with the present as it sets the stage for the patterns of thinking that develop in adulthood.

Emphasis on Beliefs

Patients should be encouraged to act on what they have learned about their thoughts and beliefs. The major extent of the therapeutic sessions should revolve around the work being done to create cognitive change, therefore altered distorted beliefs. Through introspection, mindful awareness and a process of questioning, patients can become detached observers of their thoughts in order to change their behaviour (Caro Gabalda, 2015).

Emotions and Behaviours and their Relationship to Another

While in the cognitive theory emotions are not given primacy over thoughts, they must be attributed a weight in that they lead to influencing appropriate or inappropriate reactions to certain thoughts. If an individual is able to have control over their emotions, this will in turn lead to more rational and subjective observations of faulty thinking processes (Caro Gabalda, 2015). The reduction in emotional distress may facilitate the client to start questioning the authenticity of their thoughts, as they become more rational and logical in their thinking (Lam & Cheng, 2001).

Change Process

The main aim of the change processes is to modify the dysfunctional thought process. This relates as well to the idea of being a more logical, rational version of ourselves. By establishing more functional thoughts and beliefs, then the sense of self being strengthened in a positive manner. The process of changing dysfunctional thought patterns can be challenging as automatic thoughts have often been formulated via deeply entrenched biases in thinking.

Interventions

The interventions that are most useful are those that will decrease emotional distress by educating the client on how to start questioning the authenticity of their beliefs and develop more rational and logical thinking (Lam & Cheng, 2001). Effective change tasks included those such as role playing, uncover the specific thoughts that are

associated with particular events (Corsini & Wedding, 2014). The process of self-monitoring is extremely valuable in the process of self-reflection by tracking daily events and reactions. Due to the nature of my profession as an educator, I have a strong belief in the role of behaviour observation, as I am accustomed to working with children.

Reflection

I am drawn to the theory of cognitive therapy partly due to theory being based on an educational framework because of my current role as a teacher. I feel that many of the change tasks associated with the cognitive theory are already in my repertoire of strategies that would be within my comfort zone. Throughout the personal reflection process it is evident that there are many practices that I am already incorporating into my interactions with students, parents as well as clients throughout practicum work. I think that developing empathetic and non-judgmental listening and incorporating aspects of the person-centered therapeutic model into the client/therapist relationship would be essential to the success of the therapeutic sessions. I am also drawn to the concrete and goal oriented nature of the cognitive therapy sessions. I think that having detailed logs and recordings of clients thoughts and reactions would offer a tangible method for moving forward in altering detrimental thought processes.

Throughout the weekly reflection process, I was able to see how diverse populations could interpret the role of the therapist in different ways. A therapist that is too aggressive and imposing with their own personal views, would not be well received, in particular if there already exists many different layers of power imbalance between the client and the therapist.

Concluding Remarks

People receive therapy as they would with any form of care, with varying expectations, motivations, presentations and experiences. Effective therapy begins with a positive relationship between the client and the therapist, which is necessary for creating change. The positive relationship however is not sufficient to bring about change on its own and client's problems will change when their thinking changes (Lam & Cheng, 2001). Effective therapy intervention is about helping the client to discover that his/her dysfunctional thoughts. The client will, as a result, experience less emotional distress and be able to experience a more effective problem-solving approach. While there is not just one theory that is perfectly accurate on its own, "through assimilative integration, the beliefs and practices of a preferred theory are not discarded, they are supplemented and augmented by additional ones (Truscott, 2010, p. 163).

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