

Philosophy of Counseling

CSD 5530

October 17, 2005

There are several aspects of an effective counselor. Three of those aspects are thorough knowledge of a specific theoretical orientation, excellent use of counseling skills and personal history. This paper attempts to answer three questions: what is my theory of counseling, what helps or hinders effective therapy, and what influences in my life have led me to a career in counseling.

One of my philosophies of life is that although circumstances cannot always be controlled, people can control their responses to those circumstances. For example, there is little a person can do if someone else collides with their car, but they can control the way that they respond to that situation. Not only can people control their actions, but they are responsible for those actions no matter how unfortunate the circumstance may be. Another of my philosophies is that while we are all affected by our past, our past does not have to determine who we are. Nearly everyone is capable of change, and can learn new thought and behavior patterns if previously learned patterns are ineffective. Therefore, my approach to counseling tends to be cognitive. Specifically, I prefer and would like to become proficient in reality therapy.

Reality therapy is appealing to me because it emphasizes choice and responsibility, but within the confines of a warm and caring relationship with the counselor. I think that all client-counselor relationships should be based on the Rogerian principles of positive regard and empathy. Without a caring relationship, trust is not established. A foundation of trust is necessary for the client to be able to accept the potential confrontation of the counselor, and to believe that the counselor has the well-being of the client at heart.

I also prefer reality therapy because it is directional and concrete (Gladding, p. 223). Progress can be measured, and clients can be moved toward more workable ways of dealing with the

world. It can be used successfully with a wide variety of clients, and is appropriate for difficult clients as well. It also addresses self-talk, which I believe to be a critical aspect of therapy.

Reality therapists use their own personalities in therapy, employing humor and confrontation as they interact with their clients (Ivey, p. 220). The counselor's goal is to aid the client in identifying thought and behavior patterns, and to develop new approaches. I use humor and confrontation in dealing with people in everyday situations. I would like to use those two strengths in more intentional and concrete ways.

Therapy seems to be most effective when based on a warmly genuine and caring relationship. Rapport is built through empathy, which is demonstrated through active listening skills, attentiveness, non-verbal cues, patience, and consistency. Respect and acceptance are vital aspects of the client-counselor relationship. A safe environment is necessary for therapy to be effective. The physical location where therapy takes place is more conducive to therapy when it is private, secure and comfortable. Gathering information such as why the client is there, family situations, and identifying internal and external resources is another step toward effective therapy. In addition, goal-setting is a useful tool to give direction to the counseling process and to measure progress.

Effective therapy occurs when the therapist knows their theoretical orientation very well. The counselor is also required to be familiar with techniques from several orientations, in order to be prepared for most any client in most any circumstance. When the client is able to apply skills that they have learned without counselor intervention and no longer needs therapy, the counselor has been effective.

Hindrances to effective therapy include poor counselor listening skills, such as interrupting, excessive self-disclosure, non-verbal expressions of lack of interest, poor restatements and

reflections, and poor eye contact. Lack of respect for the client will also quash rapport.

Condescending, superior, or judgmental attitudes on the part of the counselor will certainly affect the outcome of therapy. Transference and counter-transference may interfere with therapy. The client's lack of trust could be an issue, as well as the client's fear of confidentiality being broken.

Other hindrances to therapy include mandated counseling. Clients in these situations may not want to be there, may distrust the counselor, and therefore, be unwilling to make psychological contact. Also, dual relationships between the counselor and client may present a problem.

Therapy may also be hindered by limited insurance coverage, or limitations on the number of visits allowed by either health maintenance organizations or the agency by which the counselor is employed.

When I completed my Bachelor's degree in Psychology 22 years ago, I wanted to earn a graduate degree in order to work with families. The divorce rate was soaring, and I hoped to be able to help keep some families together, and to help children to deal with the trauma of difficult family situations. However, I had a newborn and decided that caring for him was my priority. Two more children came along and now that the youngest one is in high school, I am again able to pursue my goal. I have loved having my children and their friends in the house. My youngest child will be graduating from high school in two years and I now have the great privilege of building the life that I want and doing what I want to do.

About a year ago, I was seriously considering applying to the program. However, I had my doubts about my abilities to be academically successful after so long away from school. I also wondered if a person of 47 years should take a coveted place in the Counseling and Student Development program, as I would only be able to contribute 20 or so years of work once I graduated.

My 16-year old son had a best friend who had virtually become a part of our family, going on a vacation with us and spending hours in our home. We all came to love him. Almost exactly one year ago, his mother left him and his father to move in with a man in a different state. The boy was, of course, devastated. All we could do was to be there for him and care for him. Over the next few months, he cycled through anger, blame, and denial. I decided that if there was any way that I could learn to help prevent that sort of pain, or learn to help others deal with severe emotional pain, I would do so.

Three weeks after the young man's mother left him, my mother died very unexpectedly. I was the first one in my family to go to college, and my mother had always wanted me to pursue a graduate degree (medical school, actually). In the fog following her death I followed through on submitting my application, although my doubts were even stronger. However, by the time I interviewed in March of 2005, I was sure that this was what I wanted to do, and ready to work hard to achieve it.

Despite the numerous mistakes I have made in my own life, and maybe because of them, I hope to be able to assist others through hard places in their lives. I have a passion to help people find new ways to approach their lives and new strategies to make good decisions. I also have some strengths which I hope to channel and train toward that end. My goal is to work in Community Mental Health or with behavior disorder adolescents, or in another setting which services primarily underprivileged and/or dysfunctional individuals and families.

Another of my life philosophies is that if I have plenty and others have need, I have an obligation to share with them. I apply this monetarily to some extent. I think it applies to emotional health as well. I am excited to share what I have learned with those who have not yet had the opportunity to learn it.

References

Gladding, S. T., (2004). *Counseling A Comprehensive Profession*. (5th ed.). Upper Saddle River, New Jersey: Pearson Prentice Hall.

Ivey, A. E., D'Andrea, M. D., Ivey, M. B., Simek-Morgan, L. (2002). *Theories of Counseling And Psychotherapy*. (5th ed.). Boston, MA: Pearson.