

Benchmark Theoretical Approach to Counseling Assignment

Annalise Shaffer

Department of Counselor Education & Family Studies, Liberty University

Author Note

Annalise B. Shaffer

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Annalise B. Giordano

Email: agiordano2@liberty.edu

Introduction

Within the counseling field, professionals are often asked the questions “What do you do?” As I have learned thus far within this graduate degree program, and especially this particular course, there is no concrete answer. There are various factors that impact how a counselor operates and conducts his or her work. Alignment with theoretical frameworks and congruences within the counselor’s personal life- childhood, relationships, experiences, environment, religious beliefs, values, and morals- all play a role in not only the professional goals determined, but also how the goals are achieved. Personally, I align most with the Cognitive-Behavioral Therapy (CBT) theoretical framework due to common similarities between the key principles of CBT and my views on inherent human nature, personal background, relationships, and overarching beliefs in terms of basic lifestyle and professional principles.

Human Nature and Change

Compared to the numerous alternative theories of counseling I have gained knowledge about through the course of this semester, CBT is the one that is most similar to my own beliefs about human nature and the psychology of mankind. CBT is heavily based on the assumption that humans react based on their subjective perceptions and assessments (Corey, 2020). Within this theoretical framework, humans are believed to act in such a way that aligns with how they emotionally and cognitively process information (Woud & Hofmann, 2023). Simply put, an individual’s thoughts, feelings, and behaviors are interconnected and have significant effects on one another. To facilitate change, CBT heavily relies on altering thought patterns, which in turn can change emotions and behaviors (Woud & Hofmann, 2023). Effective change is rooted in understanding and adjusting our core beliefs to create a better future for oneself (Dollarhide & Lemberger-Truelove, 2018).

For me, I am a very strong proponent of the viewpoint that people are capable of creating a better future for themselves. This does not mean that one has to take on this challenge alone, as this is where the role of the counselor comes in. However, I am very aware of the subjective nature of human emotions, and CBT highlights this idea. Two people can experience the same event in very different ways- neither of which are correct nor incorrect. I also believe that there are times where emotions can be misleading, which also can lead to the formulation of destructive thinking patterns and dysfunction in various aspects of life. I admire the idea that an individual can change the course of his or her life by becoming more cognitively aware, practicing metacognition, and learning more about their feelings and motivations. When it comes to change, I feel as though it is empowering to allow an individual to be their own agent of change. I believe that we all have choices in life, and choosing to foster positive change is one of them.

Personal Background

Beyond my overarching viewpoint on human nature and the human experience, my own personal background influences my theoretical preference as well. There are numerous elements and dynamics that are solely unique to who I am that shape my alignment with the beliefs and overarching goals of CBT. From early on in life, the premise of hard work was instilled in me. I have a strong tendency to seek perfection and do my best. CBT, though heavily utilized in various settings, is not always an easy process. Training your mind to interrupt and replace cognitive patterns requires dedication, as it is not something that happens overnight. CBT is impacted by factor such as client receptivity and willingness to make the necessary life changes (Dollarhide & Lemberger-Truelove, 2018). Because it has been instilled me in that we must work hard for what we desire, CBT makes logical sense to me. Related to this belief, another large factor that influences my alignment with this particular theoretical framework is my personal experience with

CBT in the role of the client. In high school, I struggled to control my levels of anxiety, most of which was stemming from intrusive and unhealthy thoughts, which then translated into unhealthy behaviors. I have firsthand experience in how effective CBT can be when it is taken seriously, so I think I am heavily swayed due to this personal connection as well.

Relationship Building and Assessment

The therapeutic relationship dictates a lot about the counseling process in any theoretical framework. Specifically, within the realm of CBT, the therapeutic relationship is an integral part of the therapeutic process and lays the foundation for what the counseling experience and therapeutic alliance develops into (Okamoto et al., 2019). To establish a positive therapeutic relationship per a CBT-framed approach, I would aim to create a collaborative, open environment. While it is my role as the professional to help the client, I would also take on the viewpoint that he or she is the expert on his or her own life. By allowing the client to really take the lead, he or she may feel a sense of meaningful autonomy. I would make my main focus fostering encouragement.

After a therapeutic relationship has been established and sessions have been completed, it is my job to assess client needs and therapeutic progress. To do this successfully, a variety of techniques can be utilized. Examples include the degree of success in regard to completion of in-between session homework, Socratic dialogue, and analysis of the client's internal dialogue as well as the cycle of thoughts, emotions, and behaviors. There may be times where out-of-session homework may be viewed as distressing or challenging (Okamoto et al., 2019). When a client progresses, he or she may be more open to completing "assignments." The use of Socratic dialogue allows the professional to understand the client, assist in exploring change, and facilitating discovery (Okamoto et al., 2019). This closely ties into the relation between one's thoughts, emotions, and behavior. Through assessing how the client has been dealing with particular

situations, it would allow me to recognize where he or she is in terms of debunking and replacing irrational thoughts.

The mention of irrational thoughts is also related to wellness and prevention. The core belief in the ability to alter a client's cognitive patterns in order to create positive change is the foundational premise for CBT. As a professional working within this realm and following this belief, I would help the client discover ways in which they would like to change, set realistic goals, and work together to come up with a plan of action. Through relevant techniques like open-ended questions, paraphrasing, and reflection, clients are encouraged to widen, shift, and evaluate their cognitive patterns. Through collaboration, the client learns to create more adaptive and accurate thoughts (Okamoto et al., 2019). As a result, the client has the potential to adopt a more positive emotional response, which thus promotes wellness and healthy behaviors.

Psychopathology is associated with thinking patterns and the associated behaviors in an individual. While CBT has been used to mediate a number of mental health issues like eating disorders, depression, and anxiety, limitations in discussing psychopathology and creating measurable outcomes do exist. CBT relies on the supposition that the client can and freely will attempt to understand their own thoughts, feelings, and behaviors. Because of this, CBT may not be appropriate for clients who suffer from severe cognitive or developmental disabilities or those who have complex mental health issues (Dollarhide & Lemberger-Truelove, 2018). Another limitation of CBT in regard to psychopathology is CBT is aimed at what the client can control (Dollarhide & Lemberger-Truelove, 2018). While CBT can be helpful in mitigating symptoms, it ultimately cannot alter chemical imbalances in the brain or the actions of other people. The client's personality will also play a large factor in how measurably successful treatment is, as there is an association between personality factors and psychopathology (Sauer-Zavala et al., 2022). Due to

the complexities of factors such as mental health issues, the client's ability to understand, and client personality, measurable outcomes may not always be attainable within this framework. Beyond this, the integration of practices aiming to alter personality within CBT is limited (Sauer-Zavala et al., 2022).

Ethical & Biblical Principles

When implementing any type of theoretical framework and working within the counseling industry, ethics is of the utmost concern. While theories vary in how and what professionals do within sessions, the ethical standards remain the same. For CBT specifically, client autonomy and well-being must remain at the forefront of the counselor's mind. Transference and countertransference are closely related to client well-being and independence. Transference affects the client's view of the counselor and countertransference affects the counselor's view of the client. If the counselor does not regularly monitor and address instances of transference and countertransference, the therapeutic relationship may begin to deteriorate, which leads to blocks in therapy (Prasko et al., 2022). When the therapeutic relationship is unstable, the foundation of the framework falls- which ultimately puts the client at risk and goes against the "do no harm" ethical guideline.

My duty to uphold the ethical codes, my connection with CBT, and my personal beliefs all play a role in how I choose to approach and navigate my individual and professional life. Aspects of all three realms overlap, which leads to a blend between my personal theoretical orientation and my Christian values. CBT heavily holds the belief that a person can change for the better with guidance in how to implement healthy lifestyle changes. For me, my beliefs as a Christian are built on the same premise. I believe that we are all born sinful and imperfect. We are bound to make mistakes and make choices that do not work towards our benefit or the benefit of others. Jesus,

however, fills the role of being a provider, guider, healer, and friend. In a sense, this is the principles of CBT with slight differences and on an exceedingly magnified scale. There is a close relationship between CBT and the Biblical principles of courage, humility, community, and integrity.

Speaking on Biblical principles, there are a number of ways to integrate them into practice as a counselor. As long as the inclusion is in alignment with the wishes of the client, it can be both ethical and feasible (De Abreu Costa & Moreira-Almeida, 2021). Within CBT specifically, integration can be successfully accomplished through the inclusion of religious content- such as scriptures from the Bible- and engagement in religious activities such as prayer (De Abreu Costa & Moreira-Almeida, 2021). Through this incorporation, clients may learn to reconstruct their cognitive connections and beliefs. The integration of spiritual and religious beliefs as well as Biblical principles can offer more resources to not only me as the professional, but also the client.

Conclusion

Overall, it can be understood how and why I personally align the most with the theoretical framework of CBT. The overlaps and similarities between CBT foundational principles and my individualized views on human nature, my background and experiences, relationships, adherence to ethical principles, and belief in Biblical principles all influence my choice to complete an in-depth analysis of my personal and professional style of counseling as well as it's hypothetical implementation. The analysis of solely one theory is a first step to becoming an integrative counselor, which is one goal I have set for my future professional career.

References

- Corey, G. (2020). *Theory and practice of counseling and psychotherapy, enhanced*. Cengage Learning.
- De Abreu Costa, M., & Moreira-Almeida, A. (2021). Religion-Adapted Cognitive Behavioral Therapy: A review and description of techniques. *Journal of Religion and Health*, 1-24. <https://doi.org/10.1007/s10943-021-01345-z>
- Dollarhide, C. T., & Lemberger-Truelove, M. E. (Eds.). (2018). *Theories of school counseling for the 21st century*. Oxford University Press, Incorporated.
- Okamoto, A., Dattilio, F. M., Dobson, K. S., & Kazantzis, N. (2019). The therapeutic relationship in cognitive-behavioral therapy: Essential features and common challenges. *Practice Innovations*, 4(2), 112–123. <https://doi.org/10.1037/pri0000088>
- Prasko, J., Ociskova, M., Vanek, J., Burkauskas, J., Slepecky, M., Bite, I., Krone, I., Sollar, T., & Juskiene, A. (2022). Managing transference and countertransference in cognitive behavioral supervision: Theoretical framework and clinical application. *Psychology Research and Behavior Management*, 15, 2129–2155. <https://doi.org/10.2147/PRBM.S369294>
- Sauer-Zavala, S., Southward, M. W., & Semcho, S. A. (2022). Integrating and differentiating personality and psychopathology in cognitive behavioral therapy. *Journal of Personality*, 90(1), 89-102. <https://doi.org/10.1111/jopy.12602>
- Woud, M. L., & Hofmann, S. G. (2023). Changing Biased Interpretations in CBT: A Brief History and Overview. In *Interpretational Processing Biases in Emotional Psychopathology: From Experimental Investigation to Clinical Practice* (pp. 229-245). Springer International Publishing. https://doi.org/10.1007/978-3-031-23650-1_12