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Unit 1 Essays - Introduction

1. Corey was right. Taking in all of the different counseling methods is staggering, particularly since there are 11 of them! Some I had difficulty wrapping my mind around, while there were others that were easily understood and appealing. I will start with the latter.

I agreed mostly with **Family systems therapy**, since I grew up in a close-knit household, I am raising a family and have been working with children for over thirty years. There are two common sayings that come to mind when understanding this method and they are, “Children learn what they live,” and “You are a product of your environment.”

At the beginning of the school year during drop off and pick up outside of Our Lady Queen of Angels Catholic school, I watch carefully to see how students interact with their parents; how they take directives. This way, I am guaranteed to know how they will follow classroom rules. Family systems therapy explains that the client is assisted with change through understanding his/her family dynamic.

I am familiar with **Behavior therapy**, having studied Childhood Education. Bandura and Skinner were regular names I heard in class, and this theory says that negative behavior is learned, but can be changed through the same process.

Adlerian, Person-centered, Existential, Choice theory/Reality and **Gestalt therapies** put the client in control of his/her emotional wellbeing. I appreciate these approaches because the

therapist helps to empower the individual and supplies them with tools to good mental health long after they leave their care.

Psychoanalytic therapy may have some merit to its practice, in that the therapist is mindful of the client's past with regard to the first six years of their life. From birth to six, I think are what most consider the foundational years. Personalities are shaped during that time, so to understand it would be helpful to the therapeutic process. The problem I have with this method is that some people may not remember what happened at six years old or have anyone to help them recall it. At fifty, I cannot remember what occurred during that time, nor can I find records and those who may recall have died.

Cognitive Behavior therapy or **CBT**, as I remember from past sessions of my own, is said to pinpoint ill thinking and oppose them by teaching a series of self-help approaches.

The title, "**Feminist therapy**," might cause alarm for alphas and subservient women. But, it is needed in society today to encourage single moms and to bring about better self-esteem in all women.

Postmodern approaches seem unsettling and lacking one, simple truth to glean from for emotional health.

2. I felt sorry for Stan. He had a tough life. The constant alcohol consumption is a relief from emotional pain, too much thinking and the talk of suicide is a cry for concern. I do not think that he really thinks his life is a total waste because he's doing something meaningful with it by working and going to school. He is just lonely and wary of people. After all, he was maltreated by his parents, did not have a good relationship with his siblings, ended up marrying a woman who treated him like his mother treated his father, but he got divorced. To top it all off, he does

not know God. So, he has no one to comfort him and no faith to believe that he was created for a unique purpose in life.

If I were Stan's therapist, I would accentuate the good things in his life first. Set a positive atmosphere. Then, we would address the issue of his suicidal thoughts. I believe that he talks about suicide because he wants to see who really cares about him, so I will assure him that I am concerned about his life, safety, and I am interested to see where his college education will take him. So, I would offer information to a suicide hotline in the event that he has more negative thoughts in our absence, and give him the space to unpack anything else he would like to share. A sincere, therapeutic relationship needs to be established between Stan and I, so he will talk and I will listen. At the close of our session will be the time to set goals for his care. So, I will ask questions like, "How can we work together to help you through this difficult time?" and "What do you hope to gain from our sessions?" He can answer at that moment or write them down for our session. This will give him something to look forward to, assure him that he has someone in his life who wants to hear what he has to say and wants to see him progress.

3. It was hard for me to get through Gwen's story without tearing up because a few aspects of her life were similar to my own. All of her life, she was someone's caregiver. As a child, she took on the responsibilities of a parent after her parents divorced. As a mother of three, she continued to help her adult children whenever they needed her. She had a marital relationship with a husband that she described as "supportive," as opposed to "loving," had to attend to a sickly, elderly mother and at work, the innate strength that kept her pushing through life and caring for others was undervalued. Of course she was tired! Even a Mac truck needs regular refillings of fuel. She was emotionally and physically spent. Thank God, she was a believer, had a pastor to listen and to supply her with resources for psychological care.

As her counselor, I would let her talk about whatever she wants to with me. I have noticed that most caregivers are good listeners. Those they listen to appreciate the ear, but very few recognize that we want to be heard too. When she has emptied herself of thoughts, she and I would talk about what self care means, how important it is to set up space in her life for it and various ways to do so. We would pray together for God to show her how to care for herself as she cares for others.

4._1_ 1. I am concerned that my anxiety will keep me immobilized, and that I will be very passive as a counselor, lest I make mistakes.

2 2. I fear that I will be so concerned about being appropriate that I will forget to be myself.

1 3. I might say too much about myself, and in doing so I will burden the client and also take the focus off of him or her and put it on myself.

2 4. I think that I should be pretty near perfect, and that if I blunder I could really mess up my client.

3 5. I wonder about how honest I should be with a client.

3 6. I will feel threatened during moments of silence, thinking that I am expected to do or say something.

1 7. It will be difficult for me to deal with demanding clients.

1 8. I will feel helpless with clients who are not committed to working or with 31 involuntary clients.

1 9. I will probably demand instant results as a way of avoiding getting discouraged.

2 10. I have an expectation that I should be able to help every client.

2 11. I anticipate I will worry a lot about whether I am intervening appropriately.

__4_ 12. I worry that I might over-identify with certain clients to the extent that I will take their problems on as my own.

__2_ 13. I think that I might be inclined to give too much advice.

__2_ 14. I can see myself trying to persuade clients to value what I value.

__2_ 15. I have trouble deciding how much responsibility is mine and how much is my client's.

__1_ 16. I have real doubts about my ability to help someone who is in a crisis.

__3_ 17. I worry that I lack the knowledge and skills to meet the needs of clients from diverse cultures.

__1_ 18. A concern of mine is that I will get burned out.

__1_ 19. I am concerned about giving everything I have and then not getting any appreciation in return.

__2_ 20. I wonder if I can do what I believe is important as a counselor and still work within the system.

As a beginning counselor, I think that I will be nervous about choosing the most effective method of psychotherapy for the client. But, I am a people person, so making the most hostile person comfortable will not be a problem. Actively listening is important to every counselor/client relationship and easy for me to do, too. But, I am empathetic to a fault, so I will probably need a seasoned Christian therapist to visit regularly for the purpose of releasing concerns and tips to better counsel my clients.

Reference

Corey, G. (2013). *Theory and practice of counseling and psychotherapy* (9th ed). Brooks/Cole Cengage.

