

1. Several contemporary counseling models aligned with specific psychological theories and techniques are available to assist the counselor in work to increase the client's awareness and the impact their thoughts, emotions and/or behaviors have on the quality of their lives. Therapy approaches fall into three categories: psychodynamic, cognitive behavioral and systems and postmodern. Therapies offer a complex, nuanced set of tools, principles and techniques the counselor can use that best fit(s) each client and their presenting problem(s). Below is an overview of each therapeutic model and my comments about it, followed by a summary of the model which I most agree with, most disagree with, and my rationale.

Sigmund Freud and Alfred Adler are credited with the psychodynamic approach and therapy models. Freud's psychoanalytic approach focuses on personality development, primarily formed the first 6 years of life, and psychotherapy to engage the *unconscious* mind to determine motivations of behavior and the growth in personality and behavior throughout life. Adler, and later Rudolf Dreikurs, developed Adlerian therapy based on the premise that each person is capable and responsible of their *conscious* thought, behavior and action and for determining their life purpose, meaning and goals. While being aware of our unconscious mind and motivations is important, my belief is living in the present moment and the conscious mind is all that matters.

A new category of therapy emerged called experiential and relationship-oriented, further refined into 3 therapies: existential, person-centered and Gestalt. Viktor Frankl, Rollo May and Irvin Yalom introduced existential therapy described as a philosophy of counseling less prescriptive in technique given the subjective nature of humankind and the client's individual response to life through active choice, freedom and perseverance and what appears a growing need for relationship between client and counselor. Next, person-centered therapy, founded by Carl Rogers and furthered by Natalie Rogers, emerged the expanded the belief in the client's capabilities and ownership to resolve their problems and issues, and this model focused on the quality of counseling outcome is related to the client-counselor relationship and support of the client's self-direction. Taken further, Gestalt therapy, founded by Fritz and Laura Perls, and expanded by Miriam and Erving Polster, focuses on collaborative therapy through experimentation with each client to improve awareness in the present experience and integration

of heart, mind and body, and the quality of outcomes is a product of the therapeutic relationship directly connected, but a step behind the client's lead. They find change happens through tapping into the emotional center of the person. The Gestalt model appeals to me because there is a genuineness and truth discovered in allowing the heart to speak before the ego and/or the body.

Cognitive behavioral approaches, referred to as action-oriented therapies, focus on behavior, thoughts and action. The approach includes the following therapies: behavior, cognitive behavior, rational/emotive behavior and choice theory/reality. Choice/reality therapy is the work of William Glasser and Robert Wubbolding, is short-term and aims to expand the client's capability to notice present behaviors and change them. Behavior therapy focuses the client to own the behavior and do work of the changed behavior. Rational emotive and cognitive therapies involve the counselor expanding the client's awareness in thinking by helping the client notice and ground often inaccurate assertions, deter amygdala hijacks and stop impulsive behavior. I am interested to learn the distinctions between these models as they seem similar.

Systems and postmodern approaches include feminist therapy which explores the psychological oppression of women and impact on the client's identity, self-concept and emotional well-being. I am curious to learn of the efficacy and healing outcomes for clients who suffered trauma, loss and grief associated with being a victim of abuse, violence or crime or their prevention.

Postmodern approaches include solution-focused brief therapy, narrative therapy and social constructionism therapy which assume no single truth and that the client knows best his/her life. I lean towards action, performance and a belief in others to own their outcomes and lives, so this therapy interests me.

Family therapy takes a systemic approach and belief that to change an individual it is necessary to understand the marriage and family. Because I plan to become a Marriage and Family Therapist, Bowen and Satir's work interests me.

In summary, the field and process and people of counseling are dynamic and organic, so a one-size fits all approach and model seems short-sighted. Understanding the client, their presenting problems and aligning the client with a specific therapy at a specific time in the counseling

process based on evidence-based research and findings is important to me. I lean toward Gestalt, Solution-Focused and Emotive Cognitive Behavior Therapy in Marriage and Family therapy as my belief is the soul and heart of each person is where the motivation to change, grow, develop and transform resides.

2. Stan seems to have low self-esteem, self-image and self-confidence. He second guesses just about everything he says and feels. My sense is he grew up in a home where there was little love and attention, and perhaps abuse and/or neglect and/or substance abuse and addiction. He seems emotionally unaware of himself and speaks in generalities. In counseling Stan, I would seek to offer him encouragement to be honest and dig deeper in telling me his story and to challenge him to explore his thoughts, emotions and behaviors with specific examples and situations or memories that trigger him and equipping him with new awareness and self-discovery and ways to manage through his fears. The primary initial focus would be to suggest a sobriety pledge to allow him to begin to discover and understand himself rather than escape from reality. I would encourage him to seek an AA group in addition to our counseling sessions.

Getting to know Stan, his family of origin by creating a genogram that includes learning about the family's spirituality, religion, addiction, abuse, neglect and relational closeness will be important. I want to know about his fear with women- when did it start, history of relationships, what he believes are the causes and how is it related to his present life. I want to know about his relationship status, where he lives, with whom he lives and how he describes himself, his interests, what he remembers about his favorite summer or activities.

Who are his best friends? How often do they get together? What do they do?

Understanding Stan's faith, and if he is a Christian, the depth of his belief and trust in taking his fears to God is important to guiding him through counseling and his sobriety with AA. Does he worship, attend Small Groups, Bible Study, Young Adult Campus Groups?

3. Gwen appears to suffer from burnout which has grown to anxiety and depression caused by mental stress, now manifested into a physical, chronic condition. Like many high-achieving, responsible oldest children, she is a sister, daughter, wife, mother and educated, full-time

professional working in a stressful, uncaring work environment and role. She is trying to hold it all together.

She may suffer from low self-regard for not having healed from the molestation she suffered. She takes on too much, helping her mother who lives with her and her adult children who live outside the home, and all of this help is to her detriment. In counseling, I would focus on her self-care. Beginning to ask about what she wants to do versus what she feels she must do. Work to allow her to pause and consider and understand her level of self-regard and self-compassion would provide her an opening to perhaps see where her brokenness is keeping her stuck.

Based on her needs, I would discuss and encourage her to consider a collaborative healthcare team approach between her medical physician, her and me. I would provide her the medical release authorization of records forms to assure she receives the best care we together can provide her.

I am curious to understand her support systems, delegation to siblings, support from social agencies for her mother's care. Is she aware of the family and medical leave of absence law and employer policy and short-term disability benefits she may be eligible to receive from her employer?

My counseling focus would next be on self-compassion and healthy boundaries. How does Gwen feel about herself? When was she molested? What happened? Who knows about it? What are a few words she feels describe how she feels about what happened to her? How old was she when it happened? What would justice look like? How does she think God feels for her? I would assure her it was not her fault. I would ask her what she, if anything, she wants to do about it?

She believes in God, and I would explore the depth of her belief in His eternal love for her. I am curious about how much she trusts God loves her unconditionally? Trusts God to provide for her needs, in His perfect timing?

Affirming her, her work ethic, her duty to others, her love and sacrificial love for others will be important for her to keep hearing so she may start believing she is enough.

4. Self-Inventory of Major Concerns as a Beginning Counselor

My fears in becoming a Marriage and Family Therapist, and how I might manage them, include being mindful of burnout. By practicing self-care, seeing a counselor and setting daily goals and practices for restoration, I plan to transition with more needed support for managing in this new more personal career. I have experience with managing demanding clients, including a few executives as a consultant, and find clearly communicated terms and conditions helps as do healthy boundaries, which I continue to read about in books and put into practice new ways of interacting and behaving that do work. In the past, I have helped my coaching clients reach their stated goals, yet, this more difficult work of marriage and family therapy, I believe I must accept the truth that I may not be able to help every client achieve what they desire as a marriage and family therapist. Sure, it is difficult to coach a client through to the search to a new job offer, success in a new role and promotion or leadership of a large division through change at a publicly traded company. Yet, the work of marriage and family I believe is more emotionally charged and difficult to heal and change than in work settings. I believe this work requires God to help me rely on Him and accept that I cannot alone help every client receive the hope, love, joy and peace they seek in marriage and family. I often wonder why these relationships are harder than the ones in the workplace, but they are, and God designed it to be this way.

My confidence in these other areas come from my faith and former experience. I believe the Holy Spirit guides me and encourages me to learn and use God's provisions and purpose for my life. I believe He prepared me with the experience of being an organizational leadership coach for 10 years and a human resources leader for 15 years which allows me to serve Him and others in a deeper, more purposeful and Biblical way. Coaching shares with counseling the experience of the inner work of walking alongside people and equipping them with knowledge, abilities and awareness to move forward, and the profound impact and realization of our own imperfections and mistakes. Human Resources provided me the experience of developing and training others in leadership, group dynamics, communication, conflict management and aligned values, goals and vision. For the enrichment work of marriage, pre-marital and family work, I feel the Lord has

prepared me. And, like coaching, I will often be looking at a reflection of my own sins and mistakes, in the work of serving others.

Part 2: Please select ONLY 2

5. A client who has not questioned her religious beliefs

Brenda's counseling would begin with her sharing more about herself and her world including her geographical, educational, vocational, familial and cultural history. I would begin by asking her to complete a written, in-take questionnaire which includes voluntary questions related to her context: spiritual practices, religious affiliation, rituals, beliefs, worldviews. I would spend time assuring her these conflicts of establishing the self in young adulthood, as well as independence, are found in both human development and spiritual development. Sharing the body of work in this area will increase her awareness that these questions and conflicts occur at this stage of life and family life.

I would focus next on her family of origin, where she was born, her birth order, relationship closeness and her extended family, how religion is practiced and viewed. This would allow deeper insight to her beliefs, culture and context. I would explain and create her family genogram, including her family's religious affiliation, traditions and beliefs as well as explore family conflict and beliefs and the sacred text she uses.

Brenda's stage of spiritual development and stage of individual development has a significance in her life. I would ask questions to understand her awareness of spiritual development and human development and invite her to consider a confidential free on-line spiritual development assessment as a way to open discussion about spiritual development and human development.

To better understand her fears about moving from home, I would ask her to name the fear and its intensity. Next, we would move on to discussing the worst conflict she experienced with her parents. I would work to better understand the guilt she feels: where does it come from, is it related to what is said by her parents, unsaid by her parents, past family problems or grief or death or loss or trauma or is it due to barriers in language or culture or religious beliefs or

expectations? Lastly, I would want to understand her cultural context, and the tactics or her situation with employment, financial resources, education and steps she could take to prepare her for more financial and independent living.

I do not expect my religious values to conflict with Brenda because I believe as a counselor, my role is to meet her where she is, regardless of her religion, beliefs, culture or context. I must bracket my beliefs, context, culture and religion. I am a Counselor, not a Pastor, Theologian or Spiritual Director, so issues related to religious or spiritual domains may be best addressed by a referral to someone who is qualified to assist her.

I am curious about Brenda's religious affiliation and beliefs. As a Christian I might ask her which specific scripture passages, the teaching of her clergy or beliefs her parents have, or her tradition and culture.

9. A woman who wants her marriage and her affair

Loretta and Bart come to you for marriage counseling. In the first session you see them as a couple. Loretta says that she can't keep going on the way they have been for the past several years. She tells you that she would very much like to work out a new relationship with him. He says that he does not want a divorce and is willing to give counseling his "best shot." Loretta comes to the following session alone because Bart had to work overtime. She tells you that she has been having an affair for two years and hasn't yet mustered up the courage to leave Bart for this other man, who is single and is pressuring her to make a decision. She relates that she feels very discouraged about the possibility of anything changing for the better in her marriage. She would, however, like to come in for some sessions with Bart because she doesn't want to hurt him.

As a Marriage and Family Therapist, I believe it important to share on the in-take call and/or session that my view is the relationship is the client, not the individuals. I would clearly state my expectations and ground rules that I am committed to working for their relationship. For this

reason, I do not meet separately, communicate separately, nor treat separately. I encourage honesty, full disclosure as well as ownership and acceptance, empathic listening, healing, forgiveness, and reconciliation.

No, I would not be able to work with Loretta or Bart if either were to expect me to allow them to continue an affair and dishonesty. Without honesty there is no trust. Without trust there is no real relationship. I do believe in the power of forgiveness and reconciliation. We are all sinners, whether we sin through affairs or ambition or anything that puts marriage and our spouse in a place behind ourselves, it's all the same - a need for more selflessness.

My views on extramarital affairs had been much tougher until the Lord helped me see that pride and ego prevent each of us from owning sin and accepting our part in our broken relationships and the possible path to try healing, forgiving and reconciling before separating and divorcing.

Yes, I would encourage Loretta to tell Bart the truth. Doing so, she shows ownership and acceptance of her actions. It may force her to sort out her feelings, and face telling him rather than triangulating with an affair and now a counselor. Is Bart triangulating with his work and hours?

About the other man - I am curious to understand through Loretta's filter - when did it start, how did they meet, how it progresses, does he know her husband, her to tell me about his history and life, describe the pressure and reasons she is told to tell Bart, does she love Bart, what she values about her life, what she is willing to sever and never return to, where she sees herself in 3, 5, 10 years?