My Theoretical Perspective as a School Counselor

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**Introduction**

One of the most interesting aspects of being a counselor is developing my own theoretical orientation. There are multiple types of therapy used in counseling, ranging from psychodynamic therapy to feminist therapy. However, as a school counselor, I will use a mix of different therapies, which is often referred to as eclectic. For instance, depending on the situation, I may use a combination of solution-focused brief therapy (SFBT), cognitive behavioral therapy (CBT), and person-centered therapy. However, I will primarily use solution-focused therapy. In this paper, I will also discuss my view of human nature, the way I view people’s problems, my view of how people change, and my theory in practice. Further, I will describe, in detail, the role of the counselor (myself).

**View of Human Nature**

My view of human nature is that people are born innately good, following more of a humanistic psychology approach. I believe that one’s environment plays a large role in determining their personality and their reactions to the issues that surround them. It is my belief that people are socialized to react in certain ways to problems that present themselves in their lives. An individual’s response to adversity helps determine how to help the person in counseling. I also believe that one’s environment strongly affects them in growing up and affects their overall mental functioning, which is shown by an individual’s response to changes in their environment. For example, if a child is raised in an environment where showing their emotions is considered to be negative, they often will not understand how and where to properly show emotions. I see this often throughout my sessions in the school with children. Another example of how one’s environment can affect their overall mental health is how they react to major life changes, such as moving to college.

My view of human nature is most similar to Person-Centered Therapy. Carl Rogers believed that if a counselor could get to the core of a person, they would find a positive center. Rogers believed that the client themselves had the power to grow in counseling through their trust in the therapeutic relationship. The therapist creates this relationship in three ways: congruence, unconditional positive regard, and accurate empathic understanding. Building a positive relationship helps the client develop positive relationships with others around them and helps them understand their own world (Corey, 2013). I agree with Rogers because I think building a healthy, positive relationship with the student is essential to my sessions and helps the children trust me with what is going on in their lives. The role of the counselor in these situations is to build that trust so that the student can start working alongside the counselor to resolve their struggles.

**The Nature of Problem**

People develop their own personal tendencies and unique personality traits through experience and the environments they grow up in. I, personally, do not believe that one’s problems come from one place and that a solution could be easily found. In our society there are many different factors that could affect someone, ranging from gender, race, socioeconomic status, geographic location, or the type of school that they attend. I think that small environmental factors in a person’s life have a lot more to do with their mental functioning and how they develop problems/ineffective functioning than biological factors. I also believe that a stronger stressor can cause a person to have a stronger psychological break and can be the root of therapeutic need. However, even with my emphasis on the environment, I do believe that it takes a genetic component for a person to have a mental breakdown and be diagnosed with mental disorders. I think environmental factors affect the most common problems that I will see with children in schools, but I believe the issues that the clinical students will see have a more genetic component to them.

I also believe that people develop problems and ineffective functioning when they follow their own irrational beliefs. This is most similar to the ideas of cognitive-behavioral therapists, specifically rational emotive behavior therapists (REBT). Albert Ellis believed that irrational beliefs cause emotional distress and that they are learned from significant others in childhood (Corey, 2013). This follows closely with my idea of how one’s environment greatly impacts them and their behaviors. If I follow the mold of a REBT like Ellis, my counselor role will be to encourage clients to discover their irrational beliefs and why these beliefs are illogical. I will also teach them to dispute the beliefs and mold them into healthier views of their own life, though I will not be as confrontational as most REBT therapists (Corey, 2013).

**The Process of Change**

Each counselor views change in the counseling process differently due to his or her own experiences. For instance, my experiences this semester in the school setting have shown me how slow and deliberate some of the processes of change can be. Sometimes change can be as small as seeing a child smile on a more regular basis; other times change may mean getting a child to change their entire viewpoint on life. I think the process of change is different with every student and needs to be adapted to each individual’s needs. As a school counselor, I will build a strong therapeutic bond with my student the first few sessions by getting to know them and building a trusting rapport with them. Without this therapeutic bond, the client will not divulge any information and the counselor will not be able to develop goals for change or for effective coping strategies. The therapeutic bond consists of empathy, a warm relationship, trust, and unconditional positive regard. These are all essential in person-centered therapy, which has also influenced my views of human nature (Corey, 2013). I will not start developing goals until at least the third session so I can view the students’ body language, topics of conversation, and reactions to different types of questions. Once goals are established, the therapeutic process will shift focus to the students coming up with solutions that can create change and help them develop a more positive outlook and better mental functioning. The goal of this will be to develop a relationship in which the student and I work together to identify the problem then come up with viable solutions. This is identified as a customer-type relationship. This is the root of SFBT and the most important role of the counselor in this situation (Corey, 2013). The student, however, will not be able to start this process until he or she is ready to develop a process for change and actively work towards their new goals. This is essential to building the relationship with students because a lot of them do not see anything wrong with their behaviors and do not see the need for change.

People can effectively start the changing process once they realize that some of their beliefs are irrational and start using effective coping strategies. People often are consumed by the negative aspects of their lives and do not take the time to focus on the positive aspects or how to deal with the negative things in their lives. One of my most important roles as a counselor will be to remove the student’s focus from the past, while shifting their focus to the future. This will include examining the positive things in their life and helping them look for solutions instead of more problems. This viewpoint and role of the counselor is very similar to those of SFBT (Corey, 2013). In this way, I plan to let the students develop their own solutions because they know themselves better than I know them.

**My Theory in Practice**

When working with a student who needs a quick solution to their problem I will use more solution-focused techniques. However, when I see a child long-term I will probably use more cognitive-behavioral therapy or person-centered. Therefore, my approach is more of an eclectic approach because I will use aspects of each one of these at different times.

One of the most rewarding questions to ask a child in a session is the miracle question. This helps a child realize what they truly want from their lives and how they perceive their problems going away. This question can help me develop a different rapport with the students and help me develop stronger goals for their specific needs. Also, using scaling questions with certain situations is essential. Students, especially young children, feel more comfortable using a scale to describe something than putting their feelings into words. I have seen this when working with the student whom I am currently seeing. Both the miracle question and scaling questions are used often in SFBT. Another important concept for children is the use of empathy. Using empathy with a child helps increase their confidence while also helping them change how they approach different situations. This is one of the strongest components of person-centered therapy and is essential to the therapeutic bond (Corey, 2013). This could help me dispel irrational beliefs and help me to increase the likelihood of perseverance through troubling environmental factors. Research shows that theories I plan to use, like CBT, SFBT, and person-centered therapy, are all effective methods when working with students.

Although school counselors do not diagnose mental disorders, they can help students in other aspects of mental health. For instance, counselors may work with students to overcome issues stemming from environmental factors such as socioeconomic status, peer relations, or parenting styles. School counselors can also work with students who have more serious issues, such as volatile substance misuse (VSM). According to Ogel and Coskun (2011), cognitive-behavioral therapy-based brief intervention (CBT) could be effective when working with volatile substance misusers. Additionally, VSM is associated with multiple psychological problems including depression, substance abuse, or sexual abuse. Studies show that using CBT could create more positive outcomes for these students. In one particular study, adolescent males, ages thirteen through eighteen, were studied a year after therapy to see if their outcomes were positive. There were 62 participants in total; 31 participants participated in CBT and a psycho-educational presentation. This was done in three individual sessions. The study showed that CBT was an effective treatment for VSM (Ogel & Coskun, 2011). Therefore, I can conclude that cognitive-behavioral therapy-based brief intervention would be an effective therapy for adolescents with problems like VSM.

One of the most important aspects of working inside a school, versus a clinical setting, is understanding the importance of support staff. It is essential that I include the principal and other staff members in any interventions I try to use throughout the school, since school counseling includes individual counseling, group counseling, and psycho-educational presentations given to large groups. Forman and Barakat (2011) believe that further implementation of CBT in schools could be effective for developing more positive outcomes for students. The researchers found that five factors are most common in determining if a school is successful in implementing CBT: school organization structure, program characteristics, training/technical assistance, administrative support, and the program’s fit with the school’s goals, policies, and programs (Forman & Barakat, 2011). This shows how essential it is for me as a school counselor to work with the school system and all staff to develop effective and long-lasting programs. Forman and Barakat also found that it is essential for the counselor to not only have the necessary skills and understanding to implement CBT into schools, but also must be trained, have support, and keep extra information around for anyone who needs it. This way, teachers and other faculty members can help students and parents develop a positive attitude towards CBT in schools (Forman & Barakat, 2011). When CBT is implemented in schools, students develop more positive behaviors and have more successful peer relationships.

A common problem that I will encounter throughout my work in a school will be negative student behaviors. Many schools are starting new programs that include all faculty and will help decrease the amount of disciplinary problems that present themselves. A study by Vallaire-Thomas, Hicks, and Growe (n.d.) shows how solution-focused brief therapy done by the counselor, combined with the school’s own personal intervention, helps to drastically decrease the number of disciplinary referrals from teachers. The aforementioned researchers studied five elementary students and five middle school students to examine how a combination of an intervention like positive behavior support, combined with SFBT, could have a positive effect a student. Researchers also believe that peer relations are an important underlying factor of students’ negative behaviors. One of the most important aspects of SFBT is its focus on future behaviors and developing a positive attitude and self-esteem (Vallaire-Thomas, Hicks, & Growe, n.d.). I can use this knowledge to help me develop psycho-educational programs that will combine with my individual counseling sessions to help students in the most effective way possible.

Daki and Savage (2010) did a randomized control trial study to evaluate if SFBT was effective with the academic, motivational, and socioemotional needs of children who also have reading difficulties. This SFBT, unlike in the other study, was performed in a group setting. Fourteen participants, all with reading difficulties, were equally divided into a control group and an intervention group. The participants included nine boys and five girls ages 7 to 14 years old. The intervention group participants were given five 40-minute sessions that used SFBT techniques, such as eliciting exceptions, asking the miracle question, using scaling questions to monitor goal progress, and presenting students with homework-like tasks. Multiple tests were given alongside the SFBT to help the researchers evaluate these needs. The study found that, out of all the different techniques used to improve the students’ needs and reading difficulties, SFBT was the most effective (Daki & Savage, 2010). Once again, this shows that SFBT is very effective when used with children and adolescents. This information is essential to my work within a school so that I can implement it into both my individual and group counseling sessions.

**Summary**

As a school counselor, I plan to use an eclectic approach combing solution-focused brief therapy, cognitive-behavioral therapy, and person-centered therapy. I strongly believe that the young students with whom I will work will be heavily influenced by the environmental factors that surround them, and that those should be considered when developing my process of change with them. My process of change will focus on making goals and solutions through a mutual relationship with the client, where the student is in charge of his or her own answers. When using actual therapeutic techniques, I plan to follow solution-focused or cognitive-behavioral based techniques, depending on the situation; research has shown both of them to be effective.

References

Corey, G. (2013). *Theory and practice of counseling and psychotherapy.* Belmont, CA: Brooks/Cole, Cengage Learning.

Daki, J. & Savage, R. S. (2010). Solution-focused brief therapy: Impacts on academic and emotional difficulties. *The Journal of Educational Research, 103,* 309-326.

Forman, S. G. & Barakat, N. M. (2011). Cognitive-behavioral therapy in the schools: Bringing research to practice through effective implementation. *Psychology in Schools, 48,* 283-296.

Ogel, K. & Coskun, S. (2011). Cognitive behavioral therapy-based brief intervention for volatile substance misusers during adolescence: A follow-up study. *Substance Use & Misuse, 46,* 128-133.

Vallaire-Thomas, L., Hicks, J., & Growe R. (n.d.). Solution-focused brief therapy: An interventional approach to improving negative student behaviors. *Journal of Instructional Psychology, 38,* 224-234.