Theoretical Orientation

Common characteristics of effective counseling extend across theoretical boundaries (Ce, 2012). Yet, counselors who articulate a professional theoretical orientation have been found to more adequately conceptualize and treat client issues than those without a guiding framework (Halbur & Halbur, 2011). In my approach to counseling, I broadly rely on a cognitive-behavioral therapy (CBT) perspective rooted in Feminist Theory.

Feminist philosophy aims to subvert the current patriarchal/heirarchal system with a social justice awareness in order to create an interdependent (not dependent) world where clients get to define themselves rather than being defined by society. I commit to partnering with clients, using self-disclosure and authenticity to break down the typical hierarchy within counseling relationships. Investigating gender-role and power analysis through active dialog, externalizing the problems, seeing symptoms as resistance, assuming a stance of advocate in challenging conventional attitudes toward appropriate roles for marginalized clients, and inspiring clients toward social action. My interventions come largely from the CBT perspective, and include REBT as a central source of techniques, as well as logotherapy, bibliotherapy, assertiveness training, Acceptance and Commitment strategies, cognitive restructuring, identifying and challenging untested beliefs, and narrative/music therapy techniques.

Through years of schooling and experience, I have honed my feminist orientation more specifically to involve rational-emotive behavioral therapy (REBT) interventions with attention to Acceptance and Commitment (ACT) therapy (Ellis, 1994; Bach & Moran, 2008). In attending to a diverse client group, I also utilize logotherapeutic, creative, and constructivist philosophies (Chang, Crethar, & Ratts, 2010; Crether, Rivera, & Nash, 2008; Ivey, D’Andrea, & Ivey, 2012; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015; Herlihy & Parks, 2016). My years of experience as a counselor in the United States, Qatar, China, India, and the Caribbean have also impressed upon me the importance of theoretical flexibility and cultural awareness. Below, I discuss Feminist Therapy as my foundational theoretical orientation while discussing my integration of REBT, ACT, and creative interventions.

REBT Framework

Under personal reflection, I recognize that I strongly value unconditional acceptance, which led me to my current career path. To that end, REBT has provided a helpful technical basis for my work with clients due to the founding influence of Albert Ellis’ philosophy of radical acceptance of self, others, and the world (Ellis, 1994; Szymanska, 2010). However, I am also directive and have spent years working in community-based counseling where practical counseling techniques often had to be utilized. These demands reinforced my application of REBT interventions, which can be learned in brief therapy and practiced at home. Techniques of REBT include the ABC (i.e., activating events, beliefs, and consequences) model as a way to conceptualize client issues and includes the following interventions: Socratic dialog, disputing and reframing inaccurate thoughts, psychoeducation, bibliotherapy, humor, and homework (Hyland, Shevlin, Adamson, & Boduszek, 2014). From a behavioral standpoint, I also rely on relaxation training and systematic desensitization techniques (Ivey et al., 2012) as well as the
ACT hexaflex: Being present (contacting the present moment & self-as-context), Opening up (defusion & acceptance), and Doing what matters (values and committed action).

Beginning with a commitment to acceptance, the REBT counselor uses Socratic dialog to enable clients to recognize unhelpful thoughts and beliefs that lead to psychological distress (Ivey et al., 2012). As such, the goal of therapy is to discover, decipher, and dispute irrational beliefs (i.e., the must and should statements) and replace them with more flexible and adaptive thinking patterns (Ellis, 1994; Hyland et al., 2014). Conceptualizing irrational thought patterns as the foundation of psychological distress, I have been able to assist clients to modify extreme judgements, accept unchangeable circumstances, and assume more functional patterns of thinking, behaving, and relating (Ellis, 1994; Ivey et al., 2012). These thoughts also point to external issues related to injustice and past traumas, which can be recognized and understood within the present moment.

Researchers have found that REBT can be effective in reducing symptoms of depression, anxiety, trauma reactions, borderline personality, and situational issues and has been utilized on children and adults in both individual and group modalities (Dryden & David, 2008; Grey, 2010; Minor, 2007; Ivey et al., 2012; Makison & Young, 2012). In addition, Hyland et al., 2014 found REBT to be helpful for conceptualizing and reducing symptoms of post-traumatic stress disorder (PTSD). I have found this finding important in substantiating my theoretical orientation for my work with women and children survivors of trauma. In another study on the effects of reframing strategies on reducing PTSD symptoms, the use of functional magnetic resonance imaging (fMRI) showed that treatment actually corresponded with improved functioning of the prefrontal cortex, the area of the brain empowering executive functioning over emotional reactance (e.g., anger, fear) (Makison & Young, 2012). As a result, I find REBT to have empirical and practical support.

Cultural Considerations: Feminist and Social Justice Counseling

Due to my work in non-Western areas, my theoretical orientation, which is heavily language-based (e.g., Socratic dialog methods), must be adjusted to meet the needs of certain clients (Halbúr & Halbur, 2011). Feminist/Social Justice theory addresses the notion of the personal as political, commitment to positive social change, egalitarian counseling relationship, the honoring of female voices and experiences, and recognition of oppression of all types (Herlihy & Park, 2016). In line with the goals of REBT, the feminist/social justice approach is fiercely egalitarian and aims to empower clients with new insights and thoughts that lead to self-nurturance and social change. The feminist/social justice conceptualization allows for the counselor to recognize external forces as roots of the problems for women and minority clients while renaming symptoms as resistance and discovering optimal ways of thinking and behaving. In addition to these philosophical ideas, I integrate REBT and ACT strategies to fully recognize the roots of oppression and power imbalances, stressing the techniques of reframing, bibliotherapy, and music therapy to empower clients toward healing and positive social change.

Continued Development: ACT

With my experience with individuals with recalcitrant symptoms and environments as well as those working through trauma recovery, I have instilled aspects of Acceptance and
Commitment Therapy into my repertoire of skills. Recent continuing education in ACT therapy has shown me the importance of some level of acceptance of the whole while striving toward goals, regardless of symptomatology. The goal of ACT is psychological flexibility, helping clients to answer the ACT question: *Given a distinction between you and the stuff you are struggling with and trying to change (Self-as-Context) (2) are you willing to have that stuff, fully and without defense (Acceptance) (3) as that stuff is, and not as what your language says it is, (Diffusion) (4) and DO what takes you in the direction (Commitment) (5) of what is vital and meaningful (Values) (6) at this time, and in this situation (Contact)?* Mindfulness, defusion, and goal-setting are particularly important to the client’s progress.

In conclusion, I describe my therapeutic orientation as integrated, developing, and dynamic. Ultimately, my goal remains accepting clients, partnering with them to identify cognitive impulses and obstacles related to injustice, and facilitating their acquisition of more flexible and adaptive ways of thinking and the tools needed for continued development and success toward their life goals and positive social change. In my experience and personhood of a counselor, I have gained an empirically-validated skill-set and flexible approach to accepting and helping a diverse group of individuals. My hope is for clients to leave me with renewed vision, hope, and belief in their ability to author their own destinies while dealing effectively with the inevitable challenges that come from living a fully-engaged life and doing their part to bring positive social change into the world.
References


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