

Personal Theory of Counselling

by

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A paper submitted to the faculty of  
Gonzaga University  
In partial fulfillment of the requirements  
for the degree of  
Masters of Counselling  
Dept. of Counselor Education  
July 2012

### Nature of the Person

Humans:

- are created inherently, equally and incredibly valuable in the spirit image of a loving God and with a designed purpose. This includes being in a profoundly meaningful, securely attached, deeply fulfilling and wildly enjoyable relationship with God and to have a mature character which is to do one's personal best to be purposeful, selfless, loving, joyful, peaceful, kind, faithful, gentle, self-controlled, humble, compassionate and forgiving.
- have a spirit that will live eternally according to the way one has responded to God's relentless pursuit for relationship.
- can experience this personal presence of God through simple pleasures, extreme suffering and/or relationships with others.
- require connection with God, self and others, which means to love and be loved, know and be known, remember and be remembered, affirm and be affirmed, celebrate and be celebrated.
- are vulnerable. One needs to be known but is terrified of being exposed.
- can change. One is capable of improving or deteriorating.
- can use one's mind to reason, create, discover, grow, learn, plan, make decisions.
- have a wide range of emotion to provide all the vital information one needs to be authentic.
- have a free will.
- are capable of resilience as evidenced by one's ability to mature, change, resist external pressure and/or tolerate futility and suffering.
- have a conscience that informs one about good and bad.
- have a common enemy, Satan, that despises humans and wants humans to despise themselves and resist relationship with God.
- are limited by God's natural design, one's self-perception and/or others' opinions.

### Psychological Constructs

**Personality** is the visible expression of one's unique physical, mental, willful, emotional, and social self. It is impacted by one's temperament, attachment style, choices, life experiences, spirituality and others' perceptions. While temperament is fixed at birth and attachment styles are molded during one's formative years, personality is affected by choices one makes, how one responds to life experiences, how one's higher power functions in one's life, others' perceptions and one's self-esteem. One can intentionally learn to change the overall flavor of one's personality, but cannot eliminate one's genetically encoded temperament.

**Temperament** is one's genetically inherited emotional nature, housed in one's soul, present at the moment of conception and evidenced throughout one's life. This is defined in

terms of traits such as regularity, activity, initial reaction, adaptability, intensity, mood, distractibility, persistence and sensitivity. Although fixed, it can be modulated with new learning.

**Self-identity/concept** is one's beliefs about one's characteristics, likes and dislikes, abilities, traits and looks. This comes from self and others and tells one who one is today.

**Self-efficacy** is one's beliefs about what one is capable of and about one's ability to make a difference in the world as a result of one's identity. It informs one about what one can do with who one is today.

**Self-worth** is how much value a person believes this identity and efficacy are to others. It tells one if one's self-concept and self-efficacy really matter.

**Self-esteem** is the way a person feels about one's self-concept, efficacy and worth.

**Learning** can occur through classical conditioning, operant conditioning (reinforcement or punishment), observation, training, coaching, mentoring, counselling, experimenting, mindfulness, repetition and/or taking risks. It can happen intentionally or accidentally, directly or vicariously, slowly or quickly. One is capable of learning from conception to death.

**Motivation** originates from the desire to feel good, normal and genuine. It is one's innate pull towards growth, to find and fulfill one's designed purpose, enjoy life, feel peace, know truth, resist pain, survive, meet attachment needs, maintain stability and differentiate.

**Psychopathology** is an inability to think, act and/or feel appropriately within the boundaries of the moral and social standards of one's culture which negatively impacts their ability to function within that culture. A human may either be born with this inability or deteriorates due to the impact of a dysfunctional system in which one's attachment needs are chronically unmet, one is influenced by extended substance abuse, and/or one faces unmanageable trauma. Some people are more vulnerable to deterioration due to their

temperament, genetic make-up, cultural status, chronic addictions, physical health and/or denial of one's emotions. Abnormal ways of functioning are noticed by self and/or others. They may notice variety of maladaptive behaviors that reveal one's internal lack of ability to connect emotionally, take care of self, process thoughts rationally or remember common facts. Other features include one's experience of suffering, degree of unconventionality and unpredictability of one's behavior and observer discomfort. A psychopathological diagnosis is determined by extreme abnormalities as defined by the designated helping professionals in one's society.

### **Process of Counselling**

**Phase 1 – Pre-beginning:** To prepare the self to enter into another person's private and sacred world, the counsellor practices regular self-care including healthy sleep, exercise, food, water, and adequate time with self, God, family and friends. Constantly living in awareness of one's own inner experiences and regularly exposing one's own insecurities to safe people keeps the counsellor self-aware and sensitive to the clients' process. The self and the office space are clean, welcoming and comfortable. The counsellor ensures she has at least a minimum understanding of her client's diverse life-style. The counsellor reviews previous notes and keeps her own anxieties, assumptions and inadequacies in check.

**Phase 2 – Beginning:** A good first impression is conveyed to the client by welcoming him, explaining protocol, completing paperwork including informed consent, confidentiality and intake forms and asking if the client has any questions. The counsellor continues with small talk, finds out specifically what has happened that brought about the request for counselling and what this client's previous counselling. History and context of his past and present affect, behaviour and cognition is explored using active listening skills. A risk and psychosocial assessment may be useful to reveal the clients' physical, mental, emotional, spiritual, sexual and social health.

**Phase 3 – Working: Strategies** are determined by the counsellor and are the general thing(s) she decides need to happen in order for the client to reach his ultimate goals. **Skills** are the specific means the counsellor will use to navigate through the dimensions of the counselling framework: tense (past, present, future); domain (mind, will, emotions); and depth (responsive, history/context, speculation, integration, transformation, and maintenance). **Techniques** are the planned, creative and distinct interventions determined by the counsellors' theoretical underpinnings. Both skills and techniques are influenced by the counsellor's choice of stance (nurturing, problem-solving or investigating). All decisions regarding choice of skills, techniques, theory and stance are made consciously and competently by the trained professional who understands where the client is, where the client needs to go and how to most efficiently and effectively use the framework to get them there.

**Phase 4 – Closing:** To ensure the client does not feel abandoned, interrupted or vulnerable at the end of therapy, the counselling relationship has a beginning and an ending which are regularly reviewed. The counsellor asks for feedback regarding his experience of counselling, praises the client for working hard, and encourages the client to self-validate and celebrate his accomplishments. Maintenance of gains are solidified through ongoing check-ins, referrals and/or relapse prevention plans.

### **Goals of Counselling**

**Immediate Client Goals:** The client wants to be cared for and understood and expects the counsellor to solve the client's problems and decrease the internal emotional struggle.

**Immediate Counsellor Goals:** The counsellor wants to build the therapeutic relationship by being emotionally present, compassionate, warm, open, accepting, empathetic and genuine while ensuring the client understands the limits of the counselling relationship. The counsellor wants to enable the client to express affect and view life from another perspective. As the client expresses affect, it tends to dissipate. As the client hears his own story, through the lens of a neutral and safe person, he will be more aware of external support, internal strengths

and unconscious defenses. This may enable the client to make connections between life-themes and narrative constructivist ruptures and assist in the planning and implementation of SMARTER goals (specific, measurable, attainable, realistic, timely, evaluate, reward).

**Intermediate Client Goals:** The client wants the counsellor to be fully present in order to feel safe enough to be vulnerable. The client expects the counsellor to believe in them, defend them and provide them with new coping tools to manage pain, make decisions or navigate relationships.

**Intermediate Counsellor Goals:** The counsellor wants to understand what motivates this person, what this client values, how this client's moral code provides direction, if they have faith in a greater being and how this functions in his/her life. The counsellor wants to understand where, when and how the client got lost and areas in which they are now unwilling or unable to respond to life rationally, maturely and/or responsibly. The counsellor is intentional in challenging the client to consider one's deeply held beliefs and discover the unique ways they unconsciously defend, hide, manipulate and protect the self in order to ignore painful truth or avoid change. The counsellor wants to explain to the client how the client contributes to this inner confusion and/or loneliness and wants to support this client in living with disappointment and/or accomplishing goals. The counsellor wants to support the client in this search to find new ways to function and/or be filled and then be acutely aware of moments when the client is willing, ready and able to make these adjustments to become more authentic, congruent and mature. When a person is provided with a safe and secure space in which to experience the self, they are most able to change.

**Ultimate Client Goals:** The client wants to feel better about them self, be understood, celebrated, instilled with hope and empowered to change.

**Ultimate Counsellor Goals:** The counsellor wants to see and understand who this person

is from the inside out. The counsellor wants to enter the maze of the clients' existence and reflect this as uncontaminated as possible. The counsellor wants to educate and encourage the client to see the possibilities of improved relationship with God, self and others. The counsellor wants to join the client in this quest and guide, support and be with the client as long as the client desires this and the counsellor is willing and able to therapeutically and professionally provide this.

### **Consultation**

Consultation occurs with professional peers and supervisors when one needs more information on such things as protocols, dual relationships, mental health diagnosis and risk assessment. When called upon as a consultant, one needs to respond in a timely manner and share information within one's area of expertise. The consultant has influence but no power. They are not liable for consultee behavior if information is accurate according to current best practice and held to ethical standards. Participating in a peer consultation group is recommended.

### **Evaluation**

The counsellor will regularly evaluate level of care according to professional standards in order to minimize unnecessary invasion of privacy, and unnecessary time and money expense to either the company or the client. Success is measured formally through diagnostic assessment tools such as outcome surveys and pre-post tests and informally through observation, client report, reports by significant others, case studies, client referrals, supervisor feedback, client return, waiting lists and personal feeling. When evaluation is less than acceptable, the counsellor will consider peer consultation, observation of other counsellors, increased supervision, specialized training, updated training and/or increased self-care.