DQ#1: What model of counseling is used at your agency? Are you comfortable practicing within this context? Why or why not?

Hello Professor Krupp & Class

At my practicum site the agency operates under local government jurisdiction responsible for assuring the delivery of not only mental health and or substance abuse services but also provides services ranging from companion care, respite, transportation and day support. At the practicum site the therapists specialize in skill building, low self-esteem, coping with loss, relationship and adjustments issues. I feel comfortable working at the site due to the variety of services offered and the cooperation of the staff. The agency staff used several approaches to counseling including Cognitive Based therapy, Person Centered, Sandplay, Solution based Brief therapy, Motivational Interviewing, Expressive art and Eclectic. I feel comfortable within this context using the Person Centered approach with the clients.  The key principles of person centered  approach is treating people with dignity and respect by being aware of and supporting personal values, persectives, beliefs and preferences.  It is the therapist and the client listening to each other working collaboratively to design and deliver services.  This type of therapy diverged from the traditional model of the therapist as an expert and more toward a nondrective empathetic approach that empowers and motivates the client in the therpeutic process.

My response:

Gloria

At my current practicum worksite we currently are using the practicies of Cognitive Behavior Therapy (CBT) which is thought to be effective in the treatment of mental disorders like anxiety, depression and ADHD as well as other problems, and Motivational Interviewing (MI). Cognitive Therapy focuses on how our thought patterns and belief systems affect our mood and actions, while behavioral therapy aims to transform unhealthy habits and behavior patterns (Good Therapy, 2014). Motivational interviewing focuses on the client that seeks to change the behaviors of the patient by enlisting their help and making suggestion to the client to get them to want to make changes in their own behaviors by suggesting the positive outcomes that they would benefit from the change. The population that I have the most interactions with are children between the ages of 5-17 years old. I have always felt like using CBT and MI in treatment is the best way to help the client gain control of their issues that have caused them to enter into therapy. CBT is a short-term, goal-oriented **psychotherapy** treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel. This practice has been proven and has been very successful at my practicum site.

My response:

Tamera

Where I do my practicum a few of the homes are geared to adolescence and the other homes are geared to adults and within these homes have individuals who have substance abuse and/or other disorders. They maybe mandated by court or some have volunterialy admitted themselves. We incorporate CBT, Motivational interviewing, Mindfulness, we are bible-based counseling center, so we incorporate scripture into some of the counseling whether we are doing individual counseling or group counseling, we incorporate games for the kiddos, they seem to open up more when we incorporate childs play. I spend a lot of time with the Native Culture incorporating spiritually is a huge deal for them, so at time I have to but a spin on my counseling when we speak about our Creator/God. Everyone is different and I never know what I am going to walk into when I get there, I have a quick briefing when I get to the house, sometimes when I get there I have to totally change my plans. I found I have to be pretty flexible and I am good with that.

My response:

Catherine

Class,

At the treatment facility that I work at we use many different models. Depending on the client and their mentality we will decide which approach is best suited for them. We have one client where we use a lot of motivational interviewing with whereas another client we use a lot of cognitive behavioral therapy (CBT) with. The counseling and mental health field is so diverse and has a magnitude of different models to use. No two clients are the same, therefore there is no one treatment approach fits all approach for treatment. That is why it is increasingly important for counselors and mental health professions to ensure that they are staying diverse and learning different approaches to use when working with clients.

My response:

Julie

**Re: Topic 7 DQ 1**

At my location we don't focus on a specific modality it is based upon the need of the client, however since it is a church setting with every client we use a bible based information so with each client we find scriptures fit their solution that the client is looking for.  It helps them to make an association with their problem and the solution.

My response:

Deborah

**Re: Topic 7 DQ 2:** What evidence-based practice do you think will become dominant in the counseling field? Does it depend on what population your work with?

I think motivational interviewing is the evidence based practice that will become dominant in the counseling field and I don’t think it depends on the population you work with. I say this because MI initiates the capability for beneficial change that everyone possesses. Although some people can continue change on their own, others require more formal treatment and support over the long journey. According to Rollnick and Miller (1995), Motivational interviewing is a counseling style based on the following assumptions:

1. Ambivalence can be resolved by working with your client's intrinsic motivations and values.
2. The alliance between you and your client is a collaborative partnership to which you each bring important expertise.
3. An empathic, supportive, yet directive, counseling style provides conditions under which change can occur. (Direct argument and aggressive confrontation may tend to increase client defensiveness and reduce the likelihood of behavioral change.)

In addition to its effectiveness, (Tip 35) states how motivational interviewing is beneficial in that it can easily be applied in a managed care setting, where issues of cost containment are of great concern. Motivational interviewing approaches are particularly well suited to managed care in the following ways:

1. **Low cost**. Motivational interviewing was designed from the outset to be a brief intervention and is normally delivered in two to four outpatient sessions.
2. **Efficacy**. There is strong evidence that motivational interviewing triggers change in high-risk lifestyle behaviors.
3. **Effectiveness**. Large effects from brief motivational counseling have held up across a wide variety of real-life clinical settings.
4. **Mobilizing client resources**. Motivational interviewing focuses on mobilizing the client's own resources for change.
5. **Compatibility with health care delivery**. Motivational interviewing does not assume a long-term client-therapist relationship. Even a single session has been found to invoke behavior change, and motivational interviewing can be delivered within the context of larger health care delivery systems.
6. **Emphasizing client motivation**. Client motivation is a strong predictor of change, and this approach puts primary emphasis on first building client motivation for change. Thus, even if clients do not stay for a long course of treatment (as is often the case with substance abuse), they have been given something that is likely to help them within the first few sessions.
7. **Enhancing adherence**. Motivational interviewing is also a sensible prelude to other health care interventions because it has been shown to increase adherence, which in turn improves treatment outcomes.

References

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter 3—Motivational Interviewing as a Counseling Style.

Rollnick, S., and Miller, W.R. What is motivational interviewing? Behavioral and Cognitive Psychotherapy. 1995;23:325-334

My response:

Michaael