THE CLINICAL COUNSELLING EXPERIENCE OF A MASTER OF SOCIAL WORK

STUDENT AT FAMILY SERVICE REGINA

A Field Practicum Report
Submitted to the Faculty of Social Work
In Partial Fulfillment of the Requirements
For the Degree of

Master of Social Work

University of Regina

By

Alanna L. Gislason

Regina, Saskatchewan

November 2018

Copyright 2018: A.L. Gislason
Abstract

This practicum report explores my practicum experience for a Master of Social Work degree as a Graduate Student at Family Service Regina, a community-based organization offering counselling services to the Regina community. My approach to counselling with clients at this organization was inclusive of three therapeutic approaches which were cognitive behavioural therapy, acceptance and commitment therapy, and emotionally focused therapy. This report will describe these three approaches and details my experience in applying these therapeutic frameworks. This paper will describe and analyze my experiences, observations, and personal reflections throughout my practicum placement at the Counselling Unit at Family Service Regina. In addition, I will outline in detail how I met my goals and objectives. Themes of anti-oppressive ideology and practice are threaded throughout this report. I end the paper by reflecting on my perspectives as a social worker and the implications for my future practice.
Acknowledgements

Thank you to Family Service Regina for providing me with this incredible experience and great learning opportunity. As an organization, I commend your commitment to providing students with a rich and meaningful experience during their practicums. I wish to thank Colleen Barss, my Professional Associate for supervising me during this practicum. Colleen, I thank you for your time, and most of all, for your kind compassionate support and encouragement throughout my practicum. Your energy and passion for encouraging me to try new and different approaches helped me to stray from what was comfortable and learn new methods. I would also like to thank all the counsellors within the Counselling Unit for including me on your team and taking the time to share with me your knowledge and experience; I appreciated all your insights, advice, humour and encouragement.

I would like to thank Dr. Donalda Halabuza, my Academic Supervisor for her support in providing guidance and supervision in this field practicum. Dr. Halabuza your support and encouragement throughout my Master of Social Work Program has been invaluable. I appreciate all your advice, insight and dedication to supporting me through this process. I would also like to thank my Committee Member, Dr. Miguel Sanchez, your time, support and encouragement is appreciated.

I want to thank my family and friends. To my husband, Michael, without your love, encouragement, and belief in me, completing this journey would not have been possible. To my sons Jorey and Brayton, I love you to pieces. I have finally finished “eating my elephant”, I cannot wait to see the great places you will go and watch you eat your elephants.
Lastly, I would like to thank the clients of Family Service Regina; I am privileged to have had the opportunity to work with you, thank you all for your willingness to participate in counselling with me during my student placement.
# Table of Contents

Abstract............................................................................................................................................... ii

Chapter 1 - Introduction....................................................................................................................... 1

  Practicum Goals and Objectives ......................................................................................................... 1

  Rationale for Practicum Placement ..................................................................................................... 2

  Practicum Reflections .......................................................................................................................... 3

Chapter 2 - Family Service Regina ....................................................................................................... 6

  Ideology and Values of the Agency ...................................................................................................... 7

  Personal Ideology and Values .............................................................................................................. 9

Chapter 3 - Practicum Objectives ......................................................................................................... 13

  Goal One – To Develop Clinical Counselling Skills .......................................................................... 13

    Goal One Actions ............................................................................................................................. 14

    Goal One Results ............................................................................................................................. 15

  Goal Two – To Develop Clinical Competencies .............................................................................. 15

    Goal Two Actions ............................................................................................................................. 15

    Goal Two Results ............................................................................................................................. 17

  Goal Three – Critical and Reflective Practice .................................................................................... 19

    Goal Three Actions ........................................................................................................................... 20

    Goal Three Results ........................................................................................................................... 21

Chapter 4 - Theoretical Approaches .................................................................................................... 23

  Anti-Oppressive Practice .................................................................................................................... 23

  Cognitive Behavioural Therapy .......................................................................................................... 25

  Emotionally Focused Therapy ........................................................................................................... 32
Acceptance and Commitment Therapy ................................................................. 35
Chapter 5 - Counselling Reflections ..................................................................... 39
Single Session Walk-In Counselling Services ...................................................... 39
Co-Counselling Sessions ..................................................................................... 41
Individual “On Going “Counselling Sessions .................................................... 41
Clinical Supervision ........................................................................................... 42
Peer Supervision .................................................................................................. 43
Chapter 6 - Counselling Skills ............................................................................. 46
The Therapeutic Relationship .............................................................................. 46
Reflective Practice ................................................................................................. 49
Role Development ............................................................................................... 50
Understanding Clients ......................................................................................... 52
Chapter 7 - Challenges and Considerations ........................................................ 54
Practicum Student Status ..................................................................................... 54
Couples Counselling ............................................................................................ 55
Vicarious Trauma .................................................................................................. 56
Client Rights .......................................................................................................... 58
Chapter 8 - Conclusion ......................................................................................... 60
Thoughts on the Theoretical Approaches ............................................................. 60
Implications for Future Social Work Practice .................................................... 60
Vision for the Social Work Profession and Social Change ................................. 61
Final Thoughts ..................................................................................................... 62
References ............................................................................................................. 64
Chapter 1 - Introduction

This report will provide a critical reflection of my field practicum placement as part of the final component for my Master’s degree in Social Work. My practicum placement was completed as a student clinical counsellor at Family Service Regina. In this report, I will discuss my practicum goals, my rationale for this placement, my experiences at Family Service Regina, and the therapeutic approaches I utilized during my practicum.

Practicum Goals and Objectives

My practicum at Family Service Regina was completed on a full-time basis over the course of a four-month period, commencing in September and ending in mid-December 2017. A placement of this length provides students with the opportunity to engage in an extended learning experience. I felt this concentrated period of time added depth to my experience by providing a chance to immerse myself in the placement without outside work commitments distracting my focus or competing for my attention. When I considered what I wanted to learn from the practicum and the skills that I hoped to develop, my overall goals were quite clear: I wanted to acquire graduate-level knowledge in counselling theories and develop advanced skills in a clinical counselling setting. I believed that this practicum experience allowed me to develop a more holistic social work practice. The clinical setting provides a valuable experiential learning that cannot be achieved by the study of theory alone. Therefore, I set out by determining three main objectives and then identified several activities to achieve each goal. My three objectives were 1. to develop clinical counselling skills; 2. to develop clinical competencies in the intervention models used by my Professional Associate; and 3. to advance my critical and reflective practice.
Rationale for Practicum Placement

The practicum is a self-directed learning portion of the Master of Social Work program, and a significant opportunity for a graduate student to gain experience in applying theories and concepts learned throughout the course work to direct practice. This practicum gave me the opportunity to apply theory and gain valuable clinical experience.

After some reflection on my career goals and skills that I wanted to strengthen, I decided to use the practicum portion of my graduate degree to further develop my core counselling skills. After coming to this decision about my goals and needs, the question of where to do my practicum became my next dilemma. It was extremely important to me that when selecting my practicum organization that my own ideologies closely matched the organization’s values. I spent a considerable amount of time before the beginning of my practicum researching various placement options. I was pleased to find during my practicum research, that Family Service Regina’s ideologies are closely aligned to my own.

As an organization, Family Service Regina (FSR) was a clear fit for my desired personal development goals, in part because this agency provides holistic services and has an extensive history of providing quality counselling services. Having worked in previous governmental positions, I was particularly interested in doing my practicum at a community-based agency. As an accredited non-profit agency, FSR offers a variety of services to the community utilizing a range of therapeutic approaches which a Master’s student can learn. I was confident in my decision to do a clinical placement due to the depth and experience of counsellors at FSR and the agency’s overall positive reputation amongst professionals working in Regina.

While contemplating where to do my practicum, I strongly identified with the Vision Statement of Family Service Regina. The Vision Statement reads “Family Service Regina
envisions a safe, inclusive and vibrant community in which all people are resilient, confident and filled with hope” (Family Service Regina, 2017, p. 2). My professional ideals include the importance of anti-oppressive practices and equal access to services for all people. The organization's vision statement resonated with me and gave me confidence that my ideals would be compatible with the ideals of Family Service Regina. I believe that a compatible pairing is one of the essential elements of the practicum experience. It is important that graduate students interested in counselling are in an environment that fosters and nurtures the process of building skills in a way that reflects the student’s vision for their future practice.

**Practicum Reflections**

As I reflected on my practicum experience, I had a profound sense of certainty that all my objectives were achieved. Throughout my practicum, I found numerous occasions and experiences that provided an avenue to attain the goals and objectives I had set. In addition, I needed to acknowledge the importance of my preparation while getting ready to undertake this practicum to ensure I had the most productive learning experience during this concentrated block of time. I strongly desired to hear and learn from other counsellors’ perspectives, thoughts and impressions. I wanted to diversify the way I viewed specific experiences. As I embarked upon my practicum journey, I believed that learning from others who are more experienced in counselling would provide the most significant opportunity to develop my practice as a counsellor. I also knew it was important to receive quality clinical supervision so that I would further enhance my skills.

I was offered a very valuable opportunity to experience counselling in two different ways, through the Family Service Regina single session “Thrive Walk-in Clinic” and through ongoing counselling sessions within the Family Service Regina Counselling Unit. The single
session Thrive Walk-in Clinic provided an opportunity to provide counselling to people in the moment. Walk-in counselling required more adaptation on the part of the counsellor, as there is no preparation time and there are no previous records to read for people seeking counselling for the first time. With the Thrive Walk-in Clinic, I appreciated the consistency of having regular clients without the phenomenon of “no-shows” or having to reschedule sessions, which is experienced in on-going counselling. On the other hand, my on-going counselling at the Counselling Unit was rewarding because it afforded me the opportunity to gain a more thorough understanding of the issues a client wished to resolve, time to consider potential therapeutic methods, and time to witness the client’s progress.

Learning about different theoretical approaches while providing services to clients was an empowering process for both me as the counsellor, and for the client. As Paulo Freire (2000) states we have to be cognizant of our roles as teachers versus learners in our practice. I entered the counselling relationship with the intent of sharing new ways for clients to be in the world. However, I cannot merely deposit my experience and knowledge onto clients as if they were objects; I need to own my subjective process (Freire & Macedo, 2000). Journaling helped me acknowledge my use of self in the counselling process.

As previously stated, I was offered various opportunities to participate in counselling such as observing sessions conducted by my Professional Associate as well as two other counsellors. These shadowing experiences provided supportive contexts for me to strengthen and develop my clinical skills. In addition, I was provided invaluable individual weekly supervision with my Professional Associate and weekly peer supervision consultations, in addition to attending staff meetings. These experiences and the constructive feedback I received were
invaluable in helping me develop a more comprehensive understanding of how my skills were advancing, as well as areas in need of improvement.

One of the activities in my practicum proposal was to observe and facilitate support groups or informative education groups as available. However, after consultation with my Professional Associate, I decided not to undertake this activity. Because I had previous experience in group facilitation, my Professional Associate and I agreed that I should focus on developing my personal counselling skills by providing counselling sessions with clients.
Chapter 2 - Family Service Regina

This chapter will provide an overview of Family Service Regina. I will review and reflect on the ideologies of Family Service Regina as well as my personal ideological views.

Family Service Regina (FSR) was initially founded in 1913 as the Bureau of Public Welfare (Pitsula, 2001). In FSR’s over 100 years of operation, an extensive legacy of community commitment and service has evolved. FSR has offered a myriad of programs that have been based on understanding the continuum of social needs within the community. Family Service Regina is a non-profit agency, overseen by a volunteer board, and is guided by a comprehensive set of policies and procedures intended to promote the vision, mission and mandate of the agency (Family Service Regina, 2013). The agency mission statement states: “Family Service Regina strengthens individuals, families and communities through responsive leadership and innovative programs” (Family Service Regina, 2013, p.3). This mission statement reflects the ideals and goals of the organization, clearly delineating its priorities.

The Counselling Unit provides counselling through the Employee Family Assistance Program (EFAP), through the Thrive Walk-in Clinic, through various psycho-social and educational groups, as well as through individual sessions with clients who are not affiliated with an EFAP. The range of counselling theories used is an essential feature of the Counselling Unit. Clients have a variety of different personal needs, such as anxiety, depression, relationship issues, and loss; and it is necessary to have a range of methods to address their needs. In addition to individual, couple, and family counselling offered, Family Service Regina also offers a broad range of supportive, non-fee-based programs, including the Domestic Violence Unit, an Older Adult Response Service, the Teen Parent Program, and the Employee Assistance Program. Family Service Regina addresses community needs by tailoring programs for clients.
Ideology and Values of the Agency

In a clinical context, therapeutic decisions and program design are determined by theoretical frameworks used and the ideologies of the therapist. The agency’s ideology guides in the development of its policies, as well as the approaches used when working with its clients. Theoretical frameworks are the source of knowledge that influences and shapes the direction or configuration of program goals and planning for services within an organization (Lub, 2018). As an organization, Family Service Regina is committed to “creating safe, just and inclusive environments free from violence, neglect, prejudice and discrimination” (Family Service Regina 2017, p. 2). Prejudice and discrimination are elements that have impacted vulnerable populations throughout the history of mental health counselling, which is contrary to the goals of counselling. The commitment to safe spaces by Family Service Regina, by their acceptance of all clients regardless of status, aligns with social justice values that are conceptualized within the Canadian Association of Social Workers (CASW) Code of Ethics (2005), as well as the Saskatchewan Association of Social Workers Standards of Practice for Registered Social Workers in Saskatchewan (2017).

Anti-oppressive counselling approaches provide needed services for all people within a social justice framework. Many services that FSR offers such as the domestic violence programs and teen parent programs are free of cost and intended to be used by all, regardless of race, income or religion. Although the agency has a fee for service for ongoing counselling services, they often provide these services at no cost or a reduced cost for persons depending on their financial means. Family Service Regina (FSR) recently extended their free walk-in counselling clinics to the public library located in the North Central area of Regina, thereby reducing barriers of access. As a social worker integrating social justice ideals into my counselling practice, these
ideals were a priority. Incorporating a social justice approach in a clinical setting can be done when advocating for clients in their social systems, informing clients on how to access resources within the community as well as promoting self-advocacy and self-determination (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2005).

Based on Family Service Regina’s strategic plan, the agency has developed the following principles and values that guide their work: respect and dignity, diversity, empowerment, innovation, accountability, and collaboration (Family Service Regina Strategic Plan 2013-2018, p.3). These are the principles and values underlying the policies that FSR creates and the work that they seek to do within their community. Family Service Regina maintains a long history of developing partnerships with other non-profit organizations, public sector agencies, and municipal and provincial governments. In the past, FSR has partnered with United Way Regina, the Government of Saskatchewan, and the City of Regina, as well as others. These partnerships allowed for the sharing of resources and increased awareness and access to services. A recent example of a Family Service Regina partnership is the partnership with the Regina Public Library, which enables Family Service Regina to offer walk-in counselling services at library branches. The library partnership has allowed FSR to provide counselling at the Mâmawêyatitân Centre, in the North Central neighbourhood in Regina. The North Central community is demographically low income and is home to a high population of indigenous and marginalized persons. The City of Regina Neighbourhood profile for North Central illustrates the challenges within this community (City of Regina, 2015). According to the profile, approximately 38% percent of North Central residents have less than a high school diploma; about 46% have an annual income of fewer than twenty thousand dollars, and this area has nearly double the percentage of single-parent homes as compared to the City of Regina as a whole (City of Regina,
Through the library partnership, FSR helped to improve access to mental health services in the North Central community which otherwise would be quite limited. These partnerships have integrated FSR into the community and permitted the agency to offer more effective programs and interventions than FSR would otherwise be able to provide.

Family Service Regina aims to be proactive about combating elements that limit access to counselling services. Strategic planning initiatives such as the Regina Public Library partnership exemplify Family Service Regina’s commitment to inclusivity and to reduce the barriers for those accessing counselling services. All of these elements underscore Family Service Regina's commitment to providing services to the community. Within the provision of their services, Family Service Regina demonstrates a client-centred, anti-oppressive approach to service delivery. No clients will be turned away who come without referrals.

During my practicum I found myself fascinated with the commitments that FSR had to the community, as evidenced through their ongoing effort to partner with other organizations to provide services to people who otherwise would not be able to afford or access counselling. FSR has strived to build capacity by use of student internships and expanding the free walk-in-clinic to locations in the community whereby people would typically not access services for counselling. They have been able to build capacity through their use of graduate-level student placements in walk-in clinics. Through the use of students, Family Service Regina also has the benefit of offering low or no-cost counselling to those within the community, as well as providing crucial learning and training experience for graduate students.

**Personal Ideology and Values**

Personal values and ideologies provide the overall philosophical orientation for a counsellor and guides how counselling is provided and the types of methods that are used.
Essentially the professional belief system of a counsellor influences how a counsellor approaches work with clients globally and individually. Having an overall ideology is an essential aspect in role development for counsellors and social workers. In reflecting on my ideology and values, I strongly identify with Glasser’s (2001) concept of “being” the counsellor, rather than “doing” the counselling, which is critical in upholding a ‘person-centered’ foundation for counselling.

I also identify with the client-centered approach which was conceptualized by Carl Rogers, (Rogers, 1986) who argued that it is essential that counsellors be conscious not to impose their values and beliefs on their clients. Instead, the counsellor should recognize the client’s ability to use self-knowledge to achieve self-actualization. Recognition of client self-determination is vital for individuation and client independence. The client’s right to a self-directed process motivates them towards improved self-differentiation, enhanced self-regulation, self-understanding, and acceptance (Ryan & Deci, 2000). Clients can start to have beliefs in themselves through counselling, but this process continues after the therapeutic relationship has ended because it is assumed that the client has built the skills they need to act on their beliefs. By developing skills, clients are helped toward self-determination and independence. This approach to counselling positions the counsellor as someone who contributes to building the client’s resources, with self-actualization being a long-term goal.

The Code of Ethics and Standards of Practice for Registered Social Workers articulate the necessary values and ethics to hold social workers to a common standard of practice and professional accountability (CASW, 2005; SASW, 2017). As a registered social worker, I adhere to, and have a strong alliance with, the Saskatchewan Association of Social Workers Standards of Practice for Registered Social Workers in Saskatchewan (2017) and the Canadian Association of Social Workers Code of Ethics (2005). Respecting the inherent dignity of the person is an
essential value when using a client-centered approach in counselling. Because I take an anti-oppressive stance in my social work practice pursuits, I especially find the CASW’s values that promote and respect the inherent dignity and worth of all people to be personally resonant.

“Social work is founded on a long-standing commitment to respect the inherent dignity and individual worth of all persons” (CASW, 2005, p.4).

I believe it is immensely important that social workers act with integrity. I recognize that integrity is a subjective term. I define integrity as not only adopting professional standards of practice but to do so with intentionally and consistently, which aligns with the CASW Code of Ethics (2005). The CASW Code of Ethics (2005) reads, in part:

Social workers maintain a high level of professional conduct by acting honestly and responsibly and promoting the values of the profession. Social workers strive for impartiality in their professional practice, and refrain from imposing their personal values, views and preferences on clients. (p.6).

As a social worker, being mindful and aware of my personal values and beliefs is imperative so that it does not interfere with a client's progress in therapy or their right to self-determination. I recognized the importance of having a neutral and unbiased position in a counselling relationship with the client. A judgment, or making a negative appraisal of a client's values or choices, can hinder therapeutic progress. Any conflict, including one that is not consciously recognized, can inhibit the effectiveness of a therapeutic relationship and can be damaging to the client, depending on how the situation is handled.

I was particularly aware of the possibility of a conflict in approaching my placement. During my practicum, I consciously examined client situations that I was engaged in to determine and address any potential value conflicts. Through this conscious examination process
during my practicum, I did not experience any conflict between my values and those of the clients I counselled.

I have long held a strong belief in a client’s right to autonomy and choice of lifestyle, one that is free from the judgments of others. When a counsellor or social worker is meeting their client using a client-centered approach and is coming from a place of genuine empathy and positive regard, then his or her values and beliefs will not be imposed on that client (Raskin & Rogers, 2000). However, when the counsellor neglects to be mindful of his or her values, beliefs and attitudes, he or she may be at risk of actively or passively imposing his or her positions and views on the client, thereby exerting direct influence over the client’s beliefs, feelings, opinions, attitudes and behaviours. In my previous professional experience, I became aware that the places where I previously worked were driven in part by oppressive social systems. In my practicum, I had the opportunity to reflect on how I presented to clients and how this affected my relationships with them and my practice. I used journaling as a tool to maintain my awareness of my value system during my interactions with the clients.
Chapter 3 - Practicum Objectives

The objective of my practicum was to acquire graduate level theoretical knowledge about counselling theories and develop effective clinical counselling skills. Training in counselling skills is widely regarded as one of the most important aspects of practicums for developing counsellors and social workers (Aladağ, Yaka, & Koç, 2014). Specifically, I wanted to increase my knowledge and experience in the use of cognitive behavioural therapy, acceptance and commitment therapy, and emotionally focused therapy. Within this objective, I identified three goals that were accompanied by specific actions that would help me achieve these goals.

Goal One – To Develop Clinical Counselling Skills

My first goal was to expand my existing capabilities in effective clinical counselling. It was especially important to me to be able to help clients to achieve self-actualization. Skills used in counselling may be intuitive to some extent, and some people may have a more natural counselling aptitude than others. However, counselling skills are primary learned, and it is only through experience that one can recognize areas of competence and areas that need improvement.

During my practicum, I wanted to build upon the clinical skills I already possessed and develop new skills through direct experience. I was able to accomplish this by shadowing counsellors, by participating in the direct counselling sessions, as well as by analyzing my sessions with clients and through workshop opportunities at Family Service Regina. I observed counselling sessions led by my Professional Associate and other clinicians to achieve this objective. Observing others’ counselling approaches gave me an opportunity to understand better how other counsellors applied theory in particular therapeutic contexts. It was my goal to learn
intervention approaches, treatment methods, and assessment skills, along with clinical recording techniques.

**Goal One Actions**

I was afforded valuable opportunities to shadow and observe sessions with my Professional Associate in addition to two other clinicians. Shadowing allowed me to see inside a session without the pressures and stressors of conducting my sessions. It was ideal to observe and understand therapeutic methods in practice. After observing sessions, I was able to share my clinical impressions and discuss the specific theory that was used as it related to these sessions. Sharing my clinical impressions provided an opportunity for me to measure the accuracy of my opinions and to strengthen my understanding of how each theory was applied in practice. In the post-session sharing, my observations and beliefs were both confirmed and challenged by the clinician who had led the session. The post-session dialogue permitted me to expand my clinical understanding of the application of theories.

By observing other counsellors, I noted how they conducted a session. I also developed clinical recording techniques. Clinical recording is an area of interest for me. According to professional literature, clients do not always understand the purpose of clinical recording which can negatively impact the session and inhibit therapeutic benefit (Brown, Moller, & Ramsey-Wade, 2013). Recording during a session can be distracting to clients, and it has even been surmised to create discomfort, which can inhibit the benefits of counselling (Brown et al., 2013). To address this issue, I purposely addressed and explained to clients the purposes of recording, which mitigated some of the potential discomforts and helped clients to feel more at ease. I thought this was an important step. Although I sat ready with pen and paper, I rarely used them unless it was necessary to record something I believed I would not retain otherwise. In those
cases, I would often write a word to prompt my memory to later review something of relevance without interrupting the client.

**Goal One Results**

By observing and shadowing counselling sessions, I was able to see effective techniques. The shadowing provided me with the opportunity to understand better how to use the intervention approaches, treatment methods, and assessment skills used in their sessions. I was also able to participate in discussions with them following the sessions. This process created an in-depth experience of peer supervision with my colleagues. I was encouraged to share my ideas and expertise which further fostered my learning. I had the opportunity to explore, to find tools for intervention, and to practice using new skills which had meaning for me as a counsellor. In doing so, I learned how the theory applied in specific clinical situations.

**Goal Two – To Develop Clinical Competencies**

My second practicum goal was to improve my clinical competencies in the intervention models used by my Professional Associate and other therapists within Family Service Regina. As already stated, I wanted to develop clinical competencies using cognitive behavioural therapy, acceptance and commitment therapy, and emotionally focused couples’ therapy. These approaches resonated with me the most and were the models in which I wanted to increase my proficiency. Being able to develop competencies in these approaches was a central focus of my practicum. While using these approaches, I also planned to enhance my experience in working with individuals and couples by addressing various presenting problems.

**Goal Two Actions**

I used three specific approaches to achieve my goal of gaining a deeper understanding of cognitive behavioural therapy, acceptance and commitment therapy, and emotionally focused
therapy. My first approach was to review the relevant literature. Secondly, I discussed the various theories with my Professional Associate and other clinicians, and lastly, I used these theories with clients during my counselling sessions.

As stated above, my initial step to achieve this goal was to conduct a thorough literature review. Before starting my practicum, my Professional Associate provided me with some literature on therapeutic methods. This literature was tailored to my clinical interests and the clients I would be seeing in my practicum. Specifically, she provided me with literature on acceptance and commitment therapy, and emotionally focused therapy, which was beneficial to me and I often referred to it throughout my practicum. Reading in advance helped me understand each approach and identify questions for discussion with FSR clinicians. This approach was optimal to prepare me for the start of the practicum and contributed to my professionalization, as I gained more depth of knowledge into the layers of clinical social work practice.

When I found conflicting information that existed in the literature, I sought out additional material to help me to clarify and to fill in gaps. The literature review was integral for me to develop a solid theoretical understanding and allowed me to have compelling discussions with the other counsellors at Family Service Regina. I ensured that I had a solid understanding of each theory and my Professional Associate would address questions as they arose in my readings. This process allowed me to have a more thorough understanding of the literature. The dialogues with my Professional Associate also allowed me to consider what my thoughts and beliefs were about the issues discussed in the literature.

In preparing to meet this goal, I discussed each theory and its application in practice with other clinicians at Family Service Regina. I was able to have numerous in-depth discussions with my Professional Associate and her peers at FSR about theory and how it is used in practice, as
well as shorter conversations about how the theory was used in specific contexts. These conversations permitted me to learn more about the challenges and limitations of each theoretical approach and to understand how these methods could translate into practice. I found this especially useful because reading and understanding theory from an academic perspective was very different than using these theories in counselling sessions. These dialogues and discussions helped me to bridge the gap between academic and clinical knowledge in an effective manner and in a shorter time span. I wanted to understand theoretical concepts and to develop the skills to apply them in practice. By watching or shadowing other clinicians, I came to understand the benefits and limitations of specific techniques which helped me to prepare for counselling sessions by considering in advance which particular interventions might be of benefit to my clients.

My final action to expand my clinical experience was to work directly with clients. My practicum at Family Service Regina provided me with the opportunity to work with over thirty clients across a diverse range of therapeutic contexts. I was able to gain experience in working with couples, but also to experience a variety of counselling situations. The clients I met with presented with a range of issues including depression, anxiety, trauma, relationship breakdown, infidelity, addictions, and workplace difficulties. The clients I saw came from all socio-economic demographics, and the ages were as young as seven and as old as seventy, and clients also came from many ethnicities, such as First Nations, Nigerian, Pilipino, and Chinese.

**Goal Two Results**

By approaching my practicum with the belief that literature and experience complement each other, I used theory and professional literature along with the direct counselling experience to develop my counselling skills. However, based on my fifteen years experience as a practising
social worker, the theoretical literature reviews, peer shadowing, and discussions there were no substitutes for the actual experience of conducting a counselling session. Preparatory work was beneficial in building my confidence and in providing me with a sense of what to expect. I set out to do as much preparatory work as possible, which reduced my anxiety and enabled me to move forward to taking on the role of a counsellor. With this preparation, I was also able to begin my independent sessions with a greater sense of competence and with less apprehension.

Through my observations, dialogue and practical experience with cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), and emotionally focused therapy (EFT), I significantly increased my clinical competency. These actions enabled me to develop a deeper understanding of these theories and how to use them in practice. By gaining this knowledge and experience, I was able to appropriately utilize aspects of these approaches with the clients that I saw. During my practicum, I used CBT, EFT and ACT with the various clients I counselled. While different, CBT, EFT and ACT share a therapeutic focus on the client’s individual experiences. I believe that it is the individuals lived experience that determines the effectiveness of a specific therapeutic approach. My personal experience demonstrated how each method could be effective and it was incumbent on the counsellor to be flexible in their approach to best serve the client.

An example of this approach is a couple I worked with using emotionally focused therapy, to facilitate communication and listening between the couple. The exercise required the female partner to listen to her male partner and paraphrase back the partner's comments. In the session, the female partner was having difficulty processing the feedback her partner gave her. She found herself becoming frustrated and stuck. To help resolve this block, I explored how her thoughts and feelings impacted her actions and behaviour, and how replacing them with new
thinking could influence her reaction and response that was causing discord in the relationship. Through leveraging the cognitive behavioural therapy approach, the female partner was able to gain clarity on the feedback the partner was providing her and could understand how her thoughts influenced her ability to be receptive and hear what her partner was saying. After completing the CBT exercise, she was able to continue with the communication exercise with her partner and she was able to paraphrase her partner's comments successfully. Overall, I believe that despite the differences among the three therapeutic approaches, counsellors should be open to leveraging components from each approach where it may benefit the client.

**Goal Three – Critical and Reflective Practice**

My third goal was to advance my critical and reflective practice. Specifically, I chose to journal as a manner to engage in critical analysis and reflection. Journaling was a tool that allowed me the opportunity to track my growth and progression throughout my practicum and give me direction for future learning. By journaling, I was able to document my initial impressions of the client, their specific circumstances as well as identify potential theoretical approaches.

In addition to journaling, individual clinical supervision and peer supervision fostered my self-awareness in counselling sessions and provided me with an opportunity for critical analysis of my practice. I was able to learn how to use critical and reflective thinking in my clinical supervision and during the peer supervision discussions. The feedback provided in clinical supervision aided me in understanding my progression, helping me to ascertain elements of my practice that were working well and offered constructive feedback and valuable insight for further improvement. Case discussions were a great opportunity to deconstruct my practice and obtain feedback which contributed to my learning. Case discussions were also meaningful
because it taught me that ongoing critical analysis, reflection and discussion are a significant part of good practice.

I believe that journaling was beneficial to me in developing counselling skills. Woodbridge and O'Beirne (2017) state that for student counsellors, the benefits of journaling include:

“greater awareness of the self as it relates to one’s interactions with clients...the capacity to improvise in a counseling session... and the power to ward off stagnation and professional impairment... for counselors, the ability to reflect is not simply a benefit, but a necessity” (p. 3).

I found journaling provided a better way to recount sessions, build confidence, and it helped me develop a clearer understanding of the therapeutic choices I made.

Journaling allowed me to take time specifically to be self-reflective, as I believed that this would be beneficial in understanding clients. Each day, I took time to consider the immense amount of courage and effort it took for many of my clients to come in for a session. These individuals risked vulnerability by coming to me and opening up to a stranger in the hope that I would be helpful. Being mindful of this provided additional awareness of the importance of prioritizing client respect and dignity. Being cognizant of the vulnerability of my clients was also a way of building sincerity into interactions with clients.

**Goal Three Actions**

As already stated, through journaling, I was better able to remember the clinical choices I made and the reasons for those decisions. Journaling was also helpful in the process of analysis of each session. At the end of each session, I recorded my clinical impressions. This approach ensured my impressions were fresh and accurately remembered. I would often come back to my
initial journaling entries and add additional content after having time to reflect on the session either individually or after supervision. Ultimately, I was better able to reflect on my clinical understanding of the therapeutic approaches used, the clients presenting problems, and the choices I made in the session.

Journaling after each session also created an obligation for me to look back at what I had written and to think reflectively about my development as a clinician. I included challenges that I faced during a session and questions that arose. In this way, I was able to observe patterns that occurred across several sessions, for example, many of the clients I saw with depression presented with poor sleeping habits, appetite control issues, isolating behaviours or avoidance. Considering the similarities between different clients provided me with additional insight about different strategies. I had the opportunity to challenge my practice. I challenged myself to try new techniques.

I used my journals to obtain feedback from my Professional Associate in our weekly supervision meetings. I prepared questions for supervision and actively sought feedback in specific areas. I was aware that I would benefit more from clinical supervision by treating it as an active process in which I was part of, rather than passively accepting feedback. Therefore, I sought to be a participant in my supervision. While supervision was invaluable, I believe that I was able to increase its value even more through actively using my journal to record the feedback I received after each session and to note points on which I was hoping to receive additional input from my supervisor.

**Goal Three Results**

The value that I received from the critical reflection and journaling was immense. The reflective process helped me to evaluate my approach with clients, examine the results of my
work and devise alternate approaches for future sessions. I believe the journaling process significantly contributed to my increased effectiveness from the beginning of my practicum to its completion. As I journaled about the clients and peer discussions I had while at FSR, I became a more confident and effective counsellor. In the scope of my previous experience working as a social worker, with a large case management workload, there was minimal time for journaling and reflection. Therefore, I was very appreciative of the opportunity to adequately reflect and examine my experiences while at FSR.
Chapter 4 - Theoretical Approaches

This chapter will review anti-oppressive practice and the three theoretical counselling approaches I focused on during my practicum; cognitive behavioural therapy (CBT), emotionally focused therapy (EFT) and acceptance and commitment therapy (ACT). This chapter will examine each theory individually and my experience applying each approach in counselling.

Anti-Oppressive Practice

I believe that anti-oppressive practice (AOP) is an essential approach for counselling. Anti-oppressive practice can be defined as “focusing on the use and abuse of power on and by various systems within society” (Teater, 2010 p. 11). Abuses of power or oppression manifest through inequality of opportunity and resources, through systemic injustice and unfairness, and through the restriction of rights for marginalized groups as compared to dominant power groups. These oppressions are often based on the individual’s sexual identity, ethnicity, religious beliefs, political beliefs, social class, age, size, disabilities and abilities.

Oppression seldom occurs in a singular way, and it is crucial for social workers and counsellors to be conscious of the manner that various oppressions can intersect and impact persons. Thompson’s PCS model views anti-oppressive practice as occurring on three levels: personal, cultural and societal (Thompson, 2006). The P level refers to the personal level and represents the perceptions persons have of themselves and others. The C level stands for the cultural level, meaning the way people in a culture or society adhere to common values. The S level is the structural level, referring to societal or structural oppression. Each client’s lived experiences will have different effects and impacts, whether they face, or have faced, personal, cultural or structural oppression.
For anti-oppressive practice to be effective, actions need to be taken at all three levels. By reflecting on our behaviour and taking action, we have the opportunity to influence the attitudes of our communities and remove barriers of the oppressed. Through the removal of these barriers, we can empower oppressed persons to take action to improve their lives. Empowerment is a critical component of anti-oppressive social work practice. Anti-oppressive empowerment considers ways in which people can be empowered by exploring choices around presenting barriers through identifying both problems and pathways for change. Though systemic oppression can be difficult to influence, I believe it is an essential aspect of social work to advocate for anti-oppressive measures in our work and organizations that we may be part of, and throughout society.

Family Service Regina does not have a specific policy regarding anti-oppressive practice. However, FSR does have a policy that identifies a commitment to equality of services regardless of ethnicity, language, race, age, ability, gender, sexual orientation, income, political or religious affiliation (Family Service Regina, 2014, p.4). The provision of services regardless of income is an important quality of the organization. The commitment that Family Service Regina has in providing services to the community is evident in its floating fee structure, where the initial Thrive Walk-in counselling sessions are available at no cost, and the fee for follow up sessions is based on a sliding scale according to the client’s income. Counselling services offered by the agency are intended to be accessible to all members of the community, regardless of their ability to pay.

As an organization, FSR utilizes a strengths-based approach across all their services. An anti-oppressive model aims to reduce or eliminate systemic barriers of oppression while promoting equality across all persons (Cocker & Hafford-Letchfield, 2014) “The ultimate goal of
anti-oppressive initiatives is the creation of non-oppressive relations rooted in equality”  

During my practicum, I found that many of my clients were experiencing various forms of oppression. Many of these clients faced personal and systemic racism, colonialism, sexism, along with economic oppression. I believe it is imperative that social workers are acutely aware of the impacts of oppression and incorporate anti-oppressive theory into their practice. Dominelli (1993) stated that:

Anti-oppressive practice embodies a person-centred philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people’s lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of hierarchy in their immediate interaction and the work they do together. (p.23)

Through the reduction of oppression and its impacts, social workers can have a meaningful impact on society and the marginalized especially. For me, a key next step is become more involved either directly or indirectly in initiatives to help reduce inequality.

**Cognitive Behavioural Therapy**

I chose cognitive behavioural therapy (CBT) because of its efficiency, its teach-ability to clients, and because it allows for some flexibility. As a professional social worker, it is important to be familiar with the most common therapeutic approaches. This familiarity enables me to raise my standards of practice and align them with research priorities and ensures that the services I provide to my clients are current. In addition, I wished to offer evidence-based therapy to clients, and research supports CBT as one of the most effective. Above all, I want to provide counselling
in a manner that allows clients to retain their self-determination, which CBT allows. CBT approaches tend to heavily involve the client in the diagnostic and therapeutic processes, and this model supports my values of empowering clients.

Psychiatrist Dr. Aaron Beck developed cognitive behavioural therapy. Through his practice, Beck noticed the internal dialogue people used included a significant linkage between thoughts and feelings (Beck, et al., 2018). As part of his psychiatric practice, Dr. Beck conducted several experiments on the psychoanalytic concept of depression (Beck, 1979). As a result of these experiments, Dr. Beck identified that patients often experienced barrages of negative thoughts, which he termed “automatic thoughts” (Beck, 1979). Beck worked collaboratively with his clients to identify their underlying problems, address issues and develop positive solutions (Martin, 2016).

CBT focuses on the interconnectedness between one’s thoughts, feelings and behaviour and how they influence one another. The goal of CBT is to modify the client’s thoughts, beliefs, and behaviours that are negatively affecting the client’s ability to deal with a problem and to develop new methods of coping (Kendall, 1993). Other times the client can learn how to change their behaviours that are causing difficulty for themselves. The use of mindfulness training with CBT helps clients to associate suffering in an alternative manner, reducing its impact and allowing the client to better manage its impact (Cayoun, 2015). Through identifying distorted thinking patterns CBT teaches the client how to change their undesirable thought patterns by replacing negative, self-defeating thoughts with more productive ones. By replacing the negative thinking, the client’s behaviour also changes. The therapist can share CBT principles with the client, and the client learns skills that they can use on their own once therapy ends (Cooper & Lesser, 2011). CBT has been prioritized as a preferred model of practice in my previous places
of work. CBT was one of my preferred approaches and I subsequently gained a level of
competence and comfort with this approach in the practicum setting.

A range of technique are typically used in CBT. CBT is focused on the present, is rooted
in problem-solving and is time limited in duration (Beck, et al., 2018). The techniques are
designed to assess the meanings that clients attach to their experiences and to identify when their
experiences have been affected or created by incorrect assumptions that the client may have
made (Beck, et al., 2018). The first of these strategies is to be mindful of negative or self-
defeating thoughts that instantly occur in response to a situation (Beck, 1979). As Edelman
(2007) notes “Even in situations that are inherently painful, negative thinking can generate
additional, unnecessary suffering” (p.13). Having negative thoughts does not permit the client to
see situations as unique, and clients typically respond with anxiety in the situation when they are
having automatic negative thoughts. The client is encouraged to see how ideas and behaviours
affect each other (Beck, et al., 2018). One of the premises of CBT is that a client may be reacting
based on their interpretation of events, which they draw from their existing narratives (Beck,
1979). The client’s automatic reactions can prevent them from acting thoughtfully in response to
specific situations.

Another element of CBT is determining how negative cognitions are validated, or not
validated, by external experience and evidence (Beck, et al., 2018). External experiences can
reinforce how negative cognitions are developed based on existing narratives, rather than from
actual experiences. Eventually, the client learns to identify negative faulty thinking patterns and
how to replace them based on understandings that are based in reality (Beck, et al., 2018).
Clients are then empowered to assess situations in a way that does not rely on negative beliefs,
and they create new beliefs which alter the way they interpret and react to stressful or
problematic situations. Ultimately, the client will ideally learn to acknowledge and change their beliefs that create negative interpretations (Beck, et al., 2018). CBT is used for the treatment of an extensive variety of conditions, including major depressive disorder, anxiety, post-traumatic stress disorder, sleep disorders, eating disorders, and many more conditions (Edelman, 2007).

CBT has continually shown to have strength and depth in counselling processes. David, Cristea, and Hoffman (2018) suggest that in comparison with other theoretical approaches, evidence shows CBT efficacy, meaning the CBT is producing the desired counselling result. In my practicum, I had the opportunity to learn how CBT theory and techniques worked in practice with clients and through discussion with colleagues I obtained a greater understanding and application of this therapeutic approach. CBT was consistent with my social work ideologies. To date, CBT is a form of psychotherapy that has been the most researched and was found to be the most effective in clinical literature (David, et al., 2018). CBT is adaptable and can be used with different therapeutic models such as acceptance and commitment therapy, emotionally focused therapy and person-centered therapy, which adds to its potential holistic nature (Martin, 2016).

Inviting clients to reflect on their thoughts encourages them to question their understandings of reality and their relationship to their world, which is a powerful intervention in disrupting negative thought processes (Normann, Lønfeldt, Reinholdt-Dunne & Esbjørn, 2015). As I journaled throughout my learning process, the clients’ experiences helped me as a counsellor to ensure I was not bound by one theory but allowed the theory to evolve in the counselling process.

CBT has been critiqued for failing to consider the importance of the therapeutic relationship (Sanders & Wills, 1999). Interest in the therapeutic relationship when using CBT has increased in recent years (Leahy, 2008). Proponents of CBT have reconsidered the
importance of the therapeutic relationship and have become aware that this approach is useful for examining the mechanics of the client-counsellor relationship (Leahy, 2008). Particularly, plateaus in the progress of therapy can be overcome by addressing the client-counsellor relationship and using CBT models in examining this relationship (Leahy, 2003). Furthermore, by addressing issues such as schematic resistance, CBT allows for the resolution of cognitive and emotional issues (Leahy, 2008). Schematic resistance is defined as “maladaptive schemas such as inadequacy, perfectionism, entitlement, and dependency that interfere with patients' practising the techniques recommended by their therapist” (Spett, 2002, p. 102). In CBT the relationship is used to explore resistance, and the meaning of the client’s lived experience. The therapeutic relationship allows clients the opportunity to explore their relational attachments and experiences with their therapist. The exploration of relational attachments and experiences is why the connection is considered significant.

CBT has also faced criticism because it can be too mechanical and process oriented while failing to address the patient as a whole (Gaudiano, 2008). Additionally, it has been shown that the cognitive components of CBT have not performed better than basic behavioural strategies with major depression (Jacobson et al., 1996). David, Cristea, and Hoffman (2018) also point out that cognitive behavioural therapy can still be improved, despite its broad adoption and current strengths. One of the primary reasons that CBT can improve is due to its ability to change. In contemporary discourse, CBT is “an umbrella term of empirically supported treatments for clearly defined psychopathologies that are targeted with specific treatment strategies” (David et al., 2018, p.1). One of the strengths of CBT is its flexibility; for example, CBT has shifted over time to reflect developments in how the mind and behavioural mechanisms are conceived (David et al., 2018). The tendency to involve and empower clients aligns with my value of emphasizing
a person-centered and anti-oppressive approach to counselling. The fact that CBT is adaptable means that it will allow for a variety of techniques to be used, as well as integrating with other therapeutic approaches.

I had a thought-provoking experience with a client who stated they had not participated in any previous individual counselling. As I began working with this client using CBT and explaining the concept, the client identified he had some familiarity with CBT from a group program he previously attended. This client had a court mandate to participate in a group program, and he was unsure if counselling would be something that could be helpful to him. The client was unconvinced that he needed to make changes to his behaviour.

I was quite familiar with the CBT based group program the client previously participated in. With this familiarity, I was able to reflect on how the skills from his previous experience with CBT could be used in the work we were to do. Typically, a client who had not been through an extensive CBT based program would have required a more in-depth explanation of CBT to allow time for them to understand how CBT works. This client’s previous group counselling experience accelerated this client’s understanding of CBT and allowed for the more natural development of the counselling relationship.

My intentions for explaining how CBT works were to explore his familiarity with CBT and to determine how comfortable he was with it. This client had a strong understanding of CBT, and he progressed into identifying and exploring his emotions with little prompting. Not only did this client’s awareness with CBT contribute to our therapeutic alliance, but the client’s body language and facial expression were immediately boosted, and he became more engaged in the session when I introduced CBT and discussed how he might benefit from it. He participated in a
written exercise with my support during the session and was seemingly empowered when he was able to identify his thoughts and feelings that were entrenched in his behaviour.

This client presented with distorted thinking patterns, such as a lack of self-compassion for the difficulties he was experiencing and catastrophizing about his relationship with his partner. The exercise based on identifying his feelings was refreshing for him and helped him to slow down, reflect on his thinking, and notice how his thoughts were self-reinforcing negative thought patterns and subsequent emotions. This client was able to identify an obstructive pattern of self-sabotage in his relationships that were fueled by his persistent negative thinking.

This experience reiterated the potential benefit and value in teaching skills such as CBT to clients. CBT can enable the client to achieve independence with the counsellor because they can develop the skills they need and integrate them into their life long after the relationship with the counsellor has ended. As I continue my counselling, I am curious if other clients with familiarity with CBT may experience the same result. During his time in therapy, my client was able to refresh and build on his skills, using them outside the sessions. In a later session, he recounted how he recognized he was falling back into his pattern of self-sabotage. Recognizing repetitive patterns based on his negative thinking, he was able to reframe his thoughts to a more positive view and break his self-sabotaging habit.

CBT is a therapeutic approach that is tailored to each client and is designed to help the client learn about their thought processes and assumptions that influence their behaviour as a response to those thoughts (Beck, et al., 2018). One of the reasons for the widespread popularity of CBT is its adaptability to each client's situation and needs.
**Emotionally Focused Therapy**

Throughout my practicum, I also had the opportunity to study and apply emotionally focused therapy (EFT) with couples. This approach broadened my scope of clientele, as it works beyond individual counselling. EFT is a form of therapy that is often used with couples and families (Greenberg & Johnson, 1988). EFT is based on attachment and examines the existing bonds within a couple’s relationship with a focus on strengthening their bonds (Greenberg & Johnson, 1988). Through the process of therapy, the dynamics of the relationship progress in a healthier and more productive manner (Greenberg & Johnson, 1988). I appreciate the way this form of therapy endeavours to create a safe place where partners can turn towards each another and look for positive intent while not getting stuck in reactive behaviours but rather process their emotions and build curiosity about their partners and their feelings. The focus and targeted outcomes of EFT is ideal for couples and families.

While using EFT, I had the opportunity to explore with clients their feelings in the context of their relationships and whether they valued their relationship. EFT has three stages, Stage 1 - Cycle De-escalation, Stage 2 – Restructuring Interactional Positions, and Stage 3 – Consolidation/Integration (Johnson & Greenman, 2006). The individuals in a couple or family are encouraged to be honest about their feelings and to accept their emotions, rather than judge or assign value traits to their emotions (Greenberg & Johnson, 1988).

Our choice of language we use has a great effect on how we communicate feelings. Greenberg and Johnson encourage exploring shifting of blaming language and feelings within contextual dialogues (Greenberg & Johnson, 1988). At the same time, individuals are encouraged to avoid language that attributes blame to the other party (Greenberg & Johnson, 1988). By avoiding blame, clients feel comfortable in expressing their feelings and this
encourages honesty and alters negative communication patterns. Individuals learn to rely on their bond with the other party and to share their needs; as this process occurs, the relationship typically improves (Greenberg & Johnson, 1988). By having a strong emotional bond in the relationship, a couple builds a foundation of respect, trust and security in fostering healthy communication. Couples learn to be aware of how they developed negative patterns in their relationship and how to proceed with improved communication and open dialogue (Greenberg & Johnson, 1988). These aspects: trust, respect, and security; combine to challenge patterns that have the most detrimental impact on relationships.

I was able to use components of EFT in working with a young couple who presented with issues of marital discord. The couple Sydney and Frank (pseudonyms) had been living together for two years when they had one child together. Frank’s son also lived with them on a one week on and one week off basis. Frank and Sydney noted they had a lot of conflicts, extending from the division of household chores to personal finances. This couple had an ongoing conflict for most of their relationship, nearly separating a few times. Both were tired of the constant strife and wanted help and had a strong desire to make their relationship work.

In the first two sessions, I assisted the couple to identify their normal interactions where conflict was expressed. The pattern of conflict appeared to be one of attack-withdrawal. When Sidney became frustrated and distressed, she would frequently attack Frank, thereby causing Frank to withdraw. Frank’s withdrawal would feed into Sydney’s underlying feeling was that Frank was not interested in her anymore and he was potentially going to leave her. Frank’s withdrawal behaviour would cause Sydney to experience increased anxiety and heightened distress about their future. Frank would feel discouraged about Sydney’s ability to trust that he
loved her and was not planning to leave. Assisting Frank and Sydney in identifying this cycle of interaction and their underlying emotions was the first step in our session process.

EFT provides an avenue to explore thoughts and feelings with clients and to connect their emotions with their identity. As Greenberg (2004) suggests, this approach is believed to be effective because it considers emotion to be a key aspect of self-concept. When we give individuals the opportunity to explore their feelings within the context of their relationship, they are then afforded the opportunity to move towards understanding, and away from judgment. As Greenberg (2004) contends, individuals do not only experience emotions, but they also reflect on them and continuously attempt to make their emotions logically understandable. In this way, individuals integrate their feelings with their identities and their worldview. Individuals create meaning for themselves by how they arrange and understand their own emotional experiences. Ideally, a client will be able to reconcile their emotions with reason (Greenberg, 2004). It is the role of therapists and counsellors to coach clients to be able to identify their emotions, accept them, and cognitively process their experience (Greenberg, 2004). Key to this therapeutic model are the concepts of emotional awareness, emotional regulation, and emotional transformation (Greenberg, 2004). While shadowing my Professional Associate who was working with a couple, I observed the importance of each person being emotionally present. Being emotionally present and being able to distinguish this skill is a crucial component to explore with clients in couple’s work. EFT places emphasis on acceptance of emotions, cognitive processing of emotions, and honesty and fairness in communication in order to reroute patterns that are detrimental to relationships.

Emotionally focused therapy is compatible with cognitive behavioural therapy and acceptance and commitment therapy (ACT) because it asks the client to reflect on his or her
experience, identify their emotions and to make a change. While ACT focuses on the acceptance of feelings, the cognitive identification of feelings is consistent across these therapies, whether the focus is on emotions or beliefs. Being able to identify emotions cognitively empowers clients because it provides the tools that allow them to identify problematic patterns and to make changes in their patterns resulting in therapeutic change. As individuals develop a sense of greater control in their lives and their relationships, they are empowered to relate differently to their environment and others. The similarities between EFT, ACT and CBT permits these approaches to be used in conjunction with each other and will emphasize the client's participation and desire to create changes.

Learning about emotionally focused therapy was valuable in the context of my practicum because it is considered one of the most successful models in working with couples (Johnson, Hunsley, Greenbery, & Schindler, 2006). This model also appeals to me because it allows the client to gain self-actualization and to be self-directed in therapeutic decisions.

**Acceptance and Commitment Therapy**

Acceptance and commitment therapy (ACT) is a therapeutic approach that evolved from cognitive behavioural therapy (McCracken & Vowles, 2014). Acceptance and commitment therapy is based on the scientific evolution of “contextual behavioural science” (Hayes, Levin, Plumb-Vilardaga, Villatte & Pistorello, 2013, p. 180). This approach involves examining the philosophy underlying a client's psychological systems and altering those systems to better provide coping mechanisms for the client (Hayes et al., 2013). Similar to CBT, acceptance and commitment therapy could be understood to holistically examine a client's worldview, rather than specific beliefs that are linked to thoughts. The techniques include ways of assessing
progress and an emphasis on careful examination of the effects of applying new ideas and strategies, through a process of mediation (Hayes et al., 2013).

Additionally, ACT focuses on specific elements such as “acceptance, defusion, self, now, values, and action,” and examines how these elements contribute to the quality of psychological adaptability (Hayes, et al., 2012, p. 976). Psychological resilience is the goal of acceptance and commitment therapy, and this goal is compatible with CBT. ACT bolsters self-actualization and self-regulation. Using this theory allowed me to ensure that during the counselling process that the client’s cognition and actions were framed within the client’s lived experience.

I used an ACT exercise to assist a client in defusing from a distressing experience she was feeling. The client felt guilt and shame because at one time she left her children with her husband so that she could receive inpatient mental health support. She had deep regret about her behaviour of self-harm which occurred in reaction to her partner’s episodes of infidelity. In one of our sessions, we worked through an exercise exploring her thoughts and feelings. We examined the client’s thoughts, to determine: were the thoughts accurate, how the thoughts made the client feel, and does the thought arise from uncomfortable emotions. The approach was used to allow her to identify that these thoughts were just streams of words or passing sensations so that she could let go of the feelingss rather than holding on to them.

We labelled some of the thoughts as a judgment, an evaluation, a memory, an opinion, and an unhelpful thinking pattern. Together we worked on consciously noticing the thoughts and considered them to be like a beach ball in the water. I used the metaphor of the beach ball, so she could view her thoughts like trying to hold a beach ball under water. The beach ball is out of control in front of us like intrusive distressing thoughts. The beach ball keeps popping to float around us; we can allow the ball (representing our thoughts) to be present and not intruding. By
noticing her distressing or unhelpful thoughts, she was able to spend time interpreting what they might mean and how they were affecting her.

Acceptance and commitment therapy involves acceptance of a situation or an aspect of self while permitting thoughts and feelings to exist without judgment. By selecting the appropriate method, the counsellor can bring the client closer to the desired outcome; and closer to taking action (Hayes et al., 2013). ACT also involves cognitive defusion techniques of emotionally challenging situations (Hayes, et al., 2012). Cognitive defusion is the ability to separate your thoughts and stop them from dictating actions. Defusion is an effective means to deal with self-defeating thoughts. An underlying premise of ACT is that individuals can choose their direction and make differences in their own lives (Hayes et al., 2013). Through the emphasis on decision-making and empowerment, ACT supports the evolution of self.

Though acceptance and commitment therapy developed from cognitive behavioural therapy, ACT should be considered a separate therapeutic approach although it does not counter conventional CBT, and it can be used in conjunction with CBT (Hayes et al., 2013). ACT is a progressive model of therapeutic intervention (Hayes et al., 2013). Like conventional cognitive behavioural therapy, ACT has been found to provide positive outcomes for an array of conditions (Hayes, et al., 2012). Because this approach offers a means of empowering clients by allowing them to identify problems and create behavioural change goals it is considered to be compatible with client-centered counselling (Hayes et al., 2012, p. 976).

I believe that acceptance and commitment therapy complements traditional CBT approaches. I find ACT to be more focused than CBT in several ways and it provides a useful set of cognitive tools that can bolster those provided by CBT. Like CBT, ACT also facilitates my desired approach of delivering client-centered interventions. It is important to use progressive
therapeutic models, where they are appropriate and can meet a client's needs. One of acceptance and commitment therapy’s benefits is that it exemplifies a progressive approach. I believe that as we progress in understanding the human mind and behaviour, therapeutic strategies should also advance with new knowledge. By pairing acceptance and commitment therapy with conventional cognitive behavioural therapy, I have developed a wider range of potential therapeutic options. As an MSW student interested in expanding my counselling skills and abilities, I found it to be empowering to have a broader range of tools and interventions to use. It was important to me to be well prepared in practicum, and I selected approaches that were flexible and provided a range of responses that had the potential to be beneficial to clients. The models and tools provided by CBT and ACT were helpful to both my clients and me.
Chapter 5 - Counselling Reflections

This chapter will review my experience providing counselling to clients at Family Service Regina. As already stated, I was able to work with a broad demographic of people from as young as seven years of age to as old as seventy, who presented with a variety of clinical issues including anxiety, depression and familial problems. I met with clients at the Thrive Walk-in Clinic as well as in on-going counselling services at Family Service Regina.

Single Session Walk-In Counselling Services

Single Session Walk-in Counselling was a significant portion of my counselling experience at FSR. I saw over thirty clients in the Thrive Walk-in Clinic. When I began my practicum, I was quite skeptical of the concept of single session counselling. I questioned how much value a client would receive from just a single session. Additionally, I had apprehensions about my effectiveness as a counsellor without having any background or intake information on the client, such as not knowing the clients’ concerns before I saw them. I learned that single session counselling was adequate to help clients to explore their concerns, develop next steps and action plans they can take, and to learn some coping mechanisms. Despite my initial apprehension I quite enjoyed these sessions and developed an appreciation for the single session counselling process.

Single session models of therapy provide timely access to professional counselling services and serve as an entry point for clients requiring additional counselling services. Single-session walk-in therapy (SST) has seen an exponential increase in recent years (Hymmen, Stalker, & Cait, 2013). I believe affordability and the immediate or near-immediate access to counselling are two reasons why SST has increased. This trend was evident at FSR where the demand for single session walk-in counselling services has grown from a single afternoon per
week to the current four afternoons per week. In 2017 FSR completed an evaluation of the Walk-In Counselling Clinic. The evaluation provided nine recommendations including,

1. Maintaining the expanded hours in the Walk-In Counselling Clinic,
2. Utilizing the Walk-In Counselling Clinic to reduce waitlists,
3. Re-examining front desk procedures,
4. Establishing a partnership with the University of Regina to utilize MSW and Psychology students,
5. Develop a Walk-In Counselling Clinic Manual,
6. Focus on orientation and professional development,
7. Develop a strategic promotion campaign to better reach potential clients,
8. Recommend that FSR transition towards a trauma-informed approach, and

The Single Session Walk-in Counselling model is designed to provide therapeutic interventions as they are needed, and to facilitate counselling services for clients of limited means (Hymmen, et al., 2013). These sessions do not have the advantage of a long-term therapeutic relationship, but it does allow for services for those who do not wish to commit to ongoing counselling or may have difficulty coming in for appointments on a regular basis. Single session therapy can provide therapeutic interventions to more clients than longer-term treatment would permit within a low-cost or free clinic model (Hymmen et al., 2013). Studies of the efficacy of this single session counselling are limited, however, in their research, Hymmen, et al. (2013) found that clients using such services had positive outcomes and increased their use of other public services.
For the clients who required counselling beyond the initial walk-in session, they are added to the FSR list for on-going counselling. Often, I was able to continue counselling with these clients, which was ideal for the client because there was the continuity of a therapeutic relationship. This continuity is not always the case, however, and commonly clients would see different clinicians at the Thrive Walk-in Clinic. Disruptions in the therapeutic relationship are a challenge for both the counsellor and the client.

Co-Counselling Sessions

I observed and participated in counselling sessions with my Professional Associate and other counsellors at FSR where initially my role was to be an observer and sometimes my role was as a co-counsellor. Early in my practicum, these sessions provided me with the opportunity to observe and critically consider different perspectives. These initial co-counselling sessions helped build my confidence as a counsellor by allowing me to validate my observations and thoughts. Later during my practicum, I was a more active participant during co-counselling sessions. Co-counselling provided the opportunity to engage in the theoretical approaches other counsellors used.

Individual “On Going “Counselling Sessions

Family Service Regina provides on-going counselling services. During my practicum, I was able to see approximately ten on-going clients through this program. I found these sessions rewarding from a personal perspective as it allowed me to observe my clients’ progress throughout the sessions. I was able to explore the clients presenting problems more deeply. During these sessions, I used components of different theories to address the client’s concerns. An example was with a couple who were in their late twenties who were in the midst of a relationship breakdown and having communication problems. This couple had difficulties
effectively communicating but also had common goals that they wished to achieve. With this couple, I used communication exercises to ensure both parties were clearly understanding the other person. We also focused on reducing over-generalizations, “all or nothing” thinking and catastrophizing.

**Clinical Supervision**

My experience with supervision through the practicum exemplified the importance of supervision for counsellors and its importance in the role of professional development. Supervision programs designed around a carefully considered methodology are needed to assist in counsellor professional development (Kilminister & Jolly, 2000). Supervision allowed me to develop a better understanding of the connection between theory and practice. It also enhanced my understanding of the rationale for integrating a variety of intervention techniques and equipped me with a variety of tools to build knowledge and confidence to provide clinical counselling. Ultimately, the feedback I received informed my reflective practice by providing another window for self-assessment. I believe that it is this sort of recursive, reflective approach that is important to ongoing professional development.

Supervision is uniquely essential for professional development in social work (Bogo & McKnight, 2006) by allowing for developing professionals to receive feedback, critique, and instruction from an experienced social worker. Feedback is perhaps the most important aspect of supervision, and clear feedback is especially beneficial to social work students (Kilminister & Jolly, 2000). In defining clinical supervision, Vaccaro and Lambie (2007, p. 46) cite Bernard and Goodyear (2004), who define supervision as actions undertaken by a more experienced member of a profession to aid in the development of and oversee, a less experienced member.
The supervisor takes the role of evaluating performance over a period of time (Bernard & Goodyear, 2004). Supervision is designed to help with the professional development of a less experienced individual by ensuring that clients are protected and receive an adequate level of service. Supervision also functions to ensure that those entering the counselling profession are suited to do so, both in terms of skill level and ethical understanding (Bernard & Goodyear, 2004).

During the supervision sessions with my Professional Associate, I was provided with an opportunity to debrief, as well as to gain valuable insights through discussions on various therapeutic approaches, ethics, and self-reflectivity. I was able to meet with my Professional Associate once per week for the duration of my practicum; these meetings were typically an hour in length. My Professional Associate would offer ideas, suggestions that I could try with clients, and assist me in understanding clinical scenarios from differing viewpoints and perspectives. These discussions with my Professional Associate helped me to integrate theory with practice because my Professional Associate often understood scenarios in ways that I did not. My supervisor was also able to provide direct feedback after she reviewed clips of my videotaped sessions. My individual supervision provided me with targeted feedback to increase my skills and knowledge in the role of a counsellor. This personalized feedback was especially beneficial to me. These two approaches, individual supervision and peer supervision, were instrumental in helping me to develop a more nuanced understanding of clinical skills.

**Peer Supervision**

A standard model of supervision used in counselling is a peer supervision model. Peer supervision created great opportunities for my learning in practicum. Within the peer supervision model, there is no one designated supervisor among the group, but all in the group assume an
equal role and participate in the supervision process (Tsui, 2004). Typically, each member of the group will take turns leading the group so that no one individual takes on this role. Through case consultations, all the staff help each other by resolving problems in an environment of collaboration and sharing is encouraged (Tsui, 2004). Peer supervision is valuable for strengthening teams as well as its ability to improve responsibility and accountability among the staff (Tsui, 2004).

At Family Service Regina, the counselling team met with the domestic violence program workers and the Teen Parent program workers for weekly peer supervision meetings. The meetings were both an opportunity for knowledge sharing amongst the practitioners as well as an opportunity for case discussions. The knowledge sharing consisted of having speakers attend meetings from outside the agency, such as the Elder who came in to speak to the group on Indigenous issues, and staff from within the agency also shared information about a particular topic. I presented to the group on working with persons with infectious diseases based on my prior work experience.

Peer supervision allowed me to engage with clinical issues with a lively group and to share my questions and concerns openly. I found the weekly peer supervision sessions to be useful because it provided an opportunity to discuss case issues and participate in problem-solving collaboratively. As an active participant of the group, I was able to give input to case issues encountered by more experienced counsellors, as well as obtain feedback on my concerns regarding clients I worked with.

Peer supervision relies on having experienced staff members because inexperienced staff members are less suited to lead the discussions due to their lack of firsthand knowledge (Tsui, 2004). As experience is gained, newer members can also lead the group. During my placement, I
had the opportunity to present work I had done with specific client populations, clients with infectious diseases. By doing this presentation and sharing my experience, I contributed to the other counsellors’ knowledge and their ability to work with this group.
Chapter 6 - Counselling Skills

This chapter will review four important skills and concepts within the social work counselling context. These skills are: the importance of the therapeutic relationship; reflective practice; role development; and understanding clients.

The Therapeutic Relationship

As I explored different theoretical approaches in counselling, the core of all approaches was having a good therapeutic relationship (Goldfried, 2013). The client-therapist relationship or therapeutic relationship is defined as “the feelings and attitudes that therapist and client have toward one another and how these are expressed” (Norcross, 2010, p. 7). How a counsellor and client connect is a significant piece of the counselling process. It is of extreme importance that the counsellor is aware of the therapeutic relationship because not all relationship building techniques will work with all clients (Norcross, 2010). The counsellor must be genuine but must also adapt to the needs of different clients (Norcross, 2010). The diverse needs of clients are the reason it is necessary to develop a wide-ranging skill set for effective counselling. Additionally, personality differences may result in a client and a counsellor not being compatible, and this is to be expected as not all individuals will connect. However, effective counselling depends on the client having a positive relationship with the counsellor. The therapeutic relationship is a critical component of counselling (Norcross, 2010). In my practicum experience, I was able to observe and understand the importance of having a strong therapeutic alliance. I found that the clients with whom I established the strongest rapport also seemed to be the ones most committed to making changes. They were more interested in my input and suggested coping strategies. Having read a great deal about the therapeutic alliance, I was excited to have a first-hand working understanding of it. I was also mindful of the therapeutic alliance...
when working with couples because the appearance of favouring one partner over another could be detrimental to the goal of couple counselling. In the future, I intend to continue to be aware of the therapeutic alliance and its importance in counselling outcomes.

I also found that it was easier to build a therapeutic alliance with some clients, as opposed to others. Some clients had a difficult time getting to counselling and seemed to withhold information. For example, I worked with a client that was encouraged to attend counselling by a parent and it was difficult to elicit the client’s goals. With this client, I engaged him by discussing his ambivalence toward counselling and tried to determine whether he wanted counselling. By having this dialogue, it enabled me to build a rapport with the client, understand his anxiety, and together we identified a goal of developing coping strategies to deal with his anxiety. Others did not seem eager to bond with me as a counsellor.

Based on my prior literature review on the therapeutic relationship, I understood that difficulty building a therapeutic relationship with some clients was expected to some extent, and it did not impact my sense of efficacy. I thought about better ways to build therapeutic alliances with clients who were mandated to attend counselling. For clients who were mandated to attend counselling one of the strategies I utilized was to engage the clients in a dialogue about counselling as an opportunity to work on any issue that was impacting them, not just the problem that the referral agent had in mind. By taking this approach, clients regained a sense of self-determination despite being mandated to attend. Addressing an issue that was important to them was useful in developing trust and building rapport.

Clients are all unique individuals, they cannot be approached in the same manner, and they will not respond uniformly. Therefore, despite a need to be genuine as a counsellor, I
endeavoured to tailor my specific approach to meet the needs of each client to effectively build a therapeutic alliance, particularly in the early stages of the counselling relationship.

The short-term nature of the single session counselling approach could be challenging. Ideally, therapeutic alliances are built over multiple sessions, which is not possible in single session counselling. I found it beneficial to consider the therapeutic alliance in a single session context as functioning and developing differently when compared to an ongoing counselling session. Where appropriate, I adopted different methods to facilitate the therapeutic relationship within this context. Establishing the therapeutic alliance is affected by whether the counsellor will be meeting with the client in a single session, or meeting with them over time; as well as whether it was the client’s choice to attend counselling or if they were mandated to attend.

The therapeutic alliance has been suggested as one of the most useful predictors of success within therapy (Safran & Muran, 2003). A common definition of a therapeutic alliance is the emotional bond between therapist and client paired with an agreement on therapeutic goals and the actions needed to meet those goals (Constantino et al., 2017). The therapeutic alliance is essential for the promotion of change (Constantino et al., 2017). It can promote change directly or indirectly by making techniques more effective (Constantino et al., 2017). The therapeutic alliance is a fundamental aspect of therapeutic interventions (Reynolds, et al., 2017). The literature shows a relationship between having a strong therapeutic alliance and the effectiveness of the counsellor (Reynolds et al., 2017). This relationship occurs regardless of the therapist’s theoretical approach, the reason for the client seeking therapy, or the degree of difficulty he or she is facing (Reynolds et al., 2017). According to Reynolds and colleagues (2017), the client’s ability to form a therapeutic alliance is also contingent on coping strategies and relational tendencies, which can sometimes create difficulties or barriers in the formation of a therapeutic alliance.
alliance. A client who faces challenges with attachment or bonding or in sustaining relationships is also likely to encounter these challenges in their relationships with counsellors, and counsellors need to be aware of this possibility.

It is important to recognize that successful counselling is dependent on an effective working alliance between the client and the counsellor (Zilcha-Mano, 2017). The impact of the therapeutic alliance influences the outcomes. Stronger therapeutic alliances are affiliated with more effective therapeutic interventions (Zilcha-Mano, 2017). Some research states that the alliance is therapeutic in itself while others argue that it is foundational to the process of change (Zilcha-Mano, 2017).

**Reflective Practice**

Reflective practice was also one of the tools I used in my practicum. Reflective practice involves the process of examining and assessing one's performance, aiming to improve through identifying areas of weakness and strengths and developing strategies to address the areas of performance in need of improvement (Morrissette & Gadbois, 2006, p. 131). Reflexivity emphasizes reflecting on what one is doing, but also how and why (D’Cruz, Gillingham, & Melendez, 2007).

Counselling is demanding and requires a complex skill set which includes the ability to connect with a variety of clients with a range of problems and various levels of mental health. Clients are often in situations where they are experiencing distress and face uncertainty in difficult life circumstances. Clients may be emotionally fragile, and learning how to effectively assist individuals who are facing extreme challenges is imperative for a counsellor. Additionally, the skills to be an effective counsellor are learned over time and through experience. These skills include active listening, critical thinking, boundary setting, knowledge of various counselling
theories, having effective supervision, and other skills as well (Kottler, 2000). While one may be naturally empathetic, that alone does not mean that the individual will be an effective counsellor. A counsellor must gain experience and be able to critically analyze their skills as part of ongoing reflection. Ongoing reflection is necessary to develop insight and self-awareness to be an effective counsellor.

I was aware that my practicum would provide an optimal opportunity to use reflective skills. As a graduate level MSW student in a counselling placement, I knew I would be encountering a range of new therapeutic experiences and trying out some interventions for the first time. To be efficient as a social worker and counsellor I plan to continue to use reflective practice throughout my counselling career. In my practicum, I wanted to ensure authentic reflection and to foster my ability to use a variety of therapeutic approaches. By recording my experiences, thoughts, and feelings in a journal, I was able to expand my practice of reflective journaling as a method of critical self-assessment. The journaling process encouraged me to challenge my thoughts, ideologies and beliefs in frontline social work practice. Through the use of reflective practice, I was able to document my learning. Personal reflection helped me to deconstruct the meaning of my actions in counselling and consider other possibilities, rather than thinking in absolutes. As such, journaling greatly contributed to my ability to be reflective in practice and significantly contributed to my practicum by helping me to learn how to be effective.

**Role Development**

When we engage in counselling, it is important that we are aware of the potential power in our role because it can have a significant impact on the client. Reflecting on how we are present in counselling is relevant to how relationships can develop. Role development in various
counselling contexts is based on the training that an individual has received and how they perceive themselves in that role as well as individual qualities (Atici, 2015). Our philosophy about counselling, the therapeutic approaches we use, our own values, and the counsellor’s self-concept are all important elements that contribute to the counsellor's role (Atici, 2015). Since the role of a counsellor is in large part relational, one cannot truly develop a concept of his or her role as a counsellor until they begin to practice.

Mariska (2015) notes that a counsellor’s role development begins with early educational experiences and with training programs prefacing the practicum experience where students will take part in activities such as role-playing. Such experiential activities provide some sense of what it is like to interact in the counsellor role. During my practicum, I had the opportunity to participate in some role-playing activities with another graduate counselling student. However, role-playing exercises have very different dynamics than when dealing with an actual client. For one, students are aware that they are dealing with another student and are not in a real situation with a real client; but this exercise can still be useful in building some skills and an initial sense of role.

The practicum is an essential part of assisting in the formation of counsellor role development. Through the practicum, one can move from the self-understanding of being a student and begin to develop a personal role as a social worker or counsellor. Atici (2015) describes how the counselling experience gained in practicum helps to provide validation which improves the students’ self-confidence. Through my practicum, I was able to see how my approaches and my value system impacted clients. It was particularly empowering to me to see when an anticipated approach or intervention was helpful to clients and I could tell that they
were committed to initiating change. Seeing the impact of my interventions with clients helped me develop self-confidence in my abilities.

I could see how using a client-centered and anti-oppressive approach helped clients to feel empowered. Also, by observing how the therapeutic approaches I selected were productive for the client I was dealing with, I was able to determine that these approaches were used effectively.

**Understanding Clients**

Another key element in developing counselling skills and abilities is the ability to understand clients and to develop a plan about how to interpret and address client needs. One of the most beneficial elements of my practicum was that I was able to meet with clients who represented a diverse population and came from a variety of circumstances. These experiences increased my confidence in meeting their needs. The diversity of clients included a senior man from China who recently moved to Canada to live with his daughter and was struggling with cultural change and his relationship with his daughter. Another client that I saw was a Nigerian woman who was experiencing a relationship breakdown with her husband and did not have family supports in Canada. The initial moments of meeting with a client are essential for forming a strong therapeutic alliance. If a client has a negative perception of the counsellor, or does not feel that the counsellor is genuinely interested in his or her situation, then therapeutic interventions are less likely to be effective.

I have always held a strong appreciation for having a good relationship with clients, one that is based on respect, transparency, and genuine communication. In performing my various roles with clients, I have aimed to treat them with respect and dignity. At the beginning of my
practicum, I was able to borrow from my previous experiences working with people as a social worker.

Some common themes I observed during my practicum regarding the reasons that counselling was sought were anxiety, depression, and relationship issues. Some of the clients I encountered were referred by professionals such as doctors and social workers, or they were referred by friends or family members. Others came for counselling on their own accord. Some clients came at a point in their life where they recognized destructive patterns. Other clients came because they needed a safe place to talk about their feelings and thoughts.

As previously mentioned I worked with an age range of clients from 7 years to 70 years; individuals of various ethnic and cultural backgrounds including First Nations, Eastern European, African, and Asian; and people in different stages of their lives. When examining the clients from a socioeconomic view, there was a wide variance including those who were highly educated and affluent as well as clients who were economically disadvantaged and experiencing poverty. The variety of client personalities and their varied circumstances provided a rich experience for me as a student clinician. I believe that if the demographic population of the clients had been homogeneous; my practicum experience would have been far less valuable.
Chapter 7 - Challenges and Considerations

This chapter outlines the challenges I experienced as a practicum student. These challenges include my status as a student, the lack of availability of couples for counselling, and concern about vicarious trauma. I will also discuss a challenge relating to client rights and access to information.

Practicum Student Status

When I began my practicum, I felt somewhat insecure about returning to the status of student. Although counselling was an important component of my past work experiences, I had never functioned in a position dedicated explicitly to counselling. I was acutely aware of my student status and feared that it would diminish my effectiveness in the eyes of clients. I wondered if clients would want to meet with a student, rather than a regular counsellor. I feared that clients would feel short-changed if they worked with a practicum student. I envisioned clients feeling exploited for the sake of my education and that the process of counselling would only value me, not them.

Therefore, before meeting with clients, I warned myself that clients might decline to meet with me when I disclosed my graduate student status. Additionally, early in my practicum, I was made aware of a new consent form that was developed for students that I would be required to review with clients. I worried that potential clients might interpret the consent to mean that the university did not have faith in my abilities. However, I found that the clients did not decline to meet with me and did not seem to have negative perceptions based on my student status or the consent form. I was shocked that my status did not appear to present a barrier for the individuals I worked with. Only once during my practicum did a client decline services when I informed them over the phone of my student status. This client was dealing with a marital breakdown and
parenting challenges. It was a complicated life issue, and he specifically sought out a counsellor with experience in dealing with separation and divorce.

The fact that other clients did not object to my student status bolstered my sense of security and contributed to the fact that I was not impacted by this client's desire to seek a more experienced counsellor. In retrospect, I think that it was beneficial that I had the one client who preferred not to work with a student, as this gave me some sense of what it might be like to have a client request another counsellor or go elsewhere for counselling; which is something that most counsellors eventually encounter.

**Couples Counselling**

I was particularly excited to work with couples in my practicum. However, I also felt somewhat apprehensive about dealing with two clients who had an existing relationship. I was reluctant to see couples before shadowing others due to the amount of internal pressure that I felt. In the initial portion of my practicum, I shadowed my Professional Associate and other FSR counsellors who provided couples counselling so that I could experience the couple counselling dynamics. This shadowing was useful and productive. However once I was prepared to begin counselling couples, there were few couples seeking counselling. Ultimately, because I was only able to see four couples, I wish that I had worked with couples earlier in the practicum period, as this would have provided more experience which would have been useful to me.

In counselling couples, I was mindful of the therapeutic relationship I would have with both partners and was careful not to favour one client over the other. I found couples counselling to be far more challenging than offering counselling to individuals. I needed to consider the beliefs and values of two people, as well as the history of their relational and communication patterns. The history of their relationship weighted heavily in the sessions.
I found emotionally focused therapy was very useful in the context of couples counselling. I saw some very challenging situations, such as addiction, infidelity, blended family challenges and couples who were reluctant to accept their share of responsibility and couples who waited until their relationship began to break down before seeking counselling. In my sessions with couples, I was able to encourage them to be honest, to use non-blaming language, and to accept their feelings and each other’s feelings. My Professional Associate provided suggestions in working with couples such as utilizing a communication exercise to slow down their speaking and facilitate each person hearing and then interpreting what they heard back to the other person. This experience demonstrated to me that I am capable of counselling couples. I do wish to provide couples counselling as a future component of my practice. Counselling couples requires more complexity and a somewhat different skill-set, but it is also dynamic and engaging work in which one can assist clients in some common yet challenging life difficulties.

**Vicarious Trauma**

It is common for counsellors who work with traumatized individuals to display some of the signs of trauma. Vicarious trauma develops when a clinician has created an empathetic bond with a client and after hearing their stories of trauma may begin to internalize symptoms (Harrison & Westwood, 2009). Stories of trauma and violence are difficult to listen to, and when one deals with many clients who have had such experiences, the clinician is at risk of vicariously experiencing their trauma.

Throughout my practicum experience, my Professional Associate would check in with me to inquire if I was experiencing any issues of countertransference or vicarious trauma. While I did not have any problems of transference or experience vicarious traumatization, I did find myself consciously examining my thoughts as related to vicarious trauma. During my practicum
experience, I dealt with several cases whereby individuals had extremely traumatic experiences, such as physical and sexual abuse, residential school trauma, and confinement. I found myself thinking about their experiences after the session ended. During my social work career, I have worked with individuals who have had very traumatic incidents, such as residential school survivors, and victims of physical and sexual abuse. Based on my previous experience I have well developed coping skills which I believe has helped me to prevent transference or vicarious trauma. Some of the coping skills I used included, talking about the cases with clinicians at FSR to express my thoughts and feelings, mindfulness and relaxation techniques, and through leveraging my support system and consciously seeking out personally enjoyable activities with family or friends on particularly challenging days.

I did not demonstrate any signs of vicarious trauma, but the empathy and vulnerability I felt with these clients led me to be more invested and involved in their experiences. While being committed can be beneficial to the therapeutic experience, it must also be appropriately channelled to avoid vicarious trauma or countertransference, where I would impose my reactions on to the client. These experiences have made me much more aware of vicarious trauma and the importance of addressing it directly.

Effectively engaging with clients requires a counsellor be open to their experiences thereby making a person more vulnerable to being affected and more susceptible to absorbing the emotional impact of their experiences. However, continuing to work when one has experienced a high level of vicarious trauma is not a responsible action because it may impair judgment and effectiveness. Failing to meet personal needs can result in burnout, detachment, and overreaction which can have an adverse effect on other clients.
Client Rights

As discussed throughout this paper, client-centered practice has been a central theme throughout my placement. When making a concerted effort to be completely client-focused, we must recognize the client's societal rights. Client rights include their right to be treated fairly and that they have a safe and protected space regardless of any qualities such as disability, race, ethnic background, religious beliefs, sexual orientation, age, and gender (*Canadian Charter of Rights and Freedoms*, 1980). It is the role of the organization and individual counsellor to ensure that all clients’ confidentiality and dignity is maintained. Throughout my practicum client rights were taken extremely seriously.

I appreciated and commend Family Service Regina for the transparency that they have integrated into their policies, particularly those regarding client’s rights and confidentiality. I recall one occasion when I received a request for an assessment from a private insurance company, requesting details about the client's progress and asked to receive a recommendation if this person would be ready to return to work. The insurance form was sent without the client's direct knowledge. In consultation with one of the directors regarding how to handle this request, I was directed to review options with the client about what FSR could do. Though FSR does not provide assessments, I found I was able to discuss this request with the client and the ways we could respond. We also examined potential issues that could arise if we did not respond. FSR has encountered similar requests in the past and was very cognizant of the potential issues that could arise. FSR made the client aware of the request and engaged them in responding. I believe these actions demonstrated a strong commitment to client-centered practice and transparency. Such actions consider the long-term effects on the client; recognizing that the counselling is only one aspect of the client’s life.
In this example, I saw how Family Service Regina embodied their commitment to anti-oppressive practice and client-centered services. This approach aligns well with my priorities and perspectives as a counsellor and with the CASW Code of Ethics (CASW, 2005). Overall, I believe that if FSR did not have such policies in place, and did not embody an anti-oppressive philosophy, I would not have had such an enriching experience within my practicum.
Chapter 8 - Conclusion

This final chapter provides my closing thoughts on my experience as a practicum student with Family Service Regina and my thoughts on the implications for my future social work practice.

Thoughts on the Theoretical Approaches

The theoretical counselling approaches reviewed in this paper have a similar goal of improving client’s presenting problems but have distinctly different methods to achieve results. Emotionally focused therapy (EFT) concentrates on enhancing the bond, communication and emotional connections. With cognitive behavioural therapy (CBT), the focus is on modifying thoughts and feelings, which will lead to modified behaviours. Conversely, the focus of acceptance commitment therapy (ACT) is not to modify thoughts or feelings, but to accept the feelings then let them go, which leads to altered behaviours. When considering the differences between CBT and ACT, it is important to note that while the methodology to achieve results is different; they have been shown to be comparable in their effectiveness (Bluett et al., 2014).

I believe that ACT and CBT can be incorporated together to provide the desired improvements in anxiety and depression, despite their different approaches. I think that the counsellor should guide and facilitate the counselling to use the most appropriate approach, whether that is CBT based cognitive restructuring strategies, or ACT based acceptance strategies. I believe that counsellors should not be locked in on a singular approach but should use a variety of counselling theories, and adapt their approach based on the client's needs.

Implications for Future Social Work Practice

As a social worker, I envision my future practice to be in a clinical counselling setting. Through past experiences, I recognize ongoing personal and professional development will lead
me in directions that I have not yet anticipated. One thing which will undoubtedly remain constant in my future practice will be my interest to continue to practice in a holistic, client-centered and anti-oppressive manner. I believe this approach is of the utmost importance in empowering clients by providing them with tools they can use to achieve self-actualization and self-determination as individuals. Combating experiences of oppression in a therapeutic context is extremely important to me.

I am returning to work in a counselling role in health care and look forward to continuing to develop my clinical counselling competencies. I will continue using a comprehensive approach to address the whole person and promote client empowerment for them to take an active role in the process of resolving their difficulties. My practicum experience at Family Service Regina provided me with hands-on experience using various counselling modalities and helped me better understand the role of a counsellor. This experience provided me with a sense of competency and confidence, as well as it affirmed my decision to focus my career towards clinical counselling. I had the opportunity to acquire some good experience because I was able to test theoretical approaches and to design interventions.

Following my practicum experience at Family Service Regina, I hope to continue working with diverse populations within the Health District by providing counselling. Working with diverse communities has added to my learning throughout my practicum. I intend to approach my future practice with a degree of flexibility, and authenticity so that I can meet my clients’ needs and be an effective social worker.

Vision for the Social Work Profession and Social Change

I believe that the social work profession must promote social change within communities. This obligation to promote social change is one of the primary factors that contribute to the
improvement of community mental health and wellness. As previously stated, I admire the community role assumed by Family Service Regina by developing community programs that are responsive to the needs of the community. In addition to the counselling programs that I have discussed throughout this paper, programs such as Thrive Walk-in Counseling, Domestic Violence Outreach program, Teen Parent Program, and the Older Adult Response service, as well as the community partnerships, contribute to make this organization one that is responsive to community needs. As a profession, social workers are positioned to be leaders in pursuit of social justice and in combating oppression in our society. I believe that no other profession can sustain this role in this way. Social work is crucial to community well-being, and to the betterment of society.

The role of social work will continue to be essential in addressing systemic inequalities that are perpetuated within society. I envision the profession of social work becoming more visible and more potent in addressing inequities and promoting human rights in future decades. I am honoured to be a part of a profession that plays a significant role in attempting to diminish the effects of social injustice.

**Final Thoughts**

I thoroughly enjoyed my practicum experience at the Counselling Unit at Family Service Regina and appreciated the opportunities it provided me. I was able to accomplish my learning goals and objectives. The opportunity to receive clinical and peer supervision was an invaluable and exciting experience for me. The relationship between the MSW graduate program in the Faculty of Social Work and counselling programs and Family Service Regina is one that benefits students, educational organizations, and community members. I believe that such partnerships must be preserved for the benefit of communities and social work education. I believe that
finding a successful match between ethics and values is one of the most critical aspects of a clinician's success with an organization, and this was particularly so for me.
References


