An Integration of Theory and Practice:
A Clinical Counselling Experience at Ehrlo Counselling Services

A MSW Field Practicum Report
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Abstract

This paper is a reflection of my MSW field practicum placement at Ehrlo Counselling Services, a not for profit agency that provides counselling, training, assessment, and consultation services to the community at large. This report integrates current literature and research, theory, knowledge, and my clinical experiences at Ehrlo Counselling Services over the twelve week practicum placement. My practicum objectives were to enhance my clinical counselling skills and gain experience with various counselling methods, including individual, family, and group counselling styles. This report utilizes the Direct Practice Framework outlined for the MSW Field Practicum Reports, which includes the following elements: Ideology, Theory, Values, Ethics, Relationships, Strategies, Skills, and Concluding Visions.
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Introduction

The primary focus of my field practicum with Ehrlo Counselling Services (ECS) was to enhance my counselling skills and develop a deeper understanding of social work theory and clinical counselling with individuals, couples, families, and groups. Throughout my academic journey and professional career at the Ministry of Social Services and Ranch Ehrlo Society (RES), I have developed a profound interest in assessing individual needs and applying clinical social work in a practical setting.

In my current position at RES as a Clinical Caseworker, I have had the opportunity to provide counselling services to youth and families involved with the program, however there has also been a significant focus on assessment, planning, treatment, behaviour management, and case management. Many of these interventions, have spanned over the course of two years and therefore, when seeking a field practicum placement, I was drawn to a setting that would allow me to focus primarily on clinical counselling skills and short-term treatment interventions. I sought out this type of environment, because I believed that it would aid in improving my clinical social work skills and overall knowledge of counselling theories. Given its positive reputation for impeccable clinical skills and ability to collaborate with clients and other agencies, I felt as though ECS would be the best fit for my specific goals and objectives.

Additionally, I knew that the counsellors at ECS would be supportive of my personal learning goals and objectives. In meeting with my Professional Associate and my Academic Supervisor, I had a clear vision of what my goals and objectives would be for the practicum placement. First, I wanted to develop my clinical counselling skills in the area of individual, family, and couples counselling and gain practical, hands-on
experience. Second, I wanted to gain experience in observing and facilitating group counselling. Lastly, I wanted to increase my knowledge and gain experience utilizing various counselling theories and approaches, with a primary focus on Cognitive Behavioural Therapy, Solution Focused Therapy, and the Strengths-Based Approach.

Over my twelve week placement at ECS, I provided counselling services to ten clients that were both male and female and between the ages of five and fifty years old to ensure a diverse client base. When working with these clients, I provided counselling to individuals, couples, and families depending on the client’s needs. Along with a diverse demographic caseload, my clients also had varying presenting issues that included: family conflict, depression, anxiety, grief, abuse and trauma, poor impulsivity and anger control, low self-esteem, as well as domestic violence. Throughout the three months, I had valuable clinical supervision that progressed as my skills and abilities evolved. Supervision consisted of weekly supervision and regular debriefings, as well as direct clinical supervision of my sessions. During my first month, I conducted sessions jointly with my Professional Associate and progressed to having her monitor my sessions behind an observation mirror or review recorded sessions. As my skills progressed and evolved, I became independent in the planning and execution of my sessions in their entirety.

In addition to individual and family counselling, I also focused on group therapy. I created a six week group counselling curriculum for youth in foster care who attended along with their foster parent. The primary focus of the group was to develop and encourage self-esteem and pro-social skills. I had the opportunity to co-facilitate the group with my Professional Associate. In addition to the group for youth who were in the foster care system, I also developed a second group curriculum with a principal focus
on parenting skills. This parenting program was created with the direct theme of reunification and is intended for families who were exiting the Child Welfare System. While I did not have the opportunity to facilitate their group during my practicum placement, it will be a resource for ECS and RES to utilize. Reunification is a prevalent issue at the agency as a whole.

Along with direct counselling and group facilitation, I also devoted time for independent research on theories, counselling methods, common presenting issues, and agency policies. I also observed sessions that were managed by numerous counsellors at the agency and attended to regular team meetings. Moreover, I had the opportunity to participate in frequent training sessions and professional development opportunities that assisted in developing my overall counselling and clinical social work skills.

This report utilizes the Direct Practice Framework outline for the MSW Field Practicum Reports in the MSW manual, with a focus on Ideology, Theory, Values, Ethics, Relationships, Strategies, Skills, and Visions. It also includes my experiences, observations, and personal reflections of my practicum placement, integrated with critical analysis as well as current and relevant literature.

**Ehrlo Counselling Services**

Ehrlo Community Services and Counselling Services was created by Ranch Ehrlo Society in 1995 as an independent agency to meet the needs of the community in Regina, Saskatchewan, by providing counselling and treatment services to individuals and families experiencing a wide range of issues and challenges. ECS operated as a sister agency to the Ranch Ehrlo Society for a number of years and officially amalgamated with
RES in 2011 (Ranch Ehrlo Society, 2014). ESC continues to provide quality counselling, assessments, training, and consultation services to the community at large and is mandated by RES to provide preventative and early intervention services in the community. ECS provides clinical services within the community with the goal of promoting healthier children, families, and adults (Ehrlo Counselling Services, 2014).

ECS is a part of the community services division of RES. Dr. Geoff Pawson founded RES in 1966, as a residential program to assist six at-risk youth. The program evolved to become a multi-faceted agency with highly specialized treatment for youth, families, and communities (Ranch Ehrlo Society, 2014). RES has continued to grow and develop to meet the needs of the community throughout the years and now encompasses over 40 residential programs that span across Saskatchewan and includes schools, treatment family programs, a treatment foster care program, numerous arts and recreation programs, affordable housing, as well as various other community programs. RES is a non-for-profit agency that is governed by a volunteer board of directors that is made up of different members in the community (Ranch Ehrlo Society, 2014).

Ranch Ehrlo’s agency mission is to “provide a continuum of quality preventative, restorative, and advocacy services, promoting the well-being of individuals, families, and communities through the elimination of abuse, neglect, addictions, and violence” (Ranch Ehrlo Society, 2014, para. 2). The agency strives to assist individuals and families with quality services available within the community, as well as meet the specific needs in our community. The culture of RES and ECS is centered around building and maintaining services that are founded on respect, caring, and nurturing for individuals and families, while appreciating the personal worth and individual needs of all people. Additionally,
RES and ECS are dedicated to encouraging self-determination and empowerment of individuals through practical programs consisting of support, counselling, and training, while providing advocacy on behalf of individuals, families, and communities with all levels of government (Ranch Ehrlo Society, 2014). ECS offers these programs during normal business hours, as well as throughout the evenings and weekends in order to fit the specific needs of clients.

My field practicum placement was completed at Ehrlo Counselling Services. The treatment team at ECS consists of one clinical social worker, six registered psychologists, and two certified counsellors, all of whom have significant experience working with individuals, couples, families, and groups on a multitude of diverse issues and presenting concerns (Ehrlo Counselling Services, 2014). Clients seeking assistance have varied challenges and issues, however some of the primary sources of concern during the period of my practicum were depression, anxiety, parent-child relationship difficulties, relationship conflict, life changes, as well as stress management. Additionally, ECS is dedicated to working in collaboration with the clients and members of the community to develop the services that best meet their needs, rather than utilizing pre-set groups, training, curriculums, or clinical treatment plans. ECS provides individual, couple, family, and group counselling, as well as consultation, assessments, training, and workshops to various population groups (Ehrlo Counselling Services, 2014).

Ehrlo Counselling Services is committed to meeting the diverse and ever-evolving needs of the community and therefore accepts referrals and funding from a wide range of sources. Referrals typically originate from sources such as Employee and Family Assistance Plans (EFAP), community and government agencies, as well as self-
referrals. Funding for sessions usually comes from EFAP and community contracts, however ECS also provides sliding scale fees and pro-bono options to self-paying clients when needed, to ensure that all individuals that require support are afforded the opportunity to experience counselling. The sliding scale and pro-bono options exist in programs devoted to allocating resources for those who may not have coverage or the ability to finance ECS’s services on their own (Ehrlo Counselling Services, 2014).

Ehrlo Counselling Services takes great pride in the intake procedures they have established, which assures that a counsellor will respond to inquiries within 24 to 48 hours of contact (Ehrlo Counselling Services, 2014). Following the initial point of contact, a counsellor will be assigned and continue to provide follow up services until the client is able to receive the counselling services. The wait times at ECS can vary and tends to fluctuate depending on resources and the need for services. Throughout my practicum placement, there was a notable increase in demand for ECS services, which was reflected in a waiting list up to one month in length. While completing my practicum placement, I had the opportunity to assist with client intakes and also participated in providing assistance and support to clients during the intake and while they were on the waiting list.

The treatment philosophy at ECS is based on a developmental approach that includes a bio-psycho-social model of treatment. Services provided are unique and individualized in order to ensure that the individual needs of each client are being met, and utilize best practice methodology. As such, in most cases, treatment plans and goal setting are developed in collaboration with the client to assist in resolving presenting concerns based on a short term intervention (Ehrlo Counselling Services, 2014).
Theory

Counselling theories provide theoretical structure and guidelines for counsellors working with clients (Pepinsky, and Pepinsky, 1954). While there are an abundance of counselling theories, the theory that is selected by the counsellor encompasses underlying principles that provides a framework and verification of treatment (Nelson-Jones, 2011). Throughout my education and employment, I was exposed to various models of social work and counselling theories and thus, during my practicum placement I wanted to develop my clinical skills and knowledge in specific counselling theories and approaches, such as Cognitive Behavioural Therapy, Solution Focused Therapy, and Strengths-Based Approach. The following sections will outline the counselling process, as well as the theories and approaches that I predominately utilized during my field practicum placement.

The Counselling Process

At Ehrlo Counselling Services, counselling between the professional and client is an important process that remains consistent and involves the same counsellor providing services throughout each stage for all clients, no matter what their issues or concerns. The counselling process is typically broken into three distinct phases where a counsellor’s theoretical frameworks are applied. These phases are rapport building and the initial assessment, treatment and action, as well as termination. During my practicum placement, I had the opportunity to lead clients through the counselling process, many of which progressed from the initial session through to the termination stage. The process varied in length for each client, as factors such as the severity of their issues, available
funding through sources such as EFAP, and their ability to engage and commit to the treatment process had a profound impact on the length of service.

The first phase of the counselling process involves engaging the client, building rapport, as well as completing an initial assessment. During my experience at Ehrlo Counselling Services, the time frame for this first phase varied with each individual client, however, typically occurred during the first few sessions. This was largely dependent on the client’s ability to open up and engage in sessions as well as their willingness to attend counselling, as some clients were mandated to attend through a government agency or a parent. Throughout this phase there is a continued need to focus on building rapport and trust and the client is afforded the opportunity to share their concerns, personal views, and relevant family history. In order to build rapport, the counsellor must demonstrate their commitment to understand and support the client through active listening, empathic statements, open ended questions, encouraging tone of voice, and engaged body language. Thoughtful questions, reflections, and statements also encourage the client to be open and trusting in the counselling process (Beck, 2011). At ECS, an initial assessment is completed, outlining the client’s presenting issues, areas of strength, and applicable history or family information. During this phase, the client and the counsellor also discuss the client’s goals or hopes for the counselling process, which are then utilized to develop the treatment goals.

The second phase in the counselling process is the treatment and action phase. During this stage treatment goals are conceptualized in collaboration with the client to address their present issues and concerns. The counsellor then leads the client in the intervention, assisting in discovering underlying thoughts and beliefs, while introducing
skills and methods to address the concerns. During the middle phase of treatment, the process of self-exploration assists clients creating new insights and reconstructing their personal values and beliefs (Corey, 2013). The counselling methods and theories, as well as the skills and techniques utilized during this phase are unique and individualized to the client and their specific presenting concerns. Additionally, clients are encouraged to try and further develop their skills and new internalized values between sessions as homework assignments. Throughout my practicum placement, the second phase varied considerably between clients. While some clients were solely interested in addressing their initial issues, other clients would change the focus of counselling depending on circumstances of their lives. In cases such as this, I would reevaluate the treatment goals with the client and address the issues that were pressing for them.

During the final phase of treatment, evaluation and termination are the primary focal points. Although preparing the client for termination is introduced at the initial stage of counselling and throughout the entire process, this phase can be difficult, yet it is essential for the completion of the treatment process (Beck, 2011). During my practicum at ECS, I would start to assist clients with termination by lengthening the period time in between sessions. Along with the timing of each session, the counsellor can assist the client in reviewing what has been accomplished in treatment, and in encouraging clients to implement new skills in their daily lives (Corey, 2013). In working with my clients, many of them found this to be a particularly challenging and difficult phase. Many clients expressed fears in ending counselling and felt unwilling to end the counselling process, however, with encouragement, reassurance and knowing they had the ability to return to counselling for check-in sessions in the future, their self-confidence grew and
they became more accepting of this phase. Out of my ten clients, over half have not completed the final phase and I will continue to work with them until termination in order to ensure continuity of care.

**Theories of Practice**

**Strengths-Based Approach**

One of the leading and more contemporary approaches within the realm of clinical social work practice, and one that I utilized at ECS, is the strengths-based approach. Also referred to as the strengths perspective, this approach contravenes traditional pathological and deficit-focused approaches by centering on the client’s strengths and internal coping mechanisms, rather than their weaknesses, limitations, and failures (Cohen, 1999). Although the strengths perspective does not refute or ignore the existence of problems and challenges, it’s ideology is weighted more on the client’s positive attributes and embraces the need to involve and empower the client through information, knowledge, and resource pooling between professionals and clients (Cohen, 1999).

Focusing less on the client’s problems and more on how they have been dealing with them is a foremost component of the strengths-based approach. A synopsis of the strengths perspective was authored by Saleebey (1992). It reads:

The strengths perspectives obligates workers to understand that, however downtrodden or sick, individuals have survived (and in some cases even thrived). They have taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing
it, and what resources (inner and outer) were available in their struggle to surmount their troubles. People are always working on their situations, even if just deciding to be resigned to them; as helpers we must tap into that work, elucidate it, find and build on its possibilities. (p. 171-172).

Further to this discourse by Saleebey (1992), what really matters to those using a strengths perspective is how to cope and overcome problems through utilizing the strengths and resources of the client, their family, the community, and professionals (Tong, 2011).

Strengths-based approaches are centered on and encompass some of social work’s fundamental values, which are also pillars of all of ECS’s counselling frameworks. The strengths perspective incorporates the need to affirm client problem-solving capabilities and self-determination by establishing a collaborative partnership between the counsellor and client, rather than a hegemonic relationship (Tong, 2011). The strengths perspective also acknowledges the uniqueness and individuality of clients and, in turn, seeks to find services that will meet individual needs. Moreover, strength-based approaches encourage the importance of utilizing and developing social resources within the client’s respective communities, which help to maintain long-term social support and participation. Lastly, the strengths perspective is centered on respecting the client’s self-worth and dignity, through empowerment, encouragement, and an overall focus on the positive traits, skills, and attributes of the client (Tong, 2011).

Throughout my practicum experience I both observed and directly applied the strengths-based approach in counselling sessions. In one particular counselling session that I observed at ECS, I watched a counsellor lead a session that was extremely
successful in utilizing the strengths-based approach. After terminating counselling several months prior, the client resumed counselling services and disclosed that she had returned due to being laid off from her job. Feeling defeated and in a state of low self-esteem, she sought the guidance and support from her counsellor. During session, the counsellor empathized and actively listened, allowing the client speak about her feelings of hopelessness. The counsellor used the strengths-based approach to assist the client in identifying her own personal strengths and positive resources in her life. Additionally, she empowered the client and challenged her to address the concerns by using her strengths and focusing on aspects of the situation that she could control. Throughout the hour, I observed the client progress from questioning her self-worth, to feeling empowered. By the end of the session the client had realized that the negative incident of losing her job was actually an opportunity to pursue future goals and was feeling a sense of resolution and personal growth.

Along with observing this counselling approach being used, I also found the strengths-based approach to be beneficial, as I weaved it into sessions with all ten of my clients. The strength-based approach was used in conjunction with other theoretical frameworks throughout the counselling process, I experienced that it was very useful with all clients especially when I was engaging the client and building rapport in the initial phase. Additionally, throughout treatment I felt that the strengths-based approach encouraged me to empower the client to make changes, assist in identifying their useful resources and strengths, as well as to increase self-esteem and self-worth. During the termination phase, I drew upon the strength-based approach to dispel fears that the clients
were experiencing about terminating services. Overall, this theoretical approach felt natural to use with for all clients and during most all phases of treatment.

While a strengths-based approach is a useful perspective to counsellors in the area of social work, there are some critiques that have been noted about this approach. The critics of the strengths-based approach have indicated that it is too vague, providing limited guidance or methods to use with clients (Tong, 2011). Additionally, it has been expressed that if a counsellor does not use the approach correctly it can have limitations. If applied too early in the counselling process, the counsellor may appear to have a lack of understanding or empathy for the client, resulting in a hindered therapeutic relationship (Cohen, 1999).

**Cognitive Behavioural Therapy**

Cognitive behavioural therapy (CBT) is a widely used theoretical approach amongst those within the realm of psychology and social work and one that I commonly used in counselling sessions throughout my practicum. Cognitive behavioural therapy is a therapeutic practice centred on the notion that problems can either be attributed to irrational and distorted thinking style or to deficiencies such as a lack of skills which impede clients from acting in a manner that they should (Ronen & Freeman, 2007). This therapeutic method focuses on linking the individual’s thoughts, feelings, and behaviours and acknowledges the interconnectedness of each. Often times an individual’s negative thoughts about an issue can produce negative feelings, which in turn, can lead to dysfunctional behaviours (McKenzie, 2008). Cognitive behavioural therapy aims to stop this cycle in early stages of thinking in order to change and minimize dysfunctional
behaviours. When utilizing this theory, the counsellor helps the client to identify their dysfunctional thoughts and shows them how to think about their situation in a different manner (Slee, Arensman, Garnefski, Spinhoven, 2007). Thoughts are often based on an individual’s personal beliefs and views about the outside world and themselves, and therefore can sometimes prove difficult to change or alter.

Additionally, cognitive behavioural therapy is designed to assist clients in learning new behaviours and coping skills that can be utilized during stressful or problematic times when they may be prone to irrational thinking. Clients can practice these skills in sessions and learn to slowly implement them into their daily lives. In using cognitive behavioural therapy, the counsellor encourages the client to tell their story and discuss their problems openly. While the individual is talking about their thoughts and feelings, the counsellor introduces new methods of thinking and encourages the individual to set goals and objectives. The areas of focus are usually emotional regulation, interpersonal effectiveness, co-regulation techniques, distress tolerance, core mindfulness, and self-management skills (McKenzie, 2008).

As with many other therapeutic practices, cognitive behavioural therapy is guided by several key principles, which aid in fostering effective application and positive results. One key principle is the notion that cognitive behavioural therapy requires a sound therapeutic alliance (Beck, 2011). This concept involves establishing trust between the counsellor and client through the use of empathetic statements, attentive listening, and accurately summarizing their thoughts and feelings. Moreover, the counsellor points out both small and large successes, as well as maintains a positive and upbeat atmosphere so that the client feels comfortable and motivated to change (Beck, 2011).
A strong principle in cognitive behavioural therapy is that it emphasizes collaboration and active participation. This component of cognitive behavioural therapy allows the client to view therapy as teamwork that involves them and the counsellor (Beck, 2011). Although the counsellor has a more prominent role in designing therapy sessions, activities, and suggesting topics for discussion during the first stages of therapy, the client takes a more active role in decision making and planning as they progress and begin to feel more comfortable (Beck, 2011). This approach supports self-determination and empowerment of the client and holds them accountable, in part, for their own recovery.

Cognitive behavioural therapy is goal-orientated and problem focused, emphasizing issues and problems that are current and in the present (Beck, 2011). During cognitive behavioural therapy, a client will typically be encouraged to set goals and objectives for themselves, while the counsellor aids in challenging the client to evaluate and respond to thoughts that interfere with the goals that have been set (Beck, 2011). After addressing the way a client thinks about themselves and their goals, they are challenged with activities and tasks that help them come to realize that their distorted and negative thinking and how it can hinder their progress and emotional state. Additionally, cognitive behavioural therapy emphasizes education through teaching the client to identify and evaluate their own thoughts and beliefs and begin planning their own behavioural changes (Beck, 2011).

Throughout my practicum at ECS, I found cognitive behavioural therapy to be useful with a variety of clients. One specific type of client group, with whom I primarily utilized cognitive behavioural therapy, was with adolescents who were suffering from
anxiety, depression, and regular conflict with their parents. I chose to utilize this approach with these youths because during childhood and adolescent years, youth are forming their own personal views and schemas and cognitive behavioural therapy can be implemented to change, guide, and develop their personal views and thoughts. Additionally, research has suggested that cognitive behavioural therapy is successful when working with children and adolescents with a variety of mental health problems and emotional disorders, including anxiety or depression. According to Munoz-Solomando, Kendall, and Whittington (2008) five studies were completed that compared youth facing depression who were receiving cognitive behavioural therapy with youth who were waiting for treatment, nondirective supportive therapy, clinical management, or another active treatment. Data suggested that fifty percent of youth ages nine to eighteen years old who received eight to sixteen sessions of cognitive behavioural therapy at forty to sixty minutes in length, over the course of five to eight weeks, no longer met the criteria for major depression and anxiety, as opposed to thirty six percent of those utilizing the other methods noted (p.332-337). In working with my adolescent clients, I was able to assist them in identifying and altering their common thought distortions, which resulted in an improvement in their feelings and a change in their overall behaviours.

Cognitive behavioural therapy is a highly regarded counselling theory at both ECS and RES. During my practicum experience I was encouraged to use this theoretical approach with several of my clients that were experiencing depression and anxiety. One specific example of my use of cognitive behavioural therapy was with an adolescent client who was attending counselling due to suffering from high anxiety. During
sessions, the client expressed a high volume of pressures that she was experiencing in both her home and school life, such as balancing academic pressures and advanced classes at school, two part time jobs, following through with chores at home, as well as her own personal expectations to achieve perfection in all areas of her life. These numerous stressors resulted in her experiencing negative personal thoughts about herself and negative views about all aspects of her life. Her negative thoughts consisted of feeling like a failure and never being successful enough. I primarily utilized cognitive behavioural therapy in assisting this client in identifying and challenging the negative thoughts that she was having. Over the course of several sessions, the client was able to alter her thought process and personal views, which resulted in a decrease in her level of anxiety and improved her overall wellbeing.

While cognitive behavioural therapy seems to be successful in dealing with various psychosocial issues, some may argue that there are limitations to this approach and its effectiveness. It can be said that cognitive behavioural therapy only focuses on the psychological, emotional, and environmental issues, while avoiding issues that are rooted in the individual’s physiological and genetic profile, as well as systematic issues such as poverty. Additionally, cognitive behavioural therapy requires clients to use abstract thought, which can be challenging for those with developmental issues and low IQ. Proponents of this theory often times argue that physiological factors that affect the individual are not treated with cognitive behavioural therapy and that other treatments, such as the use of medications are necessary. As such, cognitive behavioural therapy is often used in combination with other forms of treatment such as the use of medication for these reasons (Slee et al., 2007).
Cognitive Behavioural Skills

Cognitive behavioural therapy is a theoretical framework that I used throughout my practicum placement and primarily applied with clients that were suffering from anxiety and depression. One cognitive behavioural therapy technique I often utilized with clients was journaling with a focus on identifying and challenging negative thinking patterns. In the counselling session, I would introduce a list of common thought distortions and use a thought challenging worksheet to break down the process into smaller steps. I would then ask the client to use the skills, worksheets, and journaling between sessions to continue to develop their awareness and skills in their daily life. The use of journaling and worksheets with the client allows them to respond to their automatic thoughts between sessions in a more approachable manner (Beck, 2011).

Relaxation and mindfulness are also cognitive behavioural skills that can assist clients who are suffering from anxiety, as it aids in reducing anxiety and slowing the client down (Beck, 2011). There are several types of relaxation exercises that can be used depending on the client’s comfort level and personal interest. Relaxation skills include progressive muscle relaxation, imagery, and controlled breathing. I would introduce the relaxation and mindfulness skills in the session with the client and explain how these can be a positive coping strategy to utilize at the onset of anxiety symptoms. The skill of controlled breathing was particularly useful for several of my clients, as it was a simple and quick way to keep their body in a relaxed state. Depending on the client’s age or developmental level, I would use various visual methods to introduce the skill. When introducing this skill to children and adolescents I would use visuals to assist
the client in understanding the regulation of their breathing. For example, I would have the child blow bubbles to depict the importance of slow and controlled deep breathing, which created larger bubbles. If the child took fast and rapid breaths, small bubbles would be produced. I also used visual cues in the form of shapes such as a square. Each side was labeled and instructed the child to breathe in, hold, breath out, and be still. This served as a visual reminder of the steps for adolescents when they were experiencing anxiety and stress. I would then ask the clients to use these skills between sessions.

A third cognitive behavioural therapy skill that I used with various clients throughout my practicum was the skill of graded exposure. Clients suffering from anxiety and depression often engage in avoidance as a coping strategy because it provides immediate relief, however avoidance continues to reinforce the source of anxiety (Beck, 2011). Therefore, the use of graded exposure allows the client create small steps to gently and safely start to engage in things that they have been avoiding. I found that this skill was useful for clients to achieve their goals, as it used smaller more attainable steps to work toward a larger presenting issue which made it more attainable for the client.

**Solution-Focused Therapy**

Solution-Focused therapy is another widely utilized theoretical approach to assist clients in addressing concerns when attending counselling. Solution-Focused therapy, as it sounds, is a theory based upon building and creating solutions, rather than dwelling on problems and their causal factors. Clinicians utilizing this approach have adopted the belief that it is more beneficial to place energy into understanding and working towards the solutions with the client, instead of dwelling on the client’s past (Fernando, 2007).
When using solution-focused therapy the client and the counsellor work in collaboration to find a solution to the presenting problem that the client is experiencing. The client is guided toward exploring their own ways of solving problems, therefore empowering and encouraging them to use their inner strengths and capabilities. As Bannink (2007) states, “the therapist adopts an enabling role, coaching the client in exploring his own way of solving problems experienced, thereby using his own competence to the greatest extent possible” (p. 87). Additionally, the counsellor focuses on the client’s strengths, highlighting their improvements and resources throughout the treatment process (Bannink, 2007). This can be accomplished through complementing the client and asking competence-based open ended questions, while remaining optimistic and encouraging that positive change is possible to help the client to continue to work toward improvements.

At the onset of counselling, the professional allows the client to describe their presenting problem and then assists the client in developing the goals or treatment plan. When utilizing solution-focused therapy, the counsellor will sometimes ask the client to imagine that if a miracle were to occur and solve the problem that brought them into counselling, what would have taken place. Often known as the ‘miracle question’, this particular activity assists the client in creating goals and noting the positive changes that they can start to use (de Shazer & Berg, 1997). As the treatment process continues, the counsellor continues to focus on positives and the client’s strengths, as a means to motivate the change. This can be accomplished through the use of exception questions, focusing on times when the problem did not exist, as well as complementing the client in order to draw attention to the their successes (Nichols, 2011). Additionally, the
counsellor does not introduce new skills or techniques to client because it is believed that the solution behaviours already exist within the client. Therefore, the counsellor encourages the client to continue to utilize the positive coping skills they already possess (Bannink, 2007). Traditional solution focused therapy normally involves more than one team member to assist the counsellor by observing the session from behind a mirror. The team members then meet prior to the end of the session to discuss the therapy and formulate a summary of the session to present to the client (Nichols, 2011).

Throughout my practicum experience, I found many of the solution-focused therapy strategies and concepts to be useful with several of my clients. As a significant number of my clients were seeking short term interventions, I found this particular theoretical framework useful to ensure that the focus was on developing resolutions to their problems, instead of spending valuable time on the history and contributing factors of their presenting problems. I also utilized the miracle question and scaling questions with several clients, as it appeared to be a more concrete way for them to fully understand, identify, and express their issues. This particular type of therapy, although applicable to varying demographics, was primarily applied with children and adolescents during my practicum placement at ECS. Solution focused therapy and the optimistic and future views that it encompasses, was especially important in maintaining engagement and motivation amongst my clients.

While there are a number of benefits to using solution-focused therapy, there are limitations to the approach. Some research has noted that the approach is too simplistic and that counselors utilizing this approach use simple techniques to address complex issues or concerns (Nichols, 2011). Moreover, it has also been noted that due to the
approach’s primary focus on solution and change, there is minimal opportunity for the client to discuss their concerns, issues, or individual and family history (Dermer, Hemesath, and Russell, 1998). As a result, the client may feel that the counselor has limited empathy or understanding of their concerns and issues. While I used various solution-focused skills when working with a client, I never used it as the sole therapeutic approach. I found it important and relevant to allow time to build the rapport with the client and understand their history and perception of the problem.

**Solution-Focused Skills**

As mentioned previously, I utilized aspects of solution-focused therapy with a variety of my clients during my practicum placement. I implemented various solution-focused strategies with clients in order to provide a goal oriented focus and a short term intervention. The use of the ‘miracle question’ with clients was particularly useful at the initial phase of the treatment process. While using this skill, I would ask the client to imagine a miracle occurring overnight that would sufficiently solve the problem that brought them to counselling, and how would the client notice that the miracle had taken place? By asking this question to the client, the counsellor assists and guides the client in exploring their presenting problem and their own way of solving the issues (Bannink, 2007). I would then proceed to ask further questions to assist the client in exploring what changed, such as what would the client or others be doing differently? Or how would they react to the change? I found the miracle question to be extremely useful in developing the treatment goals for counselling in collaboration with the client.
A second solution-focused technique that I used throughout my field practicum was the use of scaling questions. Scaling questions ask the client to evaluate their presenting problem on a scale from one to ten, with one being the worst the problem ever was and ten representing the best of times (Nichols, 2011). The counsellor then can focus on the score on the scale, as a means for discussion about what needs to occur to move up on the scale (Bannink, 2007). This method was useful in monitoring improvements throughout the counselling process, as well as increasing motivation and confidence for the client. I found scaling questions to be extremely useful for all clients, especially children and adolescents because it provides a concrete visual way of understanding their progress, behaviour, and issues of concern.

**Skills**

Ehrlo Counselling Services tailors their counselling services and treatment plans to the individual client to ensure meaningful and personal service is being offered (Ehrlo Counselling Services, 2014). As all individuals respond differently to the differing counselling methods and modalities, a variety of counselling skills can be implemented to best meet the need of the client. While completing my practicum placement at ECS I was introduced to numerous counselling skills that could be used in conjunction with counselling theories and approaches, which also complement the counselling process. The skills I used most commonly with my clients were creative interventions and self-care strategies.

**Creative Interventions**
A therapeutic method that I found beneficial throughout my clinical counselling was creative interventions. This framework utilized expressive arts, such as painting, drawing, stories, music, writing, and play to foster emotional healing, resolve inner conflict, and awaken individual creativity. When this approach is utilized in a supportive and therapeutic setting, it enables the client to have personal growth and discovery, as well as heal personal trauma or presenting issues. The art becomes an outlet for the client to express themselves and be able to communicate with the therapist when words are too difficult to use (Rodgers, 1993).

Throughout my practicum I particularly found this counselling approach beneficial to utilize with both children and adolescents. Creative interventions, such as art and play is a favorable method of counselling because creative approaches can be extremely beneficial with adolescents and children who may have difficulty engaging in talk therapy. This is typically because children and adolescents may be unsure of what to say or how to identify or articulate complex feelings and thoughts. The use of art, play, and third party narratives helps children and youth overcome barriers and share their personal stories in a safe and healing environment. (Lowenstine, 2011). According to McKenzie (2008), engaging adolescents in therapy is emotionally non-threatening, yields much greater benefits than forcing them into to talk about things that they either do not want to discuss or do not know how to discuss (p. 86).

Along with art and play methods, musical interventions are a useful tool to use specifically with adolescents and children who have an interest in music, dance, or lyric writing. As younger clients can find it difficult to engage in counselling at times, the singing, writing, or relating to lyrics can be a non-intrusive way of expressing thoughts.
and feelings, as well as integrating their personal interests. Furthermore, simply listening to music can be a tool to promote relaxation and provide a means of self-soothing in therapy sessions (Nathan & Mirviss, 1998).

Throughout my practicum placement, I used various creative interventions for the majority of my child and adolescent clients. I found that throughout the counselling process, if the clients were experiencing difficulty communicating verbally, creative interventions and symbols were useful to help them represent their experiences and emotions. I used music, art, play, or through third-party narratives and therapeutic stories. Moreover, when counselling children, the use of activities and creativity assisted in maintaining their engagement and focus throughout the sessions. Creative activities also introduced my young clients to healthy and pleasurable activities that they were able to integrate into their daily lives.

My Professional Associate introduced me to a creative intervention exercise to use with children at the assessment and rapport building stage of treatment. The creative activity, Butterflies in My Stomach (Lowenstine, 1999) uses art to assist the child in vocalizing their stressors and presenting issues. I used this method with clients during the initial session to discuss the child’s concerns in a non-threatening manner. To start the activity, I would try to normalize the fact that everyone has worries in their lives. I would then explain that sometimes stress can affect our body and cause reactions such as a racing heart, sweaty palms, or at times an upset or jittery stomach. I would then explain that it was common to have “butterflies in my stomach”, which comes from an individual’s bodily response to anxiety and stress. I would then give the client a piece of paper with various sizes of butterflies on it. The child could then colour and decorate the
butterflies and is directed to write or draw their worries under each butterfly. The child was also informed that the larger the butterfly would depict a larger stressor in their life (Lowenstine, 1999). I would then discuss each butterfly with the child, as a means to understand their concerns that they had expressed through art. I found that when I utilized this method with children, it increased communication and allowed the client to self-reflect in a non-threatening manner. I found this creative intervention to be extremely useful with children in developing a therapeutic alliance during the initial counselling session, as well as prioritizing presenting problems and developing the treatment plan.

**Self-Care Strategies**

A counselling skill that can be used with clients and is commonly used at ECS is the implementation of self-care strategies. The use of self-care techniques can be implemented with a wide variety of clients to address several issues of concern. Schure, Christopher, and Christopher (2011) purport that mindfulness-based stress reduction skills and basic self-care have been successful interventions in assisting a variety of clients suffering from various issues, such as anxiety, depression, mood disturbances, and somatic symptoms of stress. They reported along with a decrease in troubling symptoms, there was an overall improvement in quality of life. The self-care strategies that I focused on with a significant number of clients throughout my practicum was improving sleep patterns, developing healthy eating habits, implementing regular physical activities, engaging in enjoyable healthy activities, and interacting with positive supports. I found
self-care strategies to be a complementary skill to utilize with any therapeutic modality or counselling theory.

One specific client that I found self-care strategies to be especially effective with was a 25 year old female, who was seeking counselling for her anxiety and history of trauma which included physical and emotional abuse. Self-care strategies were introduced near the end of the counselling process, after more prevalent issues had been addressed. While she had been able to address several issues necessary to process her trauma and negative thought patterns that contributed to her anxiety, she still had not implemented healthy coping skills. I introduced self-care techniques, such as regular sleep, exercise, and spending time with positive friends and family. These self-care methods were to be implemented into her daily life and aided in improving her overall wellbeing and self-perception. When reviewing the self-care methods with this client, she noted that when her severe anxiety symptoms affected her in the past, she went to the gym on a daily basis which made her feel more positive about herself and increased her energy level. We made a list of the self-care strategies and planned three times per week when she would engage in these activities. During a follow-up session, the client explained that the self-care strategies assisted her in overcoming several of her symptoms of anxiety and increased her overall sense of wellbeing.

**Therapeutic Relationship**

One of the most crucial and significant aspects of counselling is the therapeutic relationship between the client and the counsellor. A therapeutic relationship is regarded as the foundation on which the counselling process is built upon and can have a major
impact on the outcomes of the therapeutic process. The therapeutic alliance is described as the development of bonds, agreement on goals, a joint assessment and collaboration on tasks. The relationship between counsellor and client can be broken down into two sections, the relationship itself, which is manifested by the level of trust and rapport, as well as the collaboration, which can be measured by how invested the client is in the process (Arnd-Caddigan, 2012).

Developing rapport and trust with a client is most beneficial and needs to start at the beginning of counselling in order to propel the development of a therapeutic alliance (Beck, 2011). To optimize on the success, the counsellor should aim at creating an alliance starting from the first session, which predicts more successful outcomes (Bedi, 2004). Developing a therapeutic relationship is based on strong interpersonal abilities and communication skills, which in turn, makes the client more comfortable when they feel uneasy or insecure attending counselling. The ability to create a therapeutic alliance can be attributed to several characteristics that the counsellor possesses. These include: being warm and empathetic, having genuine intentions, as well as providing appropriate self-disclosure (Arnd-Caddigan, 2012).

Using the therapeutic relationship and rapport that is built can help the counsellor to maximize their overall ability to help the client in difficult and complex situations. Sudbery (2002) purports that for a social worker to ensure good practice they must be attentive to the relationships with their clients (p. 157). Research has also suggested that the strength of the alliance between client and counsellor can predict successful outcomes for the client, regardless of the theoretical approach that is utilized during sessions (Arnd-Caddigan, 2012).
The notion of a therapeutic alliance determining success was one of the most beneficial lessons I learned throughout my practicum placement. In working with my ten clients, it was clear that I built a strong therapeutic relationship with some clients and engaged easier and more openly than with others. I worked with a ten years old girl, whose parent sought the counselling supports for her daughter who was internalizing her feelings and would not open up regarding stressors in her life. The child was in foster care and was being reunified with her biological parents. Even though she had a positive relationship with her parents, due to her experiences in several foster homes and familial placements, as well as spending significant time out of parental care, she had difficulties trusting adults and discussing her thoughts and feelings about the reunification. I worked hard to engage this ten year-old client throughout my sessions, however it was clear that this child was having a difficult time talking about personal stressors. I focused my sessions on building the rapport, as well as using externalizing counselling methods and creative interventions in my work. As the sessions continued I began to become insecure in the treatment progress. I completed a check in with the parent, as I was unsure how beneficial the counselling sessions were. To my surprise, the mother indicated that the child always looked forward to attending counselling, often referred to counselling as her “safe place”, and had shown significant progress in the home environment. In meeting with my Professional Associate, I was reassured that the therapeutic alliance that I had developed was assisting the client, and that the treatment process for the child may need to be longer than usual. It became clear that as a counsellor, I should not discount the healing process of the therapeutic relationship and that it needs as much attention as any theoretical framework.
Strategies

Ehrlo Counselling Services uses a variety of approaches to meet the needs of individuals in the community. Clients are provided the option of having individual, family, and couples counselling depending on their needs. Additionally, as opposed to preset groups, ECS offers group counselling based on the request of the client or agency, common presenting issues, or where there is a gap in services in the community. In addition to counselling, ECS provides services based on community needs. These services include, consulting, training, workshops, conferences, and assessments. During my practicum placement, I had the opportunity to provide individual, family, and group therapy.

Individual Counselling

A large percentage of referrals for counselling services at ECS are for individual counselling services. Requests for this type of service are requested for an array of different issues, which can include everything from depression, anxiety, grief and loss, or change of life issues. Some clients require more in-depth and consistent counselling services, while others need periodic or occasional sessions for support in their daily lives.

Ehrlo Counselling Services typically delivers individual counselling in a face to face setting with a client and a counsellor in the controlled environment of the office. Sessions typically last forty five to sixty minutes in length, depending on the client’s comfort level and needs. Additionally, the frequency of session’s vary depending on the
severity of problems, presenting concerns, and phase in the counselling process. In addition to face to face individual counselling, ECS also offers support to clients via telephone or email when requested by the client. This support usually consists of positive encouragement, information sharing, and supportive reminders.

Six of my clients were strictly involved in individual counselling. The remaining four clients received family counselling services and individual sessions or I had individualized segments. One-on-one counselling is a meaningful component and plays a role in family counselling as well. The six clients that I provided individual counselling to ranged from the ages of 5 years old to 40 years old. Each client was suffering from differing problems that included: anxiety, depression, grief and loss, parental divorce, trauma, and low self-esteem.

One particular client that I provided individual counselling services to was a young adult suffering from depression. She was self-referred and was seeking supports to process life stressors and develop strategies to manage her depression. Upon starting the counselling process, the frequency of the sessions started at once per week for one hour at a time, however the frequency slowly decreased and she recently requested to attend counselling once a month for ongoing support. When working with this specific client, she was easily engaged and eager to learn new skills to address symptoms of her depression. I primarily utilized cognitive behavioural therapy when working with this client to address her negative thoughts, low energy levels, and a withdrawn lifestyle. Additionally, throughout the treatment process, the client started to have pressing concerns regarding her relationship with her boyfriend. The client did not wish to have her boyfriend attend couples counselling, therefore I supported the client and assisted by
introducing various communication skills she could use to improve her relationship with her boyfriend. This specific client found one to one counselling to be empowering and beneficial. As a result, she reported a decrease in her symptoms of depression and an improvement in her overall wellbeing.

**Family Counselling**

During my practicum at ECS, I was assigned to work with a diverse mix of people with varying issues and concerns. Of the multitude of issues, parent-child conflict and family problems were some of the more prevalent problems that I was challenged to lend assistance with. These problems usually consisted of communication breakdowns, inappropriate discipline, and parental difficulties transitioning from childhood to adolescent expectations and rules. During the family counselling sessions, I provided both individual counselling sessions for children and their parents and also facilitated sessions involving the entire family unit. Most all of my clients benefited from the mixture of individual and family-setting sessions, coupled with occasional homework activities to complete as a family unit.

Children and parents find themselves in family counselling for an abundance of reasons. One of the foremost reasons is poor family communication. Communication between family members is vital in order to maintain healthy relationships, especially between children and their parents. Things such as giving direction and setting expectations need to be expressed and communicated in a clear and concise manner so that everyone understands what is expected of them. Messages from parents to children also need to be complete and dialogue needs to match non-verbal communication, such as
gestures and voice inflections to avoid conflicting messages (Leiman and Strasburger, 2001).

Another issue that contributes to a negative parent-child relationship is poor self-image of the child. Poor self-image is usually manifested in a general unhappiness in the child, coupled with a lack of understanding from the parents. Children are often unhappy due to goals that are too low for themselves or too high so that they are unattainable. With respect to this issue, parents play a key role in being able to role model for their children and assisting them in setting realistic, achievable goals for themselves. Moreover, parents should seek out strengths and positive aspects in their child’s life as well as stimulate their interests to encourage self-esteem. This is one area where parents can sometimes focus on their children’s shortcomings and the negative aspects, while forgetting to highlight and praise their strengths and encourage their interests (Leiman and Strasburger, 2001).

Discipline is also an issue that repeatedly surfaced with families experiencing parent-child conflict. Many parents imposed punishment on their children for poor behaviour and choices, however punishment was frequently misunderstood and abused (Leiman and Strasburger, 2001). In fact, many behaviour modification experts suggest that discipline is best maintained through positive reinforcement of good choices, rather than negative reinforcement for poor decisions (Leiman and Strasburger, 2001). Further to this, research has found that physical punishment hinders childhood developmental health and enhances the risk of developing negative attributes. Additionally, studies have shown that there is a correlation between physical punishment, childhood aggression, and domestic abuse later in life (Durrant and Ensom, 2012). At the same time, this does not
mean that a child should not be disciplined for poor choices or held accountable for their actions. Leiman and Strasburger (2001) suggests that the following principles be applied when parents are punishing children: parents should avoid physical discipline and punishing in anger; effective punishment should be administered as soon as possible; punishment should be no worse or no longer than needed to prevent the reoccurrence of the behaviour, and punishment should be consistently applied (p. 666).

Throughout my practicum placement I provided counselling services to four families. As guided by various counsellors at ECS and through my own independent research, I found it appropriate to apply the same counselling process for each. With each family I arranged to meet with the parents first, in a one-on-one session. Webb (2011) supports this step, as it allows the counsellor to become informed with the presenting concerns and start to establish the therapeutic alliance with parents prior to introducing the children into the session (p. 127). Additionally, along with discussing the family issues, it allowed me to obtain relevant family medical and child developmental history, and signed consent releases. I would prepare the parents for the session and provide suggestions on how to prepare the child for counselling. Following the meeting with the parents, I then met with the youth alone to provide them with an opportunity to share their thoughts on the family issues, without having the added pressure of having their parents listening. This afforded the child an opportunity to express themselves openly and provided me with a chance to build rapport, trust, and establish a therapeutic relationship with the youth, as well as make them more comfortable with the counselling experience. Following these steps, I then proceeded with sessions that included both the child and the parents. The main goal of the family sessions were to assist the family in
developing positive and useful methods of interacting and relating to one another. Families were also given tasks to complete between sessions, with a focus on repairing their relationships, resolving conflicts in a healthy manner, and increasing positive communication between one another.

One specific family that I provided counselling to was a single mother seeking assistance with her 13 year-old son. Upon meeting with the mother, she indicated that her son was refusing to take direction or cooperate with the family rules. I then met with the adolescent to determine his thoughts on the family conflict. The youth expressed a sense of hopelessness in the home and school environment, due to his mother’s high expectations of maintaining a near perfect academic record. The youth was being forced to do excessive homework which left minimal time for peers and recreation. Additionally the youth expressed a sense of hopelessness because he felt as though he was constantly being punished and resulted in temper tantrums and emotional breakdowns in attempt to communicate his feelings. I worked with the parent and child together to improve family communication and repair the parent-child relationship. I also met with the mother independently to assist her in implementing more realistic and attainable standards for the child and educated her on logical and appropriate discipline. During counselling we also addressed her underlying beliefs and thought patterns. Moreover, I also met with the child alone to improve his self-regulation techniques and communication skills to be able to communicate his feelings and thoughts to his mother in a healthy and productive manner.

**Group Counselling**
As with individual and family counselling services, ECS is also committed to offering a wide variety of group programs that are specifically designed for particular problem areas. During my practicum at ECS, I primarily focused much of my attention on adolescent youth, as they seemed to be within a cohort needing guidance and support in developing pro-social skills and positive self-esteem.

An area of interest for me throughout my practicum was group counselling for adolescents. According to McKenzie (2008), adolescents are developmentally at the stage where they are defining themselves as individuals and exploring their own personal values, thoughts, and beliefs, separate from their family unit. Peers and social groups are important to adolescents, as they rely on friends to meet their needs of acceptance and belonging. Group therapy can provide the youth with positive supports and peer connections that can be sustained after the therapy group is completed. A limitation to peer groups is that they can reinforce negative behaviour, as adolescences tend to socially conform or be easily influenced by other peer’s actions. This limitation can be mitigated by having a professional lead and facilitate the group sessions. The counsellor will provide structure, support, and guidance during the group therapy sessions (p. 122-128).

Upon starting my practicum placement, my Professional Associate informed me that the Ministry of Social Services in Fort Qu’Appelle, Saskatchewan, had requested group counselling for youth at risk in the foster care system where they could attend with their foster parent. I created a six session curriculum for psychosocial group counselling with a focus on relationship building, improving self-esteem, building communication skills, learning positive self-regulation and developing coping techniques and anger management skills, as well as creating healthy relationships and connections with the
community. The group consisted of one foster home that was having difficulties with child conflict. There were six youth ranging in ages from 10 years old to 15 years old, as well as their foster parent. The purpose of the group counselling sessions was for the youth to learn pro-social skills, develop effective communication skills, increase self-esteem, as well as to improve their self-awareness and identity with the support of their peers and foster parent. The sessions were an hour in length with a different theme each week, with additional time to address any presenting issues that arose in the foster home that week. These goals were accomplished through incorporating peer interaction and personal interests to maintain the attention of the youth, as well as by utilizing creative interventions and pragmatic activities such as art, games, narrative stories, and role playing to reinforce the topics. I co-facilitated the group counselling with my Professional Associate who was able to demonstrate and model both support and leadership in the group work environment.

In addition to the youth group, I also created a parenting program curriculum to support parents involved with the Child Welfare System who were reunifying with their children. Reunification was of interest to me due to my experiences with family reunification in my current employment at RES, as well as with information gathered from various community agencies and parents. The goals of the group are to develop a healthy and positive support network for the parents, as well as provide education on the common challenges that families face during and after the reunification process. The topics of the seven week program include: family dynamics and roles, creating a household routine, communication skills, developing healthy coping strategies, discipline and behaviour management, as well as building connection to healthy supports and
community resources. In developing the parenting program curriculum I used various sources to address the main issues during reunification. Some of the resources I used in the curriculum was the Systematic Training for Effective Parenting (STEP Publishers, 2012), The Incredible Years Program (The Incredible Years, 2013), Family Builders (Institute for Family Development, 2013), as well as the Teaching Family Reunification (Warsh, Maluccico, and Pine, 1994). During my practicum at ECS I did not have the opportunity to implement the program, however the curriculum will be available to ECS and RES to utilize in the future.

Values and Ethics

Values are an important part of the counselling process and as such, are highly valued at Ehrlo Counselling Services. Often defined as personal thoughts, views, and beliefs, personal values are something that a counsellor needs to be aware and have control over when working with clients from diverse and unique backgrounds. Values not only shape one’s personal life, but they also have a profound impact on their professional work. Within the realm of social work, it is imperative that a counsellor is able to put aside their own personal views and opinions in order to work with and assist clients in a non-judgemental and impartial manner. Moreover, a counsellor needs to be self-aware and recognize their own values and limitations to assist their clients in the therapeutic process without imposing their own personal opinions on the client. Corey (2013) supports this by stating “my experience in teaching and supervising students of counselling shows me how crucial it is that students be aware of their values, of where
and how they acquired them, and how their values can influence their intervention with clients” (p. 22).

At ECS, all counsellors strive to provide services that are not impeded by personal values to ensure that the client’s needs are met. As shown on their website, ECS (2014) purports that their agency; “Builds and maintains services founded on respect, caring, and nurturing for individuals and families; recognizes the dignity, value, and personal worth of all people.” ECS also aims to provide a therapeutic environment for the clients, regardless of their gender, culture, spirituality, sexual orientation, or values and beliefs. Additionally, as outlined the Social Work Code of Ethics, social workers have an ethical obligation to respect the diversity of clients of whom we serve (CASW, 2005).

While completing my practicum at ECS, I was afforded the opportunity assist with intake for counselling. On one particular day, I received a phone call from a client seeking counselling services. She indicated that she had recently had an abortion and requested a counsellor who had the personal views of pro-choice for abortions. I empathized with client, understanding that she would not want to be judged while engaging in counselling and realized the importance of a counsellor not imposing personal views or judging a client based on their values and choices. Upon receiving this intake, I was confident that a counsellor at ECS would not impose their personal values on the client, regardless on their stance on abortion due to ECS providing counselling services free from personal judgement or bias.

Professional Values and Social Work Ethics
Social workers are guided by a set of rules and core values which are outlined in the Canadian Association of Social Workers Code of Ethics. These guiding principles aide in promoting ethical practice in all facets of social work practice. At ECS, all of the counselling services and programs follow distinct ethical guidelines that integrate the highest standards of professional counselling practice. (Ehrlo Counselling Services, 2014) All counsellors at ECS are registered with a professional association, such as the Saskatchewan Association of Social Workers and the Saskatchewan College of Psychologists, to promote and uphold an ethical service to clients and the community at large.

**Ethics in Practice**

While at ECS I was guided by CASW’s core values to ensure that I was following sound ethical practice. I noted that there were several core values that I found to be particularly prevalent due to the nature of counselling, the therapeutic interventions which I utilized, as well as the specific clients that I worked with. Moreover, due to ECS policies reinforcing the use of CASW Code of Ethics, I was often guided by several principles daily.

The key value that guided my practice was the inherent dignity and worth of persons, which is also a vital and necessary value when utilizing various therapeutic approaches, such as cognitive behavioural therapy, solution-focused therapy, and strengths-based approach. This value states that social workers should encourage self-determination and allow the client to make their own decisions (CASW, 2005). A social work counsellor can adhere to this value when using a collaborative approach in
determining treatment goals and the counselling process. The client is afforded the 
opportunity to vocalize their concern and then works with the therapist to create solutions to the current problem or symptoms. This aspect of collaboration with the therapist can empower the client and build self-determination (Gonzales-Prendez and Brisebois, 2012). Ehrlo Counselling Services supports the inherent worth and dignity of clients during treatment planning and goal setting which are done in collaboration with the client, as opposed to the therapist determining the goals (Ehrlo Counselling Services, 2014). Moreover, Ronen and Freeman (2007) say that by having a client involved in the planning process, it not only strengthens the therapeutic alliance between client and counsellor, it also reinforces the client’s goals (p. 14–15). With assistance of the therapist, the goals and techniques are tailored to the individual based on their own personal strengths, resources, and areas of concern. The client may also be more invested in the treatment plan if they had an opportunity to be a part of the planning process.

Additionally, the value of service to humanity also fits into several of the counselling theories I utilized throughout my practicum. This core value indicates that social workers are to use their skills and abilities to assist clients in developing and pursuing their individual goals, as well as put the needs of others above self-interest (CASW, 2005). Therefore the client is being empowered to facilitate the change process with the support and guidance of the therapist. Additionally, the goals and treatment are created around the client’s individual strengths, supports, and interests to continue to motivate the change (Ronen & Freeman, 2007). This was accomplished by utilizing a strengths-based approach with all ten of my clients throughout my practicum, in which I empowered clients to work in collaboration with me to develop their own goals.
The Saskatchewan Standards of Practice (SASW, 2012) indicates that a social worker is to keep a client’s information private unless the client gives consent or legal obligations exist (p. 12). Confidentiality is extremely important in the realm of social work and in the area of counselling. Ehrlo Counselling Services policy for confidentiality supports this value. Client information is disclosed only when informed consent or when the client’s files are subpoenaed by court. Consent is not required when a client is at risk of harming themselves or others, as well as when it is believed that a child is in need of protection. Moreover, files are maintained in a double locked area that may only be accessed by an agency approved person. (Ehrlo Counselling Services, 2014). To ensure I adhered with confidentiality while being a practicum student, I informed all of my clients that I was a student and that I would be working under supervision of a clinical social worker. In addition to this, I had all clients sign consent forms outlining the parameters of my supervision, such as regular consultation with my supervisor, as well as the use of videotaped, observed, and joint sessions.

In addition, confidentiality can be an issue of concern when counselling children. According to Webb (2011), children do not have the right to confidentiality from their parents (p. 133). However, if a child is not provided with a safe environment to share their personal thoughts and feelings, it may hinder the therapeutic alliance and obstruct progress in addressing the presenting problems. At ECS, the parents sign informed consent for the child to attend counselling and both the child and the parents are given the parameters of confidentiality. When issues arose that needed parental involvement with children during sessions, I found it most beneficial to encourage the child to share pertinent information with the parent during the session in a safe and supportive
environment, therefore the therapeutic relationship was not compromised with the child or parent. In my experience, encouraging the child to share information with the parent was extremely beneficial in strengthening the parent-child relationship. Additionally, Webb (2011) purports that during independent sessions with parents, the counsellor can share their clinical impressions of the child, as well as their clinical view of the situation instead of repeating exactly what the child said to protect the relationship with the child, while still providing the parents adequate information (p. 125). Overall, the topic of confidentiality when counselling children is a grey area and can often be an ethical dilemma amongst counsellors.

When utilizing cognitive behavioural therapy, solution focused therapy, or the strengths-based approach, as well as various other counselling theories, social work values and ethics are also imperative. Competence in social work practice states that social workers should use effective and proven techniques to provide the best possible service to the clients (CASW, 2005). Gonzalez-Prendes and Brisebois (2012) indicate that competent practice should be based on two factors. The first is that social worker should use evidence proven approaches when working with clients, as well as that the interventions should be time and cost effective for all parties involved (p. 25-26). When considering these two factors, Ronen and Freeman (2007) further this by stating that clinical social workers should be researching evidence based practices and incorporating this information in their practice to ensure that they provide accurate assessments and services. The social worker should also share research with clients, which can assist those being served in better understanding the treatment plan and being educated on the approaches being used (p. 72-73). Throughout my practicum I spent extensive time
researching my client’s presenting problems and preparing for sessions to ensure that I was utilizing evidence-based approaches. Additionally as a student, I had frequent consultation and supervision of my sessions in order to ensure best practice.

Conclusions

My practicum at Ehrlo Counselling Services has been an unbelievably rewarding and irreplaceable experience on a number of different levels, which has seemingly come and gone with the blink of an eye. I feel very fortunate and lucky to have been afforded the opportunity to complete my practicum at ECS and to have been surrounded by such a fantastic team of individuals who were willing to share their abundance of knowledge and experience. The staff were eager to go the extra mile to teach and share their passion and were willing to put their complete trust in me and encourage me to take chances and do things that I did not think I was capable of doing. This experience, without a doubt, has truly validated my choice to further my education and pursue a long-lasting career within this field of social work. Ehrlo Counselling Services welcomed me and made me feel as though I were part of their team, which was an unexpected privilege.

Upon starting my practicum placement at ECS, I was extremely excited and eager, although I could not help but feel nervous and unsure of my abilities to provide therapy with real clients with very real problems. I knew that it was one thing to learn about theory, ideology, therapeutic approaches, and counselling techniques within the walls of a classroom and another thing to put knowledge and skills into practice. At the very beginning of this placement, I made a promise and commitment to myself that I would not only go in with a completely open mind to soak up as much knowledge as
possible, but also to take chances, risks, and do things that I did not necessarily think that I was capable of doing. I continually reminded myself of a quote that I once heard that seemed fitting throughout this process; “In order to have success, one needs to take risks and do things that scare them” (Unknown).

As my practicum progressed, I began to realize how privileged I was to work for an agency that values critical thought and creativity. ECS is dedicated to providing services to meet the direct needs of the community, while upholding a reputation of strong social work values and ethics. ECS afforded me the opportunity to tap into my creative skills and design group counselling services for areas including at-risk youth and parenting skills, where there was a gap in services in the community. This was one aspect within ECS that I appreciated, as they were willing to adapt to the needs of the community and implement new and creative services when needed.

Throughout this process, I was fortunate to have had the opportunity to work with ten clients and families from the beginning of the counselling process through to termination. Ehrlo Counselling Services is an agency that not only allowed me to observe and take part in joint sessions with other counsellors, but it also permitted me to take on responsibility and provide individual, family, and group counselling services on my own. Through this practical experience, I was able to apply various theories and approaches that I learned in school such as cognitive behavioural therapy, solution-focused therapy, and based on the strengths-based approach. Moreover, by being able to see clients move throughout the counselling process, I was able to see positive change and progression amongst my clients. Their experience also allowed me to identify therapeutic approaches or techniques that were not successful with certain individuals.
ECS is an agency that is dedicated to research, education, and the overall development and growth of its employees and clients. As such, ECS had an array of resources available to me, which, combined with practical experience, enabled me to learn and overcome various obstacles that I was faced with. One aspect of both my personal and professional life that I was able to improve upon was my self-confidence and skill development. ECS taught me that to believe in myself and my abilities, and enhanced my overall confidence in providing services to clients. More than this, ECS also taught me to use critical thought and to adapt to the varying needs of my clients. As I worked with such a diverse mix of individuals, I was often encouraged to think outside of the box in order to find appropriate creative tools and techniques to use with each client and their unique problems.

As a whole, this practicum placement confirmed and validated my choice to work in the area of social work and clinical counselling. I plan to continue working at RES in both the Treatment Foster Care Program and ECS as a contract counsellor. My choice to remain at RES goes far beyond the fact that it is a steady job and a pay cheque. The choice is primarily rooted in my strong belief in RES’s ideology and value system, their commitment to invoking positive change within the community, and the friendly and knowledgeable staff members who make the agency what it is and who are also dedicated to the community. I plan on continuing to develop my clinical counselling skills while at RES through professional development, personal research, and through practical experience.
References


