Family Service Regina: A Field Practicum Report

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This report is a reflection of my practicum experience in the counselling unit at Family Service Regina. I focused on learning and practicing cognitive behavioral therapy and emotionally focused therapy for this practicum. These two theoretical approaches are woven throughout the report as I illustrate how my original practicum goals were achieved and the different ways that theory and practice intersected. Anti-oppressive practice is another common theme that has been integrated throughout this report as this practice coincides with my values as a social worker. Moreover, this report discusses the ideology of the Agency, determinants of problems and considers values and how they impact various relationships between the Agency, clients and workers. This report also identifies and discusses the skills I identified as being developed throughout this clinical experience including work in drop-in counselling. Lastly, this report reveals the challenges that occurred during the practicum including ethical challenges and how they were addressed.
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Chapter One: Introduction

1.1 The Agency

I completed my Master of Social Work practicum placement at Family Service Regina located in Regina, SK. Family Service Regina (FSR) is a non-profit organization that has been serving the community since 1913. The vision of this Agency is: “Family Service Regina envisions a vibrant and inclusive community where families and individuals thrive”. The mission of this Agency is: “Family Service Regina provides leadership and services that strengthen families and individuals to fully participate in our vibrant and inclusive community”. This Agency provides a variety of services within the community - to individuals, couples, and groups. The services offered include: counselling for individuals, couples, and families; domestic and family violence services; a teen parent program; family and workplace seminars; and an Employee and Family Assistance program.

I completed my practicum within the counselling unit of the Agency. Family Service Regina employs both full-time staff counsellors which are referred to at the Agency as “general counsellors” and contract counsellors. Family Service Regina receives referrals from the Ministry of Social Services, the community, and from Employee and Family Assistance Programs. Employee and Family Assistance Programs offer support to communities by providing the employees of organizations with support so that they can maintain productive and healthy workplace behaviors and can remain in, or return to the workplace (Family Service Regina, n.d.). During my practicum experience, I worked specifically with community referrals and referrals from the Ministry of Social Services. The counselling unit of Family Service Regina includes an Intake Counsellor who completes intake assessments and coordinates the waitlist for counseling, as well as five full-time or almost full-time staff counsellors, and seven
part-time contract counsellors. The counsellors at the Agency provide counselling and other services to the community such as facilitating various groups or workshops, and delivering presentations to workplaces on topics such as workplace wellness.

1.2 Practicum Proposal

This practicum began September 2nd of 2014 and ended December 22, 2014. My time during this placement was divided largely into two sections; the first involving scheduled time during the week for clinical practice and the second involved evenings outside of scheduled work time to participate in available training, workshop and group opportunities offered during my placement. The scheduled clinical practicum hours were completed working weekly from 8:45 am to 3:00 pm Monday to Wednesday, and Thursdays from 9:00 am-7:00 pm. The workshops and groups I attended outside of these scheduled hours included: Anger Management, a domestic violence support group facilitated by Elders, a support group for persons with AD/HD and their partners, a group for young women experiencing domestic violence called When Love Hurts, a Regina Network for Disordered Eating committee meeting, Performance Quality Improvement meeting, and “Art for the Heart” which is an expression group for women. I also participated in various training opportunities that arose during my practicum experience.

The objective of this practicum was to develop foundational counselling and administrative skills in clinical practice with a focus on cognitive behavioral therapy for work with individuals and emotionally focused therapy for work with couples. Two specific goals were established in order to achieve this primary practicum objective. The first goal was to develop foundational skills in counselling. This goal was to be achieved by completing the following activities: completing a literature review of cognitive behavioral therapy for work with individuals and emotionally focused therapy for work with couples; observing counselling
sessions facilitated by at least two different counsellors and discussing their practice with them; and counselling clients in video-taped sessions where possible to support reflection and growth.

Goal one also involved: developing a caseload of approximately five to seven clients and observing drop-in counselling sessions which led up to providing counselling in the drop-in sessions following the approval of the Professional Associate. The last activity to work towards accomplishing goal one involved conducting research on subjects pertaining to counselling sessions or techniques and strategies to implement in sessions, as well as using reflective journaling to support the introspective process.

The second goal constructed to meet the primary practicum objective involved four activities. The first activity was to develop counselling administrative skills for the practice of intake which included: reviewing and gaining an understanding of the intake forms, researching approved client intake documents and both observing the process of intake as well as participating in intake at the Agency for one half day per week. The second activity developed to achieve goal two involved assessment and intervention planning which meant: researching best practices for assessment and intervention planning, observing three interviews conducted by counselling staff, and conducting three independent assessments by the end of the practicum experience. The third activity for achieving goal two involved clinical recording. This activity entailed reviewing clinical files, and researching and reviewing best clinical practice for administrative work including a focus on clinical guidelines. Activity three also involved participating in weekly counselling peer support unit meetings and bi-weekly counselling administrative meetings. Last, activity four of goal two consisted of participating in available workshops and or training opportunities available during the practicum placement.
During this placement, my time was primarily spent balanced between research and critical reflection, and working in the clinical setting with clients through either observation or direct practice. Reflection was completed largely through journaling, as well as in discussion with my supervisor on various topics that arose during practice. In addition to reflection, I also spent time researching information related to sessions. Beyond the clinical setting, in the first two months of my practicum placement, a great deal of extra time was spent in the evenings attending various workshops or groups offered within the Agency and participating in training opportunities. Participating in workshops and groups offered at the Agency was important because it gave me an understanding of the scope of services offered and provided an opportunity to identify how different theoretical approaches were incorporated in a variety of settings. It was also important to take advantage of available training opportunities during this practicum to further develop skills and build knowledge on current practices and research in the social work field.

1.3 Writer’s Relationship with the Agency

In terms of Family Service Regina, I do have a prior connection to the Agency. My practice thus far as a social worker was primarily as a Victim Support Worker with the Domestic Violence Unit which is one of the programs offered through Family Service Regina. I worked in this role from 2005 until 2010. The requirements of this role were focused on the Criminal Justice System, safety planning, providing emotional and practical support and referrals to resources such as counselling. I chose to complete the Master of Social Work program because I am interested in pursuing a career with a clinical focus. I am curious and fascinated by the stories of individuals and how they make sense of their experiences. Clinical work provided a context in which these types of exploration and discovery could be pursued. Completing a practicum at an
Agency that I am familiar with was complementary as I was already familiar with the Agency’s overall practices. However, I must also acknowledge that given my previous connection to the Agency, there was potential for ethical dilemmas to arise such as challenges related to shifting to a new role as a student counsellor from my old role as a Victim Support Worker. For example, there was potential to see clients or have a previous familiarity with clients as a counsellor that I am aware of from my previous work as a Victim Support Worker. Many clients are referred from the Domestic Violence Unit to the Family Service Regina Counselling Unit. In terms of ethics, there is also a danger associated with information shared regarding clients amongst programs. Given my familiarity with the staff from the Domestic Violence Unit, I recognized that there was an increased risk for information being transferred that could interfere with the therapeutic relationship.

1.4 Report Layout

This report will begin by discussing the two therapeutic counselling approaches that were the focus of my learning during this practicum placement; emotionally focused therapy and cognitive behavioral therapy. Discussion on the therapies will include: reasons for choosing these models, an examination of how applicable they were to the practicum, examination of the therapeutic relationship, what application micro and macro practice played, and how the theoretical approaches differ in terms of what they offer. Second, this report will explore ideology by examining: the ideology of the Agency, determinants of problems, and implications for client/worker relationships within societal ideological perspectives and context. Following the explanation of ideology will be a discussion of values including: my own values, client values and various conflicts that could occur as a result of these values. This report will then reveal details as to how the objective and two goals for this practicum were achieved. This report
will further discuss how practice has informed theory and how practice conflicted with theory. Lastly, I will convey the challenges that occurred during the practicum as well as ethical considerations of this placement. This report will conclude by sharing the vision I hold for my own future as a social worker, social work as a profession, and how this practicum experience has helped shape this vision. Anti-oppressive practice will also be a present theme woven throughout this report as this practice supports what I see as the foundation for social work.
Chapter Two: Theory

I chose two theoretical approaches to focus on for this practicum placement; cognitive behavioral therapy (CBT), and emotionally focused therapy (EFT). This chapter will begin by discussing each theory independently and conclude with a section looking at the differences between the approaches as well as what makes them complimentary to practice.

2.1 Cognitive Behavioral Therapy (CBT)

I chose cognitive behavioral therapy (CBT) as one of the focus theoretical approaches because it is a widely recognized and utilized model. CBT has been found to be applicable to a variety of individuals regardless of their education level, income, culture, or age and has been implemented in a variety of contexts including schools, medical offices, and prisons (Beck, 2011). CBT is also an adaptable model making it functional for a variety of diverse populations (Dattilio & Bahadur, 2005). The reasons listed reveal the applicability and practicality of CBT; however, I also chose this model because of the rich empirical research supporting its effectiveness. “In a day when evidence-based practice has become so important to the social work profession, cognitive-behavioral therapy (CBT) has become one of the most frequently used forms of psychotherapeutic intervention” (Gonzalez-Prendes & Brisebois, 2012, p. 21). Moreover, there is an abundance of current literature on this model and practical tools for applying it. I both observed and utilized some of the tools such as Burns Depression Checklist (Burns, 1999) and a worksheet for identifying cognitive distortions and automatic thoughts titled “Daily mood log” (Burns, 1999). I also had an opportunity to observe the use of CBT techniques exercised in a workshop capacity during the Anger Management workshop that I attended at Family Service Regina (Smela, September 2014).
Another reason behind choosing CBT as a focus therapy, is that it has shown to be effective for depression, a frequent presenting issue coming out of counselling sessions. David Burns (1999) states: “Depression has been called the world’s number one public health problem. In fact, depression is so widespread it is considered the common cold of psychiatric disturbances” (p.9). In addition to depression, CBT has been demonstrated to be effective for a wide range of presenting issues such as anxiety, panic attacks, insomnia, phobias, relationship problems, shyness, substance abuse, sexual dysfunction, post-traumatic stress, social phobia, and managing day to day challenges (Edelman, 2007).

CBT supports clinical practice being brief, teachable, and client-centered. As a teachable model, CBT offers opportunities for clients to take the skills gained from counselling forward into future situations (Cooper & Lesser, 2011). Having a teachable model encourages the opportunity for clients to take skills learned during counselling sessions and use them outside of the counselling setting between sessions as well as in future challenges. This therapeutic approach is educative and encourages clients to direct their own therapy in attempt to prevent the relapse of similar situations in the future (Beck, 2011). CBT is also intended to be brief which supports the focus of counselling at Family Service Regina and possibly other clinical practices. Gonzalez-Prendes and Brisebois (2012) acknowledge that CBT is effective because it is brief making it more efficient in a time when demands for care are great and also more feasible to people with little means in terms of meeting the cost of treatment. Furthermore, CBT’s client-centered approach generates a more egalitarian focus for the therapeutic relationship because it is collaborative between the therapist and the client and supports client self-determination (Gonzalez-Prendes & Brisebois, 2012).
Lastly, a piece of CBT that I find interesting reflects on the theory’s interaction with “macro” change. CBT examines individuals’ beliefs and how their thoughts are generated from these beliefs (Beck, 2011). However, because the root of beliefs cannot be separated from culture, we cannot escape the role that our social context or our cultures play on our beliefs. Nichols (2011) describes this in terms of social construction which emphasizes culture as the influence in how individuals create understanding and meaning in their lives. Given this information, when we consider “micro” work such as clinical work, we also cannot separate it from “macro” impact such as socio-cultural implications. Moreover, with an increase in individuals immigrating to Canada, this may bring unique implications for cultures bringing beliefs from another social context compounded with the interpretation of Western cultural messages. Dattilio and Bahadur (2005) describe this challenge as “a culture that exists within a context of contradictions” (p.370). I appreciate the correlation drawn both by Gonzalez-Prendes and Brisebois (2012) in recognizing the support of the National Association of Social Workers (NASW) in acknowledging that social justice can be impacted at the macro level through micro, clinical capacities. “Clinical interventions aimed at promoting self-respect and other psychological goods would be congruent with a social justice perspective . . . When it comes to the pursuit of justice, the NASW Code of Ethics does not differentiate between macro-and micro practice” (p. 27). The Canadian Association of Social Workers (CASW) also recognizes this connection and the need to address change not just at the individual level but also on a global scale (CASW, 2005). Clinicians may not always have an opportunity to witness the impact of micro work on the macro level as these impacts likely take place outside of sessions. However, the correlation is enlightening because it reveals the difference clinical work can have beyond the individual level in effecting real social change.
2.2 Emotionally Focused Therapy (EFT)

Emotionally focused therapy (EFT) for work with couples was the second therapeutic approach I chose for this practicum as I am interested in working with couples and appreciate Johnson’s work for her emphasis on interaction patterns in relationships, emotion, and EFT’s roots in attachment theory (Johnson, 2008). Similar to CBT, I chose EFT for many practical reasons such as the good research behind this model (Crawley & Grant, 2005). EFT has gained momentum in recent years for its effectiveness in working with couples.

A revolution is occurring in the field of couple therapy. . . Our understanding of the importance of close relationships and how they become distressed, our ability to specify effective interventions and outline the process of change, and our ability to explain the processes that define adult love have now reached a critical point where we can truly talk about couple therapy as an art and a science . . . EFT has emerged from and contributed to this revolution, and, as a model, it continues to evolve and grow (Johnson, 2004, p.1).

Furthermore, there is an abundance of useful resources available for clients and therapists with practical exercises making this model usable and teachable. EFT follows a brief model for practice which is congruent with current clinical practice. The process of EFT involves three stages and nine steps (Johnson, 2004). EFT also focuses on the present and has clear teachable methods which can be applied to various populations and settings (Johnson, Hunsley, Greenberg & Schindler, 1999).

Lastly, I chose EFT as I appreciate the role the therapist plays in this model as a choreographer (Johnson, 2004). The therapist is not the expert, and the client is not perceived to be the individuals, but rather the relationship itself when working with couples (Johnson, 2004). The therapist’s role is strength-based and places emphasis on creating connections in
relationships through evoking experiences, uncovering emotions, and highlighting and shifting interactional patterns (Johnson, 2004). The therapist is part of the process and remains curious, exploring and learning along with the couple about the relationship. This practice recognizes the reality that the therapist does not know the answers and places the therapist in a position that enables them to learn alongside the clients about the relationship through a constructive competency based lens.

EFT is also a therapy I chose because of its focus on connectedness in Western culture which is largely focused on independence. Greenberg and Johnson (1988) state: “Interdependence is the goal of healthy attachment” (p.18). EFT promotes John Bowlby’s understanding of dependency or attachment with others as a healthy and effective piece of mental health (Bowlby, 1988). On the other hand, dominant Western culture portrays independence as a goal and dependency as weak (Johnson, 2013). It is secure relational bonds that provide strength and happiness. (Johnson, 2013). EFT looks at the space between what it means to be independent and dependant, acknowledging the ability and importance in balancing a relationship with both of these aspects. When we consider what this means on a larger scale, it encourages independence without denying the importance of support and relationships. This focus indirectly addresses macro level problems such as inequalities and feelings of failure in a capitalist culture that demands inequalities and perpetuates self-blame on situations that may relate to larger scope consequences. Saleebey (2002) recognizes the problem of placing blame on the individual for social challenges as this focus takes away from the impact imposed on individuals by larger political social structures. Considering the value of dependence is essentially counter culture to Western ways. Western culture undermines the value of intimate relationships and the positive impact they have on wellness by promoting independence as a path
towards success and exploiting men and women through multimedia facets. “Dependency is a dirty word in Western society. Our world has long insisted that healthy adulthood requires being emotionally independent and self-sufficient” (Johnson, 2013, p.21). The significance of EFT is critical when considered through the lens provided by Western culture.

EFT includes the significance of emotion to therapy. This approach explores presenting emotions such as secondary emotions, and evokes opportunity to uncover primary emotions which are the root of the emotion and often undiscovered or unacknowledged by the client (Greenberg & Johnson, 2013). EFT takes the discovery of primary and secondary emotions further to examine their impact on how they engage us and connect us. Greenberg and Johnson (2013) emphasize emotion as relational experience which connects individuals not just to each other but also to their environment. Emotions are prevalent in EFT in the journey of self-discovery and awareness, but emotions are also identified as essential to creating change as it is the experiences of emotions that shape meaning within relationships (Greenberg & Johnson, 2013). EFT acknowledges that beyond cognitions, as human beings our emotional responses may not always seem rational, but they exist and require acknowledgment as they impact our interactions, they impact change, and cannot always be rationalized away. Greenberg and Johnson (2013) state that insight is not suffice for change, but rather individuals must actually have emotionally meaningful experiences in order to evoke changes in themselves and/or their partner to develop new interactions within their relationship. Human beings are not necessarily rational beings, and the significance of what is occurring does not always consist of concrete visible fact but rather a construction of the individual and the meaning it has for them. Johnson (2008) states that it is not reality but rather perception that is important.
a. Attachment Theory and EFT

EFT’s roots come from Bowlby’s attachment theory which emphasizes the value of connection to others as a child and throughout life into adulthood (Bowlby, 1988). Attachment theory recognizes the value in dependency or attachment and the need for human beings to feel secure and close through a bond with another (Johnson, 2013). EFT uses attachment theory as a map to help decipher human relationships and interactions in order to develop effective interventions (Johnson, 2004). From attachment theory, EFT understands that disruption in relationships can be rooted in a strain in an attachment or bond to another (Nichols, 2011). In the 1980’s attachment theory branched out and began looking at attachment styles from childhood and how they relate to attachment styles in adult relationships. This connection reveals predictable patterns based on childhood experiences and in turn provides insight into managing distressing attachment interactions as an adult (Greenman & Johnson, 2013). Considering attachment theory and understanding that we all possess relationships and our emotional well-being is connected to these relationships, the value of EFT is paramount in terms of how we adapt in relationships and to life’s experiences. Makinen and Johnson (2006) support this notion when they state that without emotional support individuals are increasingly susceptible to experiencing difficulty in regulating their own emotions.

2.3 Comparing and Contrasting CBT and EFT

CBT and EFT both have a great deal to offer the clinical field, however their approaches are very different. The most significant difference between EFT and CBT is that EFT places value and emphasis on relationships and emotions, whereas CBT places value and emphasis on behavior and thoughts (Long & Young, 2007). EFT considers emotion and attachment in relationships as paramount elements in relation to well-being, and CBT directs focus towards understanding thoughts and behavior and steering away from more emotional aspects as they are
believed to be a result of thoughts (Nichols, 2011). Overall, CBT focuses on the individual and challenging thought distortions over EFT’s more relational approach with emphasizes relationships, attachment and emotional experiences. These two positions are very strong as Johnson (2008) states that: “Sociologist James House of the University of Michigan declares that emotional isolation is a more dangerous health risk than smoking or high blood pressure . . . Perhaps these findings reflect the time-honored saying ‘suffering is a given; suffering alone is intolerable’” (p.24). On the other hand Beck (1980) who is often acknowledged as the leading theorist behind CBT, outwardly denies the value in love and attachment as a means to a healthy well-being.

Aside from the different perspective on attachment, another significant difference between CBT and EFT is that CBT is really driven by looking at thoughts whereas EFT is driven by emotion. Greenberg and Johnson (1988) clearly indicate that it is our emotion over our thoughts that drive our behavior. Deacon, Reinke and Viers (1996) emphasize feelings as a result of cognitions. Within client work, thoughts and feelings, attachment bonds and behaviors are all involved; however, the lens to identify what is happening for clients has a very different framework depending on which therapeutic approach is used. Deciphering which model will be effective for clients is important as they both offer very different perspectives (Greenman & Johnson, 2013).

Combined these two very different therapeutic approaches may be complimentary as together they provide a more complete picture of the client. The two models together provide the opportunity to explore and examine thoughts, behavior, and feelings but also to acknowledge the environmental aspects and relational pieces of what is happening for clients. Using these two different approaches also expands the repertoire of tools for work with clients in exploring what
may be useful to them. A holistic approach looks at the person first and not the model seeking to understand all aspects of the person including the impact of their social context (Miley, O’Melia & Dubois, 1995).
Chapter Three: Ideology

This chapter will move on to discuss the ideology of Family Service Regina as well as how they identify determinants of problems. Moreover, this chapter will reveal what implications ideology and the Agencies perception of problems may have for relationships between workers and clients.

3.1 Ideology of the Agency

Based on my practicum experience with Family Service Regina anti-oppressive practice is a main ideology. This practice is not specified in the Agency policy, however, the policy does make specific mention to systemic barriers in its policy by providing policy to support equitable treatment of individuals and acknowledging systemic barriers within society that may cause challenges for clients. Anti-oppressive practice was also something I observed among the staff at this Agency in their practice. Family Service Regina provides policy specifically addressing a commitment to equitable treatment regardless of ethnicity, language, race, age, ability, gender, sexual orientation, income, political or religious affiliation within all operations of the Agency (FSR, 2014, G.GO.4). Moreover, Family Service Regina also acknowledges and appreciates the richness that diversity provides. “Increasing diversity among residents in Regina has added cultural, social and economic benefits to our community” (FSR, 2014, G.GO.4). Equity is not only reflected in the services provided, but in the opportunities to serve. “FSR encourages the community to participate fully and to have complete access to its services, employment, Board membership and volunteer opportunities” (FSR, 2014, G.GO.4).

Beyond having a policy to ensure equal opportunity, Family Service Regina takes a step further by acknowledging that there are also systemic barriers within society preventing opportunities for clients. “Programs seek to eliminate systemic barriers to full participation and
promote positive relationship and attitudinal change towards discriminated groups” (FSR, 2014, G.GO.4). Part of anti-oppressive practice is identifying the needs of communities and adapting to their changing needs which includes addressing barriers to service. Family Service Regina has specific policy that seeks to provide diverse services that evolve with the community needs (FSR, 2014, G.GO.3).

The Agency’s ideology also focuses on the balance of building positive individual well-being and strengthening/building relationships. This message is demonstrated clearly as part of the Family Service Logo: “Healthy Families Strong Communities”. Interestingly, this message reflects the message from the Saskatchewan Association of Social Workers (SASW): “Strengthening Individuals, Families and Communities” (SASW, 2012). Relationship building occurs at the individual, couple, family, and community level. Working on promoting self-sufficiency is evident at the Agency within the Program Logic Model. The Program Logic Model is an evaluation tool utilized by the agency to measure outcomes. Identified goals of this model are to assist clients in becoming self-sufficient in managing their own challenges (Englot, 2014).

Supporting individuals aligns with a client-centered framework where services focus on adapting to client needs, as opposed to clients adapting to services (Brewer, BAppSc, & BappSc, 2013). Moreover, the client-centered approach is collaborative promoting an egalitarian therapeutic relationship. This is also evident within the program logic model’s illustration of clinical services which indicates that the focus of counselling services is to; support people through changes, heal from past trauma, strengthen relationships, and develop skills to meet future challenges (Englot, 2014). Family Service Regina’s ideology combats a cultural conflict in Western culture, which promotes independence and individualism as success, but fails to recognize the significance of the role that community and relationships play on individual well-
being in the promotion of success. The theory that individuals succeed or fail on their own is flawed, as individuals are not separate entities but rather molded and reinforced within social relations (Cocker & Hafford-Letchfield, 2014). Foucault (as cited in Mik-Meyer & Villadsen, 2013) discusses terms of power using individuality and totality in that totality uses power such as governing bodies to push or transform individuals into becoming certain subjects through normalization. Moreover, Parker (2003) identifies the importance of involving community as problems have social roots and promoting independence and privacy merely reinforces existing issues of power and privilege in society. Family Service Regina’s ideology works to counteract this negative impact by acknowledging this problem. “Growing individualism usually means a decline of collective responses to family and individual needs from both formal and informal means” (Englot, 2014). Promoting the importance of relationships aligns with the EFT approach which is concerned about the cultural shift towards individualism and away from community. Johnson (2008) states: “Most of us no longer live in supportive communities with our birth families or childhood friends close at hand. We work longer and longer hours, commute farther and farther distances, and thus have fewer and fewer opportunities to develop close relationships” (p.14).

3.2 Determinants of Problems

Family Service Regina does not provide any specific documentation defining the determinants of problems concerning work with clients; however, the Agency works from a strength-based perspective. (FSR, 2014, AS.GC.2). The strengths-based perspective understands that all individuals have strengths and abilities within them (Saleebey, 2002). Given Family Service Regina serves a diverse population, and based on my practicum experience, it appears that the Agency also aims to externalize problems away from the person to create a more
compatible perspective to working on change. The focus is on the problem as opposed to the person (Long & Young, 2007). The combination of externalizing problems and taking an anti-oppressive approach increases the ability to examine the social context individuals experience and to identify other systemic or structural oppression that may be contributing to the problem (White & Epston, 1990). “Empowerment here entails the unraveling of structural constraints that hinder or mitigate against the individual and collective advancement of minority population groups in White-dominated society” (Sefa Dei, 1998, p.302). Moreover, the strength-based perspective draws on the individual competencies in addressing these challenges collaboratively in empowering ways (Miley, O’Melia & DuBois, 1995). Working from this type of perspective has a direct impact on the relationship between workers and clients.

3.3 Implications for client/worker relationships

The Agency’s competency-based approach supports the client by acknowledging their strengths and separating them from the problem which in turn provides a positive impact on the therapeutic relationship. This approach recognizes broader systemic problems within society that may be combating success for the individual and raises awareness about systemic oppression which clients may have initially perceived as self-defeat. “The culture of the free market . . . stresses individualism, which implies that everyone has equal opportunity to get ahead. Everyone has a moral duty to try to succeed; and if a person fails, it is his/her own fault” (Adams, 1999, p.143). Living in Canada may portray or give the impressions of equality and freedom but between the lines, structural, cultural, and systemic oppression are still very much a reality for many populations. Brown and Strega (2005) state that the Western world is made up of a system of domination and subordination where inequalities and hierarchies exist. Conversations about inequality are not dominant stories within societies, but they can be uncovered and explored
within counselling especially in an agency that acknowledges their existence in policy and supports the process of unraveling injustice. Within conversations about dominant stories and systemic oppression lies the significance of values for clients and workers and what they mean in clinical practice.
Chapter Four: Values

Awareness of values and how they impact our work and our working relationships is imperative as values are present and play a significant role in our interactions and understandings (Hugman, 2013). Throughout this chapter I will discuss my own values, my perception of the clients’ values at Family Service Regina and the different ways that these values may interact and impact relationships.

4.1 My Values

My values align with the values as articulated in the Canadian Association of Social Workers Code of Ethics (CASW, 2005). The Saskatchewan Association of Social Workers (SASW) has also adopted the CASW’s Code of Ethics (SASW, 2012). I particularly appreciate the CASW’s value that respects the inherent dignity and worth of all people. “Social work is founded on a long-standing commitment to respect the inherent dignity and individual worth of all persons” (CASW, 2005, p.4). A value of my own is the importance of putting others first which also aligns with the CASW Code of Ethics (2005): “Social workers place the needs of others above self-interest when acting in a professional capacity” (p.6). As an individual who is also a Christian, I find the CASW Code of Ethics aligns very comfortably with my religious values particularly in terms of caring for others, as you would want to be cared for yourself (Sadler, 2008). This alignment provides consistency in my practice as an individual with my own values and as a social worker. Part of being a Christian and recognizing all people as equal and worthy also supports fostering meaningful egalitarian relationship with clients. Blanton (2005) acknowledge these types of relationships as focused on the client and the therapist taking a not-knowing stance. Despite consistencies with social work values and religious values, I remain continually aware of my values and how they intersect with practice on an ongoing basis.
As the CASW Code of Ethics (2005) states: “A social worker’s personal values, culture, religious beliefs . . . can affect his/her ethical choices. Thus, social workers need to be aware of any conflicts between personal and professional values and deal with them responsibly” (p.2). I struggled as to whether or not to include my religious values in this report. However, religious faith is an important part of the way I see the world, so this perspective seems necessary in disclosing personal values that may have implications in my practice.

Anti-oppressive practice is another value I hold which stems from radical, anti-racist, feminist practice and aims to change oppressive systems and promote freedoms and inclusion in society (Moffatt, Barnoff, George & Coleman, 2009). I see the need for anti-oppressive practice to play a frontline role to deconstruct normalized and institutionalized ideals, which can result in exclusion (Cocker & Hafford-Letchfield, 2014). White and Epston (1990) describe the importance of deconstructing stories or externalizing them as a way to free the subjugated story and create space for conversations and awareness and knowledge regarding the impact of power. Our social fabric is comprised of inequalities, and with growing diversity in Canada it is essential that we must move beyond merely acknowledging the value in all people and search between the lines to hear the voices of specific individuals and groups in order to gain a more complete picture of their experiences and to more accurately and effectively combat and expose oppression (Hugman, 2013). This is a delicate process as challenges have been identified in anti-oppressive work concerning a hierarchy of oppression where specific groups are focused on in terms of oppression but possibly at the cost of ignoring others (Cocker & Hafford-Letchfield, 2014). Given the increase in immigration and globalization, there is a growing need to pay particular attention to anti-oppressive practice as this increase results in more marginalized or vulnerable groups at risk (Rush & Keenan, 2014). Anti-oppressive practice is complex and
multi-dimensional requiring change at all levels and a readiness to wrestle with the challenges presented on an ongoing basis (Moffatt, Barnoff, George & Coleman, 2009).

During this practicum, I had an experience where through awareness I was able to discover how my own values intersected with practice. I have a personal belief that it is valuable to be self-sufficient or independent. This provides somewhat of a conflict for me when discussing the challenges Western culture imposes in its promotion of independence. I discovered this value in myself while attending an anger management workshop for the first time. I felt uncomfortable attending this group, as I was concerned that others may think I was there for my own problems. After attending the first night of the workshop, I took some time to reflect on why this bothered me so much and I believe it was related to a value I connect to the importance of being able to manage one’s own emotions or be self-sufficient. I felt no judgment to others for attending the workshop, but was surprised to discover the judgment I gave myself should the other participants think I was attending for the very same reason. This experience was beneficial in providing a firsthand opportunity to discover how critical self-awareness is, and that I too am not exempt from the impact of cultural messages. I also recognize that knowing our values and limitations are an important piece of social work when we consider the dangers of counter-transference particularly in clinical practice. As a therapist, our own thoughts either conscious or unconscious have an ability to cloud our perceptions and impact the therapeutic relationship ( Lesser & Cooper, 2011). “Introspection is considered essential to the successful resolution of counter-transference phenomena” (Theriault, Gazzola, Richardson, 2009, p.105).

4.2 The Client’s Values

The clients of Family Service Regina are diverse including a range of ethnicities, economic backgrounds, age, gender, languages, sexualities and so forth. It is unrealistic to
believe there could be one value set for all of the clientele that access services at this Agency, however, this does not mean that it is not imperative to explore and gather information as to what the varying values are. As an overall general rule the CASW Code of Ethics (2005) outlines the importance of respecting the inherent worth and dignity of all people. Working from this stance, as social workers we can see the importance of values and how clients’ values are appreciated in practice (Miley, O’Melia & DuBois, 1995). It is the discovery, the awareness, and the search for understanding clients’ values that is imperative. Moreover, the CASW Code of Ethics (2005) reinforces: “Social workers strive for impartiality in their professional practice, and refrain from imposing their personal values, views and preferences on clients” (p. 6). Providing service is for the client, not the worker, so the focus is on reaching clients and understanding where they come from. This does not deny that the worker’s values are not present, as it would be inaccurate to presume they are not. Awareness of one’s own values and attending to potential conflicts, in relation to the clients is important, but the focus remains on the client.

There may not be a specific profile that can illustrate the clients of Family Service Regina, but the discovery of their values is critical. With the increase in diversity within Canada, the discovery of client values becomes more and more evident as the possibilities range wider with a more eclectic population (Iwamasa, 1997). Research on various cultures, groups, sexualities may provide insight into possible values that could be reflected from certain populations, however, a search beyond this is essential as these assumptions or research for specific populations may not necessarily be the belief of the whole group (Iwamasa, 1997). This exploration of values requires an understanding that there is not one universal correct lens but rather a multitude of ways to understand the same context. Hugman (2013) describes this practice as allowing tension to exist in the process of understanding human values in order to
provide a pluralistic response to similarities and differences in values. Moreover, part of anti-
oppresive practice involves searching for what is not obvious, conducting critical reflection of
our social context and its impact on individuals, communities and communities within
communities. Brown and Strega (2005) discuss one of the ways to address this is by looking at
the correlation between the language used by dominant society and how this may play a role in
silencing marginalized groups.

4.3 Potential for Value Conflicts Between the Client and Workers

One of the main potential value conflicts which could occur within the interactions and
relationship between clients and workers involves transference and countertransference.
“Initially confined to the therapist’s personal feelings, countertransference, like transference has
become more relational in scope” (Cooper & Lesser, 2011, p.32). Self-awareness of one’s own
values is critical in order to prevent countertransference, and also to uphold an ethical practice.
Reamer (1999) identifies how a substantial amount of literature regarding social work values
identifies the need for social workers to be aware of their personal values as these values have a
direct impact on their perception of clients, their practice with clients, even determining client
outcomes in terms of success. When countertransference occurs, the worker’s values or beliefs
may impact the clients’ self-determination by interfering with the client’s values or beliefs. The
CASW Guidelines for Ethical Practice (2005) specifically outlines the importance of promoting
client self-determination and autonomy in making informed decisions for themselves. Ongoing
awareness of the worker and how they are perceiving, interpreting, and understanding the client
is critical to promote client self-determination. It is simple to acknowledge that the client is the
focus; however, it is ignorant to deny the impact that happens on the worker as well in the
relationship with the client. Cooper and Lesser (2011) acknowledge that within the clinical
context we must consider self-awareness as it relates to the multiple identities of both the worker and the client and how these identities intersect. For this reason, awareness of interactional perceptions and exchanges throughout the process of service is imperative. Both the client and the worker bring their own personal stories to the clinical context and within that context they both understand each other and change each other within this working relationship (Cooper & Lesser, 2011).

Another potential conflict that could occur between clients and workers is that the worker could pose a conflict for the client based on reasons beyond their ability to change. For example, certain clients may hold values about whether or not it is acceptable or comfortable for them to meet with someone of the opposite sex. Clients may also have preferences to meet with specific ethnicities or sexualities based on their own beliefs or assumptions. For example, during my practicum placement I observed a potential conflict where a client specified wanting to meet with a gay or lesbian counsellor. A counsellor from the gay and lesbian community was not available to meet this client’s need. This client ended up choosing to work with a counsellor who was available and identified as being satisfied with service. The potential for conflicts are evident, however, even if client’s needs cannot be directly met, the process of acknowledging the client’s need is equally as important as informing the client of available options. Respecting and appreciating where people are coming from and what they need is as much a part of addressing potential conflict as developing a solution.

4.4 Potential for Value Conflicts Between the Client and the Agency

A potential conflict that could occur between the client and the agency involves stakeholders. Recently Family Service Regina has been strongly encouraged by one of its primary stakeholders, the United Way, to fit into one of three focus categories. The category
which will provide the most funding is the “All That Kids Can Be” category. This category fits the focus on one specific program, the Teen Parent Program, within the Agency, but does not fit the Agency’s overall service focus. Providing funding is important in order to provide services to communities, however, there is concern regarding what this means in terms of value conflicts. If Agency values are compromised to appease stakeholder’s requests, this could create conflict in terms of meeting client needs and shifting the perceived values of the Agency. For example, the client may no longer see themselves as a good fit for the Agency with this shift in focus.

Moffatt, Barnoff, George and Coleman (2009) state a concern that non-government agencies are held captive to the funding bodies political agenda. The integrity of the Agency could be called into question as well because although in the short-term there may not be a direct impact on the Agency, in the long-term, where the Agency focus travels could compromise services offered and therefore impact the client. Within the Agency’s policy, is a section which determines the Agency focus will not be year to year, but on the overall good of the Agency’s long-term direction (FSR, 2014, G.GO.3). The practice of chasing funding detracts from the long-term direction focused goal.

The United Way’s shift in funding and focus for the Agency puts Family Service Regina in a difficult position as secure funding is critical to providing service, and providing service is dependent on secure funding. Base funding from the United Way is approximately twelve percent of the agency’s funding. The CASW Ethical Guidelines (2005) state that: “Social workers work toward the best possible standards of service provision and are accountable for their practice” (p.16). It also states that: “Social workers, acknowledge and strive to carry out the stated aims and objectives of their employing organization, agency or service contractor, consistent with the requirements of ethical practice” (p.16). There is a fine line that risks being
crossed in terms of upholding the integrity of the Agency’s focus when aligning with stakeholders requests. Moffatt, Barnoff, George, and Coleman (2009) state that anti-oppressive practice needs to be defined beyond an Agencies vision, but rather remain visible and woven into the fabric of practice with permission to be an unsettled, unresolved, and an ongoing challenge that is supported by the leadership as a means to actively combat oppression.

In line with stakeholder funding opportunities, is the risk of falling into the “top down” methods of practice where the voices of clients, the voice of the front line worker is trumped by attaining funding initiatives. One of the ways Family Service Regina strives to combat this conflict is by having a committee titled Performance and Quality Improvement (PQI). This committee is connected to a larger body that oversees Employee Family and Assistance Program (EFAP) work. Locally at Family Service Regina; there is also a Performance Quality Improvement (PQI) committee which includes representations of staff from all of the Agency’s programs. The PQI committee is part of the accreditation required for the Agency. This committee focuses on bringing to life the accreditation requirements in practice to ensure a quality service that meets the community’s needs. This committee strives to bridge the gap between accreditation processes and practice by facilitating meaningful collaborative communication and intention to the Agency’s work. There are a number of ways that the voice of the client or the consumer is heard at Family Service Regina, one being through the OQ45 which measures outcomes, two being through a client satisfaction survey which all referrals receive on the third session, and third ensuring all clients are informed of their right to file a grievance if they are unsatisfied with service.

Another potential conflict in values between the Agency and the client lies in the risk that comes with systemic oppression as client’s perceptions of formal organizations intentions may
be tainted from previous experiences with formal organizations, or even misconceptions about the role formal organizations have played in a client’s life. Sachs and Newdom (1999) argue that oppression occurring at an individual level is often a manifestation of oppression within the group of which the individual is a part. Systemic oppression exists in our culture, and the most vulnerable individuals and groups may feel this impact and see the risks associated with receiving services as a conflict for them. Particularly mandated clients, who are told to receive services from Family Service Regina may possess a fear and lack of trust given the potential for them to have been exposed to systemic oppression previously. “The political culture of capitalism works hand in hand with the judicial system, politicians, bureaucratic and corporate leaders to harmonize racism, oppression and control” (Adams, 1999, p.141). Capitalism breeds inequalities and our political culture reinforces these inequalities within its formal bodies and informal bodies that individuals face in their day-to-day living (Parker, 2003). Moreover, individuals may also be combating oppression in the clinical setting whether or not they have cognitively made these connections (Sachs & Newdom, 1999). For example, I met with an aboriginal female client during practice who presented with anxiety in sessions. Through discussion, she identified a specific location that increased her anxiety. Through continued exploration, I discovered that this was a place from which she had been discriminated against and experienced racism. Initially in counselling sessions racism and discrimination, systemic oppression, were not topics she had presented with, however, these topics proved to play a more significant role than either of us had realized. Family Service Regina strives to knock down barriers of systemic oppression by providing policy that supports equality, inclusion and awareness of these external forces. However, it remains undeniable that these barriers exist and
we must also account for the potential conflicts and interference this could bring in providing service (Hugman, 2013).
Chapter Five: How Objective and Goals were achieved

This chapter will illustrate how the two goals and the activities within them assisted in accomplishing the overall objective of the practicum placement.

5.1 Objective

The objective of this practicum was to gain foundational counselling and administrative skills in clinical practice with a focus specifically on two therapies; cognitive behavioral therapy for work with individuals, and emotionally focused therapy for work with couples. Two goals were chosen to achieve this objective; each goal includes a series of activities.

5.2 Goal One

The first goal was to develop foundational skills in clinical practice. I developed four activities for accomplishing the first goal.

5.2.1 Activity 1

The first activity included completing a literature review on the two focus therapies. I completed a literature review over the spring and summer of 2014 prior to commencing my practicum placement. Having completed a literature review prior to commencing my practicum was useful as I had developed a theoretical foundation for practice which enabled a more comfortable transition for integrating into practice. An interesting element that occurred from completing the literature review prior to commencing this practicum placement was that the literature really came to life when integrated into practice and the material I had read previously looked different when applied to the clinical setting. For example, I was able to identify elements of CBT in the Anger Management workshop that I attended. Through practice I was able to identify how at times elements of theoretical approaches are used but not necessarily named, and how they can be shaped or adapted for different individuals or groups to be more applicable.
From my experience, I identified that the clear concrete theory or steps and strategies involved in theoretical approaches are less easily applied to the subjective and “messiness” of human nature. Although the process of integration was not always clear, the theory is still valid and it is shaping and adapting the theory to the person or group they are serving that is important.

5.2.2 Activity 2

Activity two in achieving goal one involved observing counselling sessions facilitated by other counsellors. I inquired with two different counsellors from the Agency about observing a session with them, however was only able to sit in and observe sessions with my Professional Associate. With my Professional Associate, I was able to sit in on a variety of sessions such as a walk-in session, individual sessions, and multiple sessions with one couple. I inquired with a number of counsellors about observing them during sessions however I was not awarded this opportunity aside from observing with my Professional Associate. There are a variety of reasons for this one being that these counsellors did not have a client willing to have a student sit in and observe. Another reason may be that the counsellor felt uncomfortable to have a student observe their practice or was concerned that it would interfere with either the work or the relationship they had with their client. Although I was not able to observe the other counsellors, I did schedule times to meet with them and discuss their practice. I met with three counsellors from Family Service Regina. One of the common themes gathered from meeting with these different counsellors was the importance of building a relationship with clients (Johnson, et al., 1999). Another common theme was the importance of establishing a foundation for clinical practice and having resources to pull from, but above all to focus on the person or persons in front of you. From these meetings, I gathered that being client-centered was critical which also illustrates the
need to invest in a relationship with the client to understand them and be flexible and adaptable to varying client needs (Dewhirst & Whittaker, 2012).

5.2.3 Activity 3

Activity three from goal one involved providing counselling with the support of video-taped sessions, and receiving feedback from the Professional Associate on these sessions to encourage reflection and growth. Video-taping could not be achieved with all clients as some were not comfortable signing a waver giving permission for video-taping. The videos I was able to gather were beneficial in providing insight into the nonverbal behaviors occurring during sessions from myself and/or the client and our interactions. They were also beneficial because they provided an opportunity to reflect on the content of sessions. Most of the videos were attained during the beginning of the practicum placement, having an opportunity to reflect on nonverbal body language as well as the session content, outside of the actual experience was particularly useful as a new counsellor. Trying to digest a new experience consumes a great deal of one’s energy let alone also focusing on the content and interactional dynamics. Video-taped sessions provided opportunity to really evaluate myself recognizing what was going well and areas that I could improve on. One of the most significant pieces of information gathered from these videos involved reflections. Through feedback from my Professional Associate, I was able to identify that I was converting reflections into questions which actually created a closed-ended question. This was a helpful observation that I could work to change. For example, in one video when intending to reflect what a client stated, I instead asked: “You felt anxious about your appointment?” Instead of validating or affirming what the client had said through a reflection, I reiterated their statement back to them as a closed-ended question. The goal was to either reflect
back what the client had said, or seek further information with an open ended question. I had not
accomplished this in this situation.

The last piece of activity three involved building a caseload of five to seven clients. By
the second month of my placement I had built a caseload of seventeen clients. This number is
deceiving as only approximately five of these clients were active. This was a manageable
caseload that worked well as it allowed time for reflection and processing. My caseload included
a diverse population of individuals of varying ethnicities, ages, gender, as well as two couples.

5.2.4 Activity 4

Activity four of goal one included observing drop-in counselling sessions at the Agency
on Thursdays which led up to providing drop-in counselling independently. I observed drop-in
counselling for the first two weeks of my placement; however, only one client was available to
be seen during this time. Following the first two weeks, I began to see drop-in clients
independently. I enjoyed the unknown characteristic of single-session counselling and the
necessity to work within a short time frame. As a student and someone who likes to plan, I
recognize that I tend to develop unnecessary anxiety over how much to prepare and plan for a
session when I have a general idea as to their reason for attending sessions. Drop-in counselling
provided an opportunity for me to learn more about myself and develop skills in single-session
counselling.

5.2.5 Activity 5

Activity five of goal one included conducting research on topics that arose from
counselling sessions. I found this to be an ongoing process. Different topics such as: grief, anger,
anxiety, depression, substance abuse, and interpersonal conflict were common topics. However,
the range of topics could not be predicted. I believe ongoing learning and the fascination and
unexpectedness that occurs with human nature to be one of the rewarding pieces of clinical work. Beyond researching materials, I also found the other counsellors within the Agency to be an invaluable resource. Their experience and knowledge in finding resources, giving feedback, or sharing resource materials that they utilize in their own practice played an integral role in my learning.

The last piece of activity five in attaining goal one was reflective journaling. Reflective journaling was a useful tool in processing various sessions both observed and practiced independently. Initially I utilized a self-reflection guideline from the book “You and Others: Reflective Practice for Group Effectiveness in Human Services” by McKinlay and Ross (2008) which was recommended by my Professional Associate; however, as I progressed in the practicum, I began to integrate my own reflection patterns. I found reflective journaling to be beneficial particularly when I was struggling with a topic or trying to integrate more than one idea together. The reflective journals were also helpful later on in my placement for developing this report as they provided insight into the journey I have taken, and served as a reminder of where I began.

5.3 Goal Two

5.3.1 Activity 1

I developed four activities in order to achieve goal two which was to develop counselling administrative skills such as: intake, assessment and intervention, and clinical recording. The first activity focused on the intake process. Processes of intake involved: inquiring about the presenting problem, information on conditions related to service, assessing risk involved such as a risk to self or others, having a working knowledge of current resources for referrals, discussion on fees for counselling, discussion on an expected waiting period for counselling, confirmation
that counselling can be offered, providing instructions regarding the first appointment, a written record of all contact with clients is retained, and maintaining written records of all contact made with clients (FSR, 2014, AS.GC.5).

I also learned that aside from the Employee and Family Assistance Program clients, clients are not generally prioritized, unless there is a clear negative impact related to time such as a pregnancy or a serious terminal illness (FSR, 2014, AS.GC.5). Through observing intake, I discovered that the intake counsellor tries to consider the various strengths of different counsellors in making a best fit for clients. Sometimes this also pertained to a gender preference, or varying skills of a particular counsellor to the situation or need. I was not able to participate in the intake process directly by completing intake assessments as I had planned because this was not of benefit to the Agency. However, I did spend time observing the intake counsellor which provided insight into the process and diversity of calls from community referrals, to Employee and Family Assistance Plan referrals, Ministry of Social Services referrals, and substance abuse assessments. Substance abuse assessments are orchestrated across Canada through a contract with the Construction Opportunities Development Council (CODC). These assessments are done at the request of various construction company unions to screen for drug and/or alcohol problems among employees. I was not involved in these assessments at the Agency. I also reviewed the intake form which was a form I became quite familiar with completing in counselling sessions. Through observing intake, I also gained an understanding of the Agency’s wait list and how it is administered.
a. Types of Assessment and Intervention Planning

Activity two of goal two focused on assessment and intervention planning. Based on my research and practicum experience, there are three types of assessment and intervention planning in the clinical setting. The first type involved an initial assessment upon meeting the clients which included: gathering information, building a relationship with the client and searching for what is underneath what the client is presenting but may not be aware of. This process also involved assessing for potential risks such as risk to harm self or others. The intake form utilized by Family Service Regina, although not formally an assessment tool can be beneficial in gathering information and building a relationship with clients during the initial session.

The second type of assessment and intervention involved the service plan which is completed with the client and is also useful in gathering information, but focuses on obtaining goals. The Agency policy specifically outlines assessment and intervention planning within the client’s service plan. The service plan is an assessment that involves gathering information regarding: the client’s background which includes bio-psycho-social factors, financial, substance use, medications, safety concerns, suicide, domestic violence, homicide, and vocational and nutritional issues and setting goals, and addressing therapeutic interventions (FSR, 2014, AS.GC.9). The service plan goals are reviewed with the client within no more than six sessions from commencing counselling to ensure maintenance and focus is on track as indicated within the Agency policy (FSR, 2014, AS.GC.9).

The third type of assessment and intervention is an ongoing assessment or intervention focusing on where the client is at in terms of progress. Ongoing assessment is critical as I observed in my practicum because the status quo can change for clients. Moreover, sometimes
new information and understanding may come out as the client begins to build trust with the therapist. Ongoing assessments involved checking for risk such as risk to harming themselves or others, domestic violence, mental health or other elements occurring throughout the work with clients.

b. Tools for Assessment and Intervention Planning

Counsellors also incorporate assessment tools from an array of therapeutic approaches depending on client needs to further support the assessment and intervention process which also aligns with agency policy. “Selection of specific counselling methodology for each client is based on the client’s issues, their discussion with the counsellor about expectations of service and the service goals” (FSR, 2014, AS.GC.2). This form of assessment includes evaluating the external forces that may be impacting the client’s life which coincides with anti-oppressive practice. “The reflection engaged in by client and worker is directed to an increased understanding of the different forces that affect their lives. Sometimes these forces are internal, sometimes external. But these forces are present in and affect the clinical setting” (Sachs & Newdom, 1999, p.26-27).

The Agency uses a variety of tools to support the process of assessment and intervention such as the OQ45 and the OQ30. The OQ 45 is a tool developed by a software company titled Quality Measures. The questionnaire includes forty-five questions which are generally completed at the first and fourth session. The information from this tool is generated into a program that provides results on outcome measurements using software to compare a client’s progress with their expected improvement rate (QC Analyst, 2006). The OQ30 tool is for youth and/or Ministry of Social Services Referrals and generally works similar to the OQ45 except that it contains thirty questions as opposed to forty-five. These tools can be beneficial in identifying
client outcomes from counselling and can also be used as a tool for reflection with the client as to whether or not they agree or disagree with the results (Miley, O’Melia & DuBois, 1995).

In terms of assessment, Family Service Regina also utilizes a form which contains a Session Rating Scale (Miller, Duncan, Johnson, 2002) and an Outcome Rating Scale (Miller, Duncan, Johnson, 2000). These scales provide outcome information; however, the scales also provide an opportunity for the client to rate where they see themselves: individually, interpersonally, socially, and overall. This scale is a useful tool in assessing how clients perceive their current well-being and relationships. This tool is also beneficial in exploring change talk which is the process of listening for hope or new possibilities in dialogue with clients, and examining coping mechanisms in terms of how they have maintained a specific position on the scale and identifying what steps they see as necessary to move up on the scale. The back of the Outcome Rating Scale form includes a Session Rating Scale which can assist counsellors in identifying or assessing what is going well in sessions and what the client identifies as not going well. This tool is important for understanding the client’s perception of sessions and assessing where work needs to be done in order to build a strong therapeutic relationship.

c. Three Observed Assessments

As part of achieving activity two of goal two, I observed three interviews conducted by my Professional Associate. During these interviews I was able to observe a suicide risk assessment which included: acknowledging the feelings of the individual, followed by assessing the individuals support network, identifying past coping mechanisms, searching for strengths, providing validation of strengths identified, and a referral to the hospital. This assessment and intervention concluded with a follow up contact with the client the next day.
I also observed ongoing assessments during a couples therapy sessions where my Professional Associate tended to the ongoing necessary maintenance of interaction between the two partners. In this ongoing assessment I observed her ensuring a balance was maintained where the more assertive person was able to express himself but not at the expense of the more withdrawn individual’s voice. Although EFT was not directly utilized during this session, I recognized the choreography occurring by the therapist regarding the couple’s interactions. For example, the counsellor created an opportunity for both individuals to express their concerns as well as validate what they heard from their partner.

I also had an opportunity to observe a session involving somatic experiencing. During this session I was able to gain an appreciation for how the therapist guided the client through tuning into what was happening within their body. The therapist did this by asking questions about specific areas of the body such as what their chest felt like or if they could feel their feet making contact with the floor. Assessment practice in this session included evaluating whether somatic experiencing would be a beneficial model to utilize. I also observed an ongoing assessment during the exercise where my Professional Associate would check in with the client asking her what was occurring in her body, how she was feeling, exploring possibilities of various tension and releases occurring as described by the client. It was truly remarkable to witness the client both explore their pain, and allow their body to release the pain. The process was guided by the therapist through questions about how their body felt in specific areas, and the work, the exploration, was achieved by the client. It was interesting to see how this experience provided what the client described as a sense of calmness, and served as a reminder as to how far they have come and how they can use this tool outside of sessions to calm themselves. This
client had previous work with somatic experiencing and seemed to build on the past experience and used revisiting this work to rediscover that place of calm and release tension.

d. Three Independent Assessments

I was provided an opportunity to complete multiple assessments throughout my practicum placement; however, I chose three that particularly stood out in terms of the assessment and intervention planning process to disclose in this report. Similar to a session observed, I also had a situation where a suicide risk assessment occurred during a walk-in session. This client came into my office appearing very emotional and her nonverbal behavior suggested she was withdrawn. I initially focused on developing a connection with her being cognizant of the short time frame we had to work in. I was reminded during this session of the importance of not rushing over the pain but rather acknowledging it and really taking time to gain an understanding of a client’s experience. Assessing the pace of the session is important and monitoring time needed to develop a relationship. My Professional Associate had shared with me the importance of taking the time for this in order to connect with the client because if we move too fast, where the session could go from there may be lost. Particularly in a high-risk situation such as this, it is easy to become anxious about seeking a resolution so I was ever mindful of the importance to meet the client where she was.

As we established a connection, I worked on gathering information and assessing risk which is where I learned she was suicidal. This risk assessment involved understanding how this client interpreted her situation, if she had a plan for taking her life and any preparations she had taken regarding this plan. I was able to gather that she had shared her suicidal thoughts with a family member and that she did not want to take her life, but described feeling unjustifiably unhappy and overwhelmed. During this session, I utilized the Outcome Rating Scale tool to
assist with gaining an understanding as to where the client saw herself in terms of her well-being personally and in terms of her relationships. This was a useful tool in exploring her situation and gaining an understanding of her experience. This client developed a plan to keep herself safe as well as a plan to follow up with a doctor and myself. The client followed up later that same day after seeking assistance from her doctor.

Another assessment I was able to complete during my practicum involved a first session with an individual who was mandated to attend counselling by her probation worker. This assessment focused on building a therapeutic relationship, as this particular client appeared very guarded. I pondered the possibility that probation services mandating her to attend may be creating a barrier in building a connection with this individual. If I could not build a connection with this individual, it is likely that I would also be challenged in establishing a useful assessment.

I was reminded during this session, of the training on Motivational Interviewing where the facilitator described the importance of considering “resistance” and bearing in mind that people can easily be labeled “resistant” but that discord in a relationship is often a more accurate term. Resistance, as described in the training, is generally referring to someone who is not doing what you want him or her to do (Axsen, September 2014). Keeping this in mind, I wanted to make sure counselling was about this client’s agenda and not probation services agenda as a way to steer away from discord and towards a constructive counselling session. This practice is also supported within the CASW’s Guidelines for Ethical Practice (2005) which states: “In all cases where clients’ right to self-determination is limited by duty of care, the law, or court order, social workers assist clients to negotiate and attain as much self-determination as possible” (p. 6).
As a method to bridge the gap between us, I decided to be upfront about counselling and ask the client what she wanted to get out of counselling. I told her I was not interested in why probation wanted her to attend, but rather what she wanted to get out of our time together. This practice aligns with client-centered work. Whatever the reason for her being mandated, if we are working on things that are not of interest to her it is unlikely that anything constructive can come out of the session. This approach appeared to soften the client and we were able to set some goals based on her agenda. Working with this client was particularly interesting because as we developed a relationship, she opened up more and the goals that began as superficial branched out and connected to deeper levels of her relationships and experiences. This individual struggled with anger, but she was able to open up as the sessions progressed and explore and understand her anger to be a secondary emotion and the primary emotion to be hurt and feeling “unwanted”. These observations were developed as part of the ongoing assessment process. My Professional Associate gave me a useful question to use at the end of sessions which promotes evidenced-based practice. The question is: “So what stood out for you today?” I found this question useful in terms of assessment as it provided evidence-based feedback as to what was important to the client from the work done in session. For example, in our first session this client shared that what stood out for her was something she just barely touched on during the session. This was interesting to me, and helpful in terms of assessment, as the next session we were able to start here.

Following our initial session, I met with this particular client on an ongoing basis and part of the assessment with her involved utilizing a holistic approach to identify what was happening for her in terms of her thoughts, behavior, feelings, and in her body. This client did a lot of work on attachment in sessions and some of the somatic experiencing tools would fit well with this
type of processing. However, it was important in assessment to hear what the client presented which were her thoughts. We began with her thoughts and behavior and as sessions progressed she was able to explore further aspects of herself such as what she was feeling. This client stated that she was not comfortable to examine what was happening in her body, so I used creative ways to adapt the somatic experiencing activities related to attachment so that it would be helpful to the client. For example, this client was not comfortable to use an activity involving eyes to explore attachment, so instead she used memories with a person for this activity. Through ongoing assessment this client was able to take some risks in terms of exploration; however, it was also important to be creative in finding flexible and adaptable ways to support the client and cognizant of what was comfortable for her.

I also had an opportunity to meet with a couple during a walk-in session which provided a unique angle to understanding assessment as there were many dynamics to attend to in session. The beginning of this session included assessing the nonverbal behavior of the couple. The couple was sitting very close in the waiting room, and upon entering my office the female’s body posture appeared closed off and guarded. She also appeared to be quite emotional. The male individual’s nonverbal behavior was open and he appeared very engaged and ready to talk. This session began with building a rapport with the couple and working to understand what they wanted to get out of the session. As Johnson (2004) states: “The therapist interventions . . . are based upon first accepting both partners as they are, and by acceptance creating a context for the exploration” (p.90). Following this, I was able to ask some direct questions about different types of abuse to try and assess if there were safety risks involved. This is a difficult task in a walk-in session with both parties present, however, the couple seemed quite open and honest and I did not feel there was a safety risk. Both parties were concerned that at times they may have been
emotionally abusive to the other during conflict, however, no concerns around other types of abuse.

Once I had completed an initial risk assessment, and had an understanding of the goal for the session, I worked with the couple to establish a connection between the individuals. This particular couple had an established connection which was evident in session, and they were both willing to work on the relationship. I focused on assessing interactional patterns as suggested in EFT and facilitated opportunities for the individuals to both listen to their partner and reflect back what they heard. This discussion involved educating the couple on patterns and interactional styles and how they can shift their patterns to be more effective, which is part of EFT (Johnson, 2004). The couple each painted a picture of conflict in their relationship and talked about what they needed from the other in these situations and the emotions involved. Through this process, the couple came up with a plan after identifying their conflict pattern for ways they could each be responsible for their own actions and shift their interactional patterns. The pattern they illustrated showed a pursuer-withdrawal pattern where the more one partner pursues, the more the other withdrawals, and we were able to talk about what this means for their interactions (Greenberg & Johnson, 1988). Throughout the session I was able to provide validation for their strengths as a couple.

EFT was the main source of therapy utilized during this session; however, other therapeutic approaches and tools were also tapped into. For example, CBT was used to identify cognitive distortions or assumptions occurring in the relationship. Conflict and resolution or problem-solving skills were also tools utilized in this session. Moreover, discussion around communication during conflict and boundaries around balancing separateness and togetherness were also useful tools in this session. This session used a number of tools from different
theoretical approaches and they were tools drawn on based on this particular couple and their situation. The benefits of being a generalist practitioner were acutely apparent during this session.

This session closed with the evidence-based practice question “what stood out for you?” and the couple identified what they heard from each other and what steps they were going to take in conflict resolution to have more success in the future. In terms of assessment, it was also evident that the nonverbal behavior had changed dramatically and the female was more open and receptive to talking, she was smiling, and the couple appeared more relaxed. This couple was contemplating continuing counselling to navigate through challenges with the assistance of a third party. Based on feedback from this couple overall, it seemed that the session had provided them with some emotional relief and some new tools to take into their relationship for resolving conflict which is a goal for single-session counselling (Slive, 2008).

5.3.3 Activity 3

Based on my research of clinical recording, one of the goals for best clinical practice in administrative work at Family Service Regina involved transparency. This was evident in the Agency’s policy. For example, the Agency’s policy specifically outlines the permission for clients to view their files (FSR, 2014, AS.GC.10). This information illustrates that client-centered practice is consistent in documentation. Documentation aligns with the client’s understanding and not the counsellor’s assumptions of their understanding. The Family Service Employee and Family Assistance Plan clinical guidelines state: “Use descriptive and factual language, reporting what client said” (FSEAP, 2010, p. 175). Should clients disagree with documentation, the Agency policy provides documentation procedures for correcting information to clients files at their request should discrepancy arise (FSR, 2014, AS.GC.11). Family Service
Regina provides room in documentation for professional understanding of the client’s situation, although it needs to be clearly indicated as such. “Professional opinions and fact are appropriate but should be identified as such (FSEAP, 2010, p.175). Client documentation forms provide guidance in supporting the client-centered and strengths-based approach. For example, the “presenting problem” is asked to be documented from the client’s perspective, further down this same form indicates that “goals” must also be created collaboratively with the client (FSR, 2014, AS.GC.9). The transparency of documentation supports the therapeutic relationship by providing a more egalitarian focus. The document is understood to be “for the client” as opposed to “about the client”.

Other elements of best practices for clinical recording involve accuracy and confidentiality. Accuracy of biographical information is an important part of maintaining useful, clear and complete information (FSR, 2014, AS.GC.8). The Agency’s clinical recording guidelines suggest providing concise and focused information (FSR, 2014, AS.GC.8). An example of how this is exercised can be illustrated in the expectations for progress notes which clearly outline a need for: session focus, assignment/tasks, ongoing evaluation statement, and case plan (FSEAP, 2010, p.173). The development of goals follows this practice requesting clear, feasible, and constructive goals which can be identified by the client upon completion and relevant to their situation (FSEAP, 2010, p.175).

Beyond accuracy, confidentiality is also a critical piece of clinical practice. The Agency outlines confidentiality in the policy manual emphasizing the maintenance of confidence for all information in order to uphold and respect the privacy of clients (FSR, 2014, AS.GC.7). This is congruent with confidentiality practice as outlined in the CASW’s Guidelines for Ethical Practice (2005). The policy manual also contains procedure for confidentiality in special
circumstances such as when third party requests for information arise or files are subpoenaed to the courts (FSR, 2014, AS.GC.12). Both of these special circumstances outline the importance of the client’s awareness and understanding of the information being requested, and the client’s involvement in the process. For example in cases where files are subpoenaed “every attempt will be made to contact and notify clients of the subpoena. Opportunity will be offered to the client to review his/her file on Agency premises, with an appropriate staff member” (FSR, 2014, AS.GC.13). Regarding confidentiality, Family Service Regina also utilizes an informed consent form for situations where this benefits clients in advising other organizations of their attendance and progress regarding counselling (FSR, 2014, AS.GC.12).

Another critical piece to clinical recording involves gathering demographic information for statistical purposes. Demographic information is gained primarily from the intake sheet at Family Service Regina. Information gained from the intake sheet is beneficial to gaining an understanding of clients and their background; however, because the information is not necessarily relevant to the reasons for attending counselling, this can cause a barrier in building a relationship with the client. For example, some individuals appear curious or somewhat defensive to some of the information asked particularly around annual income and type of income. An observation I had during this placement was that gathering this type of information may be of benefit to the Agency in terms of statistical information for funding purposes, however, it can also serve as a barrier or challenge in building a therapeutic relationship with clients. Cocker and Hafford-Letchfield (2014) note some of the dangers involved in the process of gathering information such as obtaining information requested by funding bodies as they can miss important information or even reinforce internalized oppression where individuals on the
margins of society lack familiarity with the function of systems compounding their feelings of inadequacy.

5.3.4 Activity 4

Activity four of goal two involved participating in available workshops and or training opportunities offered during my Agency placement. I have divided this section into two parts, the first part will discuss the various counselling and workshop groups I attended. The second portion of this section will focus on training opportunities I participated in and how they related to my goals and focus therapeutic approaches.

a. Workshop and Counselling groups

I attended a variety of workshops during my placement, the first of which was anger management which I attended for four consecutive Mondays for two hours in the evening. This workshop included fourteen consistent participants and one facilitator. Some of the participants were mandated to this workshop while others participated voluntarily. The information for this workshop utilized cognitive behavioral therapy as a model to help participants identify their belief systems, distorted thought patterns, automatic thoughts, and how our thoughts can impact our feelings as well as behavior (Smela, September 2014).

Following anger management, I also attended; a When Love Hurts group, a meeting for the Regina Network for Disordered Eating Committee, an “Art for the Heart” group, and a support group for individuals with Attention Deficit Hyperactive Disorder (AD/HD) as well as a separate group for the individuals with AD/HD’s partners. The AD/HD support group was one that stood out for me as elements of EFT were incorporated into the group discussion. The facilitator brought up attachment styles during the group and participants had an opportunity to think about which attachment style they fit with and how that impacted the interactions within
their relationship. One individual with AD/HD was able to identify with being an avoidant attached person and related this to his AD/HD. He described developing an intense focus on one thing such as something he was working on and dropping or avoiding everything around him aside from that. He discussed how he saw this impacting the connection he had with his spouse, and how she may interpret his focus as a lack of interest or concern for her.

I also attended a Domestic Violence Outreach Drop-in group evening, which was a group that I used to co-facilitate when I was an employee at Family Service Regina. Despite having previous experience with this group, I chose a specific evening to attend where they had two Elders coming from Eagle Moon Health Centre as guest speakers. I was intrigued by the Elder presentation particularly because throughout the majority of the research I have completed for my practicum, I rarely came across a model that specifically tended to spirituality. These Elders presented a “Wholistic approach”. I recognize this may not apply for all people, however, I found it interesting that in a generally secular society, a “wholistic approach” appeared accepted within this context and even appreciated. Two things were also spoken of in this group that I will not forget. The group closed with one Elder stating his belief for his people which was: “You are a representation of your people, walk with honor”. The Elder emphasized the significance of this statement and insisted that it is not complete unless also accompanied by the statement: “In all relations”. This Elder went on to explain that this statement means we are all connected not because we are human, but because we are community. This was his response to colonization which has disconnected the Aboriginal people from their own historical context and making that context visible (Brown & Strega, 2005). This was a powerful evening and reminded me of the significance EFT places on having effective dependence. Again, emphasizing community, relationships, attachment, connection, when many other messages do not support this. “Social
workers in a capitalist society who support and attempt to promote clients’ right to self-determination may be embracing a form of individualism that runs counter to values found in other political contexts, such as a socialist society that places greater emphasis on collectivism” (Reamer, 1999, p.37).

b. Training Opportunities

Aside from workshops and groups, I also attended various training opportunities beginning with Substance Abuse training and Motivational Interviewing offered at Family Service Regina. This training took place at the Agency and involved three full days. This training was very insightful, practical, and included opportunities during training to practice the skills we were taught. The main focus of this training was change talk. A variety of tools were provided through the training which I have used in counselling sessions with clients.

I also completed a two day DSM-5 training offered by the Saskatchewan Association of Social Workers. This training took place at the Turvey Centre. Being unfamiliar with the DSM-5 I found this training beneficial and interesting. The highlights of the training included gaining an understanding on: terminology within mental health, changes that have been made with the DSM-5 from previous works, the importance of assessing the whole person including medical elements, the relationship with mental health and substance use as well as the significance of assessing environment. One of the key points that I took from this training was how to use the DSM-5 and the important role it holds, while still bearing in mind the dangers and impacts associated with mental health labels (Dziegielewski, November 2014).
Chapter Six: Practice and Theory Integrated

Chapter six will discuss the important aspects of integrating theory and practice as experienced in this practicum placement. Moreover, this chapter will also explore the congruencies and incongruence of integrating theory and practice as observed through this learning experience.

6.1 Important Aspects of Integrating Theory and Practice

a. Transparency

Transparency was an important aspect in my practicum when evaluating theory and practice because it is an important element within a client-centered practice. The CASW Code of Ethics (2005) emphasizes the importance of self-determination “social workers respect the client’s right to make choices based on voluntary, informed consent” (p. 4). In order to promote client-centered practice, and client self-determination, we must ensure that clients are involved and informed in the service they are provided, including setting goals, assessments and evaluating risks. This includes issues relating to confidentiality which is also noted in the CASW Code of Ethics (2005): “Social workers demonstrate transparency with respect to limits to confidentiality that apply to their professional practice by clearly communicating these limitations to clients early in their relationship” (p.8). During my practicum placement, transparent practice was evident and consistent in practice and clinical documentation. Clients are provided access to forms relating to the service they are provided, including results from the outcome assessments tools such as the OQ45 (OQ Analyst, 2006). During sessions I also made a point of ensuring forms such as the intake form were visible to the client as we worked through it and I maintained a focus on the client. This supported transparent practice, but it also served as a bridge in building a connection with the client by honoring the importance of the relationship.
over completing forms. This practice also supports anti-oppressive practice as it intentionally promotes the relationship with the client and the client themselves over accreditation processes or other systems making requests on clients from outside of the session. This practice honors Foucault’s ideas around the relationship between power and knowledge and striving to be aware of and break down barriers within the therapeutic relationship (Cocker & Hafford-Letchfield, 2014).

Transparency is also evident aligning with theory and practice when considering the focus theories of this practicum, CBT and EFT. Both of these theories are teachable theories which mean the skills gained from them are intended to be transparent and transferred onto clients so that they can implement them in their present situation, as well as in future situations. CBT provides tools and possibilities to explore distorted cognitions and automatic thoughts. EFT examines interactional patterns or attachment styles with the client(s). The client is identified as the expert not the therapist. This creates a more collaborative relationship with the client understanding the client to be the expert on their own experiences (Young, Dick, Herring & Lee, 2008). This perspective reinforces the client-centered approach and transparency within the therapeutic relationship upholding integrity in the professional practice. This is consistent with the CASW Code of Ethics (2005): “Social workers value openness and transparency in professional practice” (p.7).

Another piece of transparency where practice and theory aligned involved disclosing my student status to clients. Before meeting with a client, I would disclose to them that I was a student and provide the choice to work with myself, a student, or the option to work with a more experienced counsellor if they preferred. I discovered that most clients were willing to meet with a student, and I also assured them that they were receiving service from me but that I was
supported and monitored by a supervisor during the process as well. This disclosure helped build a relationship of honesty and transparency right from the beginning of our interactions; it is also supported by the CASW Code of Ethics (2005). “A prominent theme in the code concerns social workers’ obligation to be honest in their relationships with all parties, including accurately representing their professional qualifications, credentials, education, competence, and affiliations” (Reamer, 1999, p.60).

b. Generalist Practitioner

Another element of integrating theory and practice involved generalist practitioners. The term generalist practitioner was very prominent in my experiences and observations throughout the practicum experience. I had an opportunity to observe my Professional Associate in session using a variety of tools from different therapeutic approaches in sessions with clients. In addition to this, every counsellor that I met with shared that they had a focus therapeutic approach, but that it was essential to them to have more then one approach to draw from. A common theme throughout my practicum was the importance of having an eclectic tool belt to draw from. I gained this understanding through observations with counsellors, peer supervision, counselling administration meetings, and in workshops I observed. I saw the practice of being a generalist practitioner as not only consistent with theory, but a very important piece of clinical practice. For example, the practice of generalist practitioners is supported within the Program Logic Model at Family Service Regina for clinical services where it specifically outlines one of the strategies for the Agency being to provide respectful and diverse therapeutic approaches and methods to the client body (Englot, 2014). This practice is also complimentary to serving the diverse clientele of Family Service Regina. The counsellors at Family Service Regina acquire a range of skills or tools in varying methodologies from: reality therapy and choice theory, to hypnosis, to CBT, to
EFT, to somatic experiencing, play therapy, to eye movement integration. Although they may have specialized training or comfort with a specific therapy, agency counsellors also obtain skills and resources in a variety of other models.

One of the most important observations I gained from this practicum experience was recognizing that theory is important, but more important is knowing who is sitting in front of you — who you are in session with. Nichols (2011) illustrates a holistic approach as a generalist practitioner stating: “Human beings are complicated creatures – thinking, feeling, and acting-who exist in a complex system of biological, psychological, and social influences. No therapy can succeed without affecting all of these dimensions” (p. 283). I saw people as complex creatures in sessions with my Professional Associate; and through discussions with different counsellors regarding their practice. This practice involved assessing: behavior, thoughts, feelings, and what is happening in the body for clients and what model may be effective for individuals. For example, CBT focuses more on thoughts and behaviors and EFT on emotions, but independently they may not help individuals access all the different aspects that could be helpful. As a generalist practitioner, it is important to hear what the client is expressing such as thoughts and start there which is client-centered, but to be mindful of accessing other ways of identifying what is happening for clients or what could be useful such as behaviors or feelings and being equipped to utilize models that could support exploring other areas as well. Being a generalist practitioner requires ongoing learning. I became aware that one of the rich experiences of the clinical field is that human nature is surprising and that because of the unique differences among people, relationships, varying social contexts, as well as new research and technology; we must have a variety of tools to draw from in order to best fit the client.
In terms of theory, I also recognized how some theoretical approaches have shifted to adapt a more generalist approach. For example, research indicates a shift in the use of CBT towards positive CBT which focuses on client strengths instead of the deficit-based focus that CBT typically takes. Bannink (2014) discusses how a shift in focus to more competency-based clinical practice in the last thirty years has brought a new way of utilizing CBT which centers on strengths over problems. The importance of the therapeutic relationship is also emphasized in positive CBT. “Positive CBT starts with building rapport” (Bannink, 2014, p.3). Another shift in theory and practice towards generalist practice involved EFT. In theory EFT appears to be geared towards work with couples, however, in practice I came to understand that EFT could be used for work with individuals as well as couples. EFT used for individuals suggests the importance of flexibility and adaptability of theoretical approaches to the client, as opposed to the client adapting to fit a model. With individuals, EFT was used to explore individual’s connection to others, relationship, interactional styles, attachment styles and explore their primary and secondary emotions. I also recognized ways in which CBT intended for individual use, can be adapted to work with couples (Epstein, 2006). Throughout my practicum experience I observed multiple ways that pieces or elements of different theoretical approaches were incorporated into one session with other models. This experience made me aware of the need for ongoing learning and understanding of theory and changes in research.

c. Ongoing Learning

Ongoing learning and resource development are also aspects specifically related to the integration of effective practice and theory. With information always changing, new research coming out, ongoing learning is critical to the practice of social work. Theriault, Gazzola and Richardson (2009) emphasize the usefulness of ongoing learning particularly in relation to new
clinicians and feelings of incompetence (FOI) as their study showed workers were inspired to be proactive in addressing weakness before it became a problem. This practice is also supported in the CASW Code of Ethics (2005): “Social workers strive to maintain and increase their professional knowledge and skill” (p. 8). Moreover, within the practice field having a working knowledge of current resources is imperative as resources are fluid; resources are always changing as funding is often a challenge and resources are not always secure. Ongoing change is a beneficial element in the practice of social work because learning is ongoing for both the client and the worker. Workers may exercise ongoing learning in terms of theory and professional development; however, learning will also take place within the relationship with the client (Johnson & Greenman, 2006).

6.2 Incongruence in Theory and Practice

An incongruent aspect identified between theory and practice involved the idealism of theory to provide resolution for clients and the reality of life. For example, a goal of CBT is to educate clients on CBT so that they could integrate skills into their own life to assist them in future situations (Beck, 2011). However, the Program Logic Model for Family Service Regina suggests that one of the indicators of success is that clients do return for services when needed (Englot, 2014). In theory, skills gained from counselling would hope to be carried forward to new situations where future counselling may not be necessary. However, in practice, life is not so easily organized and returning to old resources for support such as counselling during a difficult time does not need to be seen as a shortcoming, but rather as a success in accessing supports to work towards managing or working through a situation.
6.3 Congruence in Theory and Practice

Self-care is a topic that I found to be consistent with theory and practice during my practicum placement. There is an abundance of information regarding the importance of self-care (Harrison & Westwood, 2009). Identifying healthy self-care practice is critical to maintaining professional practice and managing one’s own care. Harrison and Westwood (2009) emphasize holistic self-care as paramount in maintaining one’s personal and professional well-being.

During my placement, I recognized some formal self-care practices that the Agency has implemented to support their staff in self-care such as weekly peer supervision meetings. For example, my Professional Associate advised me that the check-in at the beginning of peer supervision is just as critical as other topics in the meeting as check-in is part of taking care of things that may be going on in one’s personal or professional life so that they can be addressed, and not get in the way during sessions with clients. Family Service Regina also has a staff retreat once per year for staff to work on team building, self-care or provide education.

Time management is an important piece of self-care as it can allot for intentionally providing time for self-reflection between sessions. One of the challenges of time management may be the pressure to tend to a high wait list and also ensure opportunity between sessions to be present and regroup. Allowing time for self-reflection is critical as it can mean that the counsellor is able to really be present and focused for upcoming sessions. However, this practice must be delicately balanced with ensuring that it does not detract from care of the client (Theriault et al., 2009). The implications for practice without proper self-care is particularly concerning when considering the impact of vicarious trauma for clinical work. Harrison and Westwood (2009) caution against clinicians who continue to work despite vicarious trauma because of the impact it may have on the client, the worker, as well as the community itself. Self-
care is important for the workers themselves, but it is also important for comprehensive practice because if we do not tend to ourselves, our quality of service can be compromised.

Boundaries are another critical element in self-care. Boundaries are important for ethical relationships with clients, but also for personal self-care in terms of managing work and personal life. Katherine (1991) states: “Weak boundaries equal a weak self-image; a healthy self-image equals healthy boundaries. Boundaries without a self would be like a punctured balloon. It collapses when nothing is inside. A self without boundaries is like air without a balloon, shapeless, formless, diffused” (p.112-113). The challenge of maintaining self-care is to be able to tend to oneself in order to give to the client. There is a fine line between managing self-care and allowing this practice to interfere with the therapeutic relationship. Theriault, Gazzola and Richardson (2009) emphasize trusting the process of counselling as a method to combat a clinician’s tendency to focus on technique of the clinician or the clinician themselves and maintain a client focus. Harrison and Westwood (2009) also note the significance of supervision as a support aspect to self-care for relational healing which can occur both formally and informally. During my practicum experience I identified with this struggle while trying to incorporate a new skill into a counselling session. Being a new counsellor, I recognized that while integrating a new strategy into a session such as deep breathing, I was distracted by judgment for my own abilities to integrate this skill which took away from the client. This was a process I was mindful of and was also able to debrief with my Professional Associate about.
Chapter Seven: Skills

Chapter seven will discuss the various skills I developed during this practicum placement. The ability to be present in counselling sessions was one of the skills I identified as developed from practice. Another skill I developed involved learning to take risks as part of growth and what factors were involved in supporting this process. Last, this chapter will discuss walk-in counselling and how it contributes to clinical services as well as the different opportunities this practice offered in terms of clinical skill development.

7.1 Being Present

One of the most useful skills I developed from this placement was the ability to be present. Presence is a skill I developed throughout this practicum experience, and the significance of this skill was reinforced and supported in research. During my practicum, I utilized a DVD resource by Heller (1989) on attachment theory which compared the need for focus and “presence” when rock climbing to clinical work emphasizing that distraction cannot be afforded. Moreover, being present opens the door to search for client strengths. Saleebey (2002) states: “To detect strengths, however, the social work practitioner must be genuinely interested in, and respectful of, clients’ stories and narrative accounts – the interpretive slants they take on their own experiences” (p.14).

Related to presence is listening and reflecting techniques. The Motivational Interviewing training was particularly useful in providing acronyms like OARS which stood for “open-ended questions, affirmations, reflections, summary” which assisted in developing my attending skills (Axsen, September 2014). This acronym was helpful to have at the forefront of my mind throughout sessions, and as time progressed it became a natural integration into practice. I found building on these skills and being particularly cognizant of them during sessions very useful in
the clinical setting. The support of video-taped sessions also assisted in the development of interactional communication skills. By reviewing videoed sessions, I could see where my strengths were in terms of these skills, and also my limitations. My Professional Associate provided helpful feedback from the video-taped sessions. The video-taped sessions also provided an opportunity to review the client’s nonverbal and verbal behaviors. The development of listening and reflecting skills are paramount to clinical practice because they tend to build a therapeutic relationship and also ensure that the worker stays present with the client. This approach gives priority to the relationship with the client which is important as research indicates clients identified the relationship they have with their therapist to be of particular significance (Lesser & Cooper, 2011).

7.2 Taking Risks as Part of Growth

Another skill I was able to develop during this practicum experience was finding opportunities to take appropriate risks in sessions by utilizing resources or techniques gained from theory. Family Service Regina provided a supportive environment, and as I developed more comfort and confidence in practice I was able to take risks and practice various techniques such as deep breathing with clients during sessions when it seemed appropriate. Throughout the practicum, I was provided opportunities with clients to utilize various tools such as: exercises on grief, distorted cognitions, anger, exploring emotions, conflict resolution, and anxiety. Somatic experiencing was another useful resource I was able to incorporate into sessions for clients to explore what was happening in their body while they worked through past trauma. Somatic Experiencing is a therapeutic approach that looks at the nervous system and how we respond to trauma. Somatic experiencing focuses on the body’s response to trauma and explores renegotiation and reenactments of the trauma as a process towards healing (Levine, 1997).
Having an opportunity to experiment with different skills and resources in a supportive environment was so integral in progressing in clinical practice. Lesser and Cooper (2011) state that clinical development requires ongoing learning, self-reflection and a willingness to take risks.

7.3 Walk-in Counselling

This practicum placement also provided an opportunity to build skills for walk-in sessions. Walk-in sessions have become more prominent in varying contexts such as: hospitals emergency rooms, within mental health services, community services, university counselling services, and in private practice (Slive, McElheran & Lawson, 2008). Given the diverse clientele of Family Service Regina, providing diverse services such as walk-in counselling seemed a good fit for this Agency. Walk-in counselling has also been identified as beneficial in combating waitlists such as Family Service Regina’s by offering opportunities for clients to receive service on their own schedule (Slive, 2008). Moreover, some research indicates that walk-in counselling benefits staff as well as clients because clients tend to be more motivated for change in these instances and their satisfaction with service correlates with the satisfaction of the workers (Slive, McElheran, Lawson, 2008). In terms of developing skill, CBT is a theoretical approach that has shown to be effective for walk-in counselling (Young, Dick, Herring & Lee, 2008). Given CBT was also a focus model for my practicum placement; walk-in counselling provided an opportunity to develop skills using CBT in a different clinical format.

Through researching walk-in counselling I discovered some of the benefits to walk-in counselling. A study completed in Thunder Bay revealed that improvements from walk-in counselling included: reduced stress, reduced negative physical symptoms related to problem, reduced negative coping, increased positive coping, increased knowledge of problems cause,
increased confidence in addressing problem and awareness of resources (Bhanot-Malhotra, Livingstone & Stalker, 2009-2010). Although benefits have been identified, walk-in counselling is somewhat controversial to the old practice where interventions were considered to require a substantial amount of time in order to effect change (Slive, McElheran & Lawson, 2008). A single session therapy model has proven effective in clinical services, however, the option for continuous counselling is still important as this model would not fit all individuals or situations (Slive, McElheran & Lawson, 2008).

Walk-in sessions consist of one hour which means that time management was critical. From my experience, making a connection to the individual was paramount for creating a safe environment where current issues could be worked on. There was little preparation for these sessions aside from being present and prepared. Assessments were key in walk-in sessions particularly given the time restraints and lack of background information so that the session could be effective and useful to the client. “Therapists need to hone skills in negotiating a focus that is achievable in one hour” (Slive, McEheran, Lawson, 2008, p.10). I really appreciated this style of session, and found building a connection to be one of my strengths in this setting. The goal of these sessions was to provide immediate relief through client-centered practice (Slive, 2008). Overall from my limited experience, it appeared that this goal was possible in single sessions.
Chapter Eight: Challenges

Chapter eight will discuss the various challenges that I experienced during this practicum placement. This chapter will begin by revealing how my intentions for this practicum intersected with the actual practice. Moreover, this chapter will also discuss a role conflict that I experienced and how I handled the situation. Last, this chapter will present a challenge I observed relating to managing different types of referrals.

8.1 The Intersection of Plans and Practice

One of the main challenges of my practicum involved discrepancy between my proposed plan for opportunities at the Agency, and what was actually feasible. For example, I proposed to participate in the intake process regularly for half a work day once a week; however, once I began the placement I understood that this was not helpful to the Agency. This portion of my goal could not be fulfilled. I had also planned to observe a number of different counsellors in their sessions wherever possible. Although one or two counsellors expressed that this may be a possibility, I was only able to observe my Professional Associate in session with her clients. There are a variety of possibilities as to why this did not work out, one being that the counsellors may not have had a client that felt comfortable to have a student observe the session. I also had anticipated that I would be able to video-tape a variety of sessions during my own direct practice; however, in reality few clients were comfortable with this process during the session. Within my own practice it was also more challenging to build a caseload than I had anticipated as I was not prepared for how many clients would not show up for their sessions. It is difficult to know the reasoning behind clients not attending sessions, however, some research indicates that resistance to counselling may be related to a stigma associated with counselling and mental health problems, concerns over confidentiality, or feeling like counselling is merely listening and will
not provide relief (Gyllensten, Palmer & Farrants, 2010). I had an opportunity to work with a couple in a walk-in session, as well as a first session with a couple in ongoing counselling however they did not follow up after the first session.

I was disappointed that some of these opportunities could not be fulfilled within my practicum experience; however, these missed opportunities provided opportunity for growth. These experiences serve as a reminder that part of being a student involves understanding that practical limitations occur because agencies are providing a service and must be mindful of the clients they are serving and ensuring that the Agency continues to run smoothly. The other piece of this experience is recognizing that the limitations I experienced with clients not showing for sessions or declining to have sessions video-taped, is part of clinical practice and out of my control. Being adaptable and flexible to these situations is important. Regardless of my role as a student or a practitioner, appreciating clients’ right to informed choice where they can refuse video-tapes or having sessions observed is also an important part of abiding by the CASW Code of Ethics (2005). Although it may feel like a missed opportunity in one sense, this also provided an opportunity to experience the reality of the field.

8.2 Role Shift

Another challenge I experienced during this placement was recognizing the different role I was in as a counsellor as opposed to a Victim Support Worker which I had been previously employed as within this Agency. I had an opportunity to meet with a number of clients who requested counselling to address challenges related to domestic violence during my practicum. My previous employment at this Agency as a Victim Support Worker included a police report as context prior to meeting with clients. In the counselling role, I recognized a shift in the relationship to be more client directed. The client generally determined how much information
they would like the counsellor to know and if or when they would share this information. There is not a police report providing factual documentation of incidents prior to a session. This type of relationship allowed the client to set the agenda. I appreciate this role as it is also consistent with the CASW Guideline for Code of Ethics (2005) which states: “Social workers work toward the best possible standards of service provision and are accountable for their practice” (p.16).

The counselling role provided more flexibility to the therapeutic relationship as opposed to a relationship that potentially involved more enforcement as a Victim Support Worker. The counselling role allowed space to explore the messy complexities of life, and answers were not clear cut. As a Victim Support Worker, in a role tied closely to the Criminal Justice System, some scenarios such as clients requesting court ordered assessments for requests to remove conditions of non-contact inhibited the ability to build a relationship. The prominence of the Criminal Justice System also seemed to cause definitive answers or labels to loom such as right and wrong, good and bad, victim and abuser. The counselling role although not removed from systems and their implications, is less directly attached to the Criminal Justice System which poses a real challenge for some individuals as it can be experienced as a threatening oppressive system. Some individuals past experiences or assumptions with specific systems may pose challenges or barriers in work. “Paulo Freire (1973) was convinced, based on his years of work with oppressed peoples, that only humble and loving dialogue can surmount the barrier of mistrust built from years of paternalism and the rampant subjugation of the knowledge and wisdom of the oppressed” (Saleebey, 2002, p.12). I appreciated the flexibility and diversity that the counselling role offered clients in terms of discovering their own solutions.
8.3 Different Rules for Different Referrals

Another challenge that I did not experience directly during this practicum but had an opportunity to observe involved the fine line between balancing service for individuals who can pay full price for service or Employee and Family Assistance Program (EFAP) covered clients, and clients who received services through subsidy like community referrals and Ministry of Social Services clients. Family Service Regina provides services to clients who can pay full price or those with benefits first, and clients who are subsidized are served as soon as possible. Community and Ministry of Social Services referrals are put on the waitlist if there is a wait. The agency also provides contract counsellors to service the full paying client which alleviates the wait list. The wait list for non-EFAP clients is always changing but it generally does not exceed six to eight weeks. General counsellors provide counselling to the EFAP clients as well as all other referrals. It is because Family Service Regina prioritizes EFAP clients that they can provide subsidized cost. Offering subsidized services also coincides with the goal of the CASW Code of Ethics (2005) that aims to provide service to anyone interested: “Social workers advocate for fair and equitable access to public services and benefits” (p.5).

Both EFAP and community and Ministry of Social Services referrals receive similar forms, although the EFAP clients are required to fill out additional information at the request of their benefactor. Overall, the processes involved in meeting with all types of referrals and the service they receive are the same. However, the challenge comes within this balance and concerns questions around quality of care. Similar to health care, there are benefits to privatization of care such as smaller wait lists but there is also the danger of creating tiered care (Gordon, 2004). This is an ongoing balance Family Service Regina also attends to. The only concrete discrepancy in quality of care that I observed was evident in the process of integrating
students. Students can meet with community referrals and Ministry of Social Service referrals but not EFAP referrals. There remains a quiet lingering concern over the question about quality of care and the role it can play even in an Agency that so diligently works to address inequalities. I believe this challenge is evident in our culture as a systemic form of oppression where we continue to perpetuate value with dollars. “The implication is that those with more can always trump those with less” (Gordon, 2004, para 12). This challenge can be compounded by an acceptance of this practice by staff at the agency. One of the difficulties of systems even in a non-government Agency such as Family Service Regina, is that initially a systems procedures may be questioned, but over time these processes can be accepted as a norm and even defended by staff as they are required to work within the system. Cocker and Hafford-Letchfield (2014) recognize a concern in how social work addresses anti-oppressive practice and see a need for a more holistic collaborative approach that includes structural and systemic oppression. I reflected these questions and concerns to my Professional Associate and engaged in a discussion with her about what this might mean for practice. These concerns and questions were a central piece to the presentation I gave based on my practicum experience at the Agency, which provided further opportunity to have a more in depth dialogue about the impact of systemic oppression on the Agencies practices and what changes could come from the awareness of these issues.
Chapter Nine: Ethical Considerations

Chapter nine will discuss ethical considerations experienced during this placement. This chapter will begin by looking at the ethics and the challenges associated with having multiple programs within one building using the same computer system. This chapter will also discuss vicarious trauma and its relevance to ethics.

9.1 Multiple Programs - One Roof

One of the ethical considerations that arose from my practicum experience involved the challenges associated with information sharing in an Agency with multiple programs. This challenge was most evident when considering counselling referrals that had a history with the domestic violence unit. Information is shared from both programs on one computer database. The challenge has a number of dimensions. First, both programs have a confidentiality agreement regarding information accumulated within the Agency regardless of program. All clients should be informed of this process. Secondly, the Agency functions under the belief that workers access information on a need to know basis. This means that information is not accessed unless it pertains to the specific work with the individual(s) in both the counselling unit as well as the domestic violence unit. However, given the shared facility, situations can arise where information is gained by counsellors for example from the domestic violence unit rather than from the client. This poses an ethical issue when we consider the CASW values confidentiality and respecting the client’s right to determine what information they want to share or what information they would like other parties to share. “To be helpful to clients, social workers must learn to view problems through an ethical lens – as well as a clinical lens – and to speak the language of ethics” (Reamer, 1999, p.32). A conflict in the relationship can arise when counsellors know information about their client and the client is unaware. This conflict not only
compromises the client’s wishes, but also potentially changes the lens to which the counsellor understands the client and possibly even impacting the therapeutic relationship.

There is also the ethical issue concerning practicing social work with integrity which promotes honesty and transparency. The Code of Ethics (2005) states that: “When acting in a professional capacity, social workers place professional service before personal goals or advantage, and use their power and authority in disciplined and responsible ways that serve society” (p.5-6). Family Service Regina attends to this challenge overall by ensuring cognisance of the risks associated with shared facility and information exchange. Wherever possible, this Agency strives to seek out opportunities to work with the programs in the Agency if clients are utilizing services from both programs and are open to the collaboration. This collaboration can be achieved with the clients’ consent and their agreement to sign a release of information. As scenarios arise, the Agency strives to manage these cases delicately and as openly with clients as possible. Where concerns exist staff have the opportunity to check in with their supervisor. For example if some of the information involves a risk to an individual, there may be situations where confidentiality would need to be breached. (FSR, 2014, AS.GC.7). Approaching these situations delicately and appropriately is imperative.

During my practicum experience, I had a situation where a domestic violence support worker disclosed that a client I had seen had recently been charged with assaulting his partner. This was information I had not been aware of prior to her disclosure. I consulted with my supervisor for direction on this situation. Family Service Regina has a policy which indicates that clients who have charges pending are not eligible for counselling if they are receiving counselling for issues related to the charges (FSR, 2014, AS.GC.6). This policy is to prevent clients from using counselling as a method to promote their case in court. My Professional
Associate advised me to keep this information in mind during the next session and explore it with the client. Depending on where the session went and what information the client disclosed they may no longer be eligible for counselling. I found it difficult to hear the information about this individual who in sessions had portrayed a very different picture of his relationship than what the information regarding the charges portrayed. I felt uncomfortable with knowing information about the client that they may or may not want me to be aware of. In the end, this client did not end up calling back for further sessions. However, based on this experience I was very cognisant of the possibilities for conflict and cautious in work with clients that were receiving counselling for reasons related to domestic violence. Reamer (1999) acknowledges that social work is a profession bound with moral obligations that requires ongoing self-examination and specific attention to the relationship between ethics and practice is essential.

9.2 Vicarious Trauma

Another ethical consideration that I was aware of during my practicum was the danger of vicarious trauma in clinical practice which would have an impact on competency in professional practice as a social worker. The CASW Code of Ethics (2005) states: “Social workers have a responsibility to maintain professional proficiency, to continually strive to increase their professional knowledge and skills, and to apply new knowledge in practice commensurate with their level of professional education, skill and competency, seeking consultation and supervision as appropriate” (p.8). These concerns appear to be particularly pertinent to novice social workers such as myself. Through this experience and during my research, I came across a number of different articles that concerned the risk of social worker burn out and incompetency in workers new to the field (Dombo & Gray, 2013). The challenge of this role can be related to the lack of reciprocity with client relationships (Reamer, 1999). Social workers tend to work with vulnerable
populations and I found this information concerning particularly when we consider what the risks of not providing quality service may mean for workers and clients. Reamer (1999) notes that social workers that are impaired could potentially fail to provide competent care as required by the ethical standards. Impairment may include matters that prevent social workers from performing competently in their profession such as mental health problems, addiction problems, family or personal problems etc. Moreover, as a student I thought this information was critical for me to be aware of in ensuring my own personal well-being and what it means for practice. Being aware of the risk is important in terms of really increasing self-awareness, striving to maintain a healthy balance between work and personal life and allowing one to build and develop skill and confidence. This information is important to know as a new counsellor, as building confidence in new skills takes time, and knowledge of these risks only reinforces the need to be patient with oneself. “It is becoming increasingly clear that therapist struggles with self-doubt are prominent and potentially damaging for both the therapeutic process and the practitioner” (Theriault, et al., 2009, p.106). On the other hand, although being aware of these risks is important, there is also research that indicates working with individuals who have experienced trauma can provide opportunities for growth through supporting and providing compassion to others which is a reminder of the rewards of working in this field despite challenges (Hyatt-Burkhart, 2014).

Social workers are not exempt from life challenges themselves or the impacts of structural and systemic challenges. It is paramount that wherever possible social workers address problems that may lead to impairment or inhibit well-being before they become a problem. (Reamer, 1999). Within prevention of burn out and addressing the implications of limitations for new counsellors, there is also the delicate balance between self-care and focusing on the client
and the therapeutic relationship (Theriault et al., 2009). Mindfulness of this balance and support and guidance are beneficial aspects to developing these skills. During my practicum placement I met with my Professional Associate on a weekly basis where any issues or concerns that arose from sessions could be discussed and worked through. The weekly peer supervision meetings were also of benefit in addressing challenges that occurred during this placement.
Chapter Ten: Conclusion

Chapter ten concludes this report by first providing some final comments from the practicum placement, followed by a description of the vision I have for myself as a social worker and social work as a profession and how this practicum experience has impacted that vision.

10.1 Final comments

This practicum experience provided an opportunity to practice new skills and develop confidence in a supportive learning environment. This placement also provided ample opportunities for training as well as inclusion in various workshops and groups offered at the Agency. Moreover, this practicum consisted of opportunities to work with both individuals and couples. The counselling staff at Family Service Regina were invaluable to my development as a counsellor. The counsellors were open to answering my questions, participating in discussions and sharing their knowledge throughout my practicum experience. Beyond opportunities and support, this placement also encouraged reflection and growth both independently as well as within the group context through avenues such as peer supervision and counselling administration meetings. Reflection was really pivotal to integrating growth by providing time to process, consider, and allow experiences to resonate.

10.2 Vision for Future as a Social Worker

I envision my future as a social worker to be working in a clinical role within some capacity. I see my focus being strength-based and client-centered, as a generalist practitioner. All of these elements uphold client’s strengths and cater service to what works for them. I believe all people have strengths and searching for and validating these strengths through challenges is imperative to change, to the client, and to the relationship with the client. Both anti-oppressive practice and the strength-based perspective will be at the heart of the work I do as a social
worker. Being a generalist practitioner will be important to best meet the diverse needs of different individuals and populations. As a generalist practitioner, I envision a holistic approach to account for feelings, thoughts, experiences, behaviours, awareness of the body, and also the social context of individual’s lives. Social context involves identification with anti-oppressive work and awareness of cultural or systemic oppression impacting clients and populations. As aligned with the CASW Guidelines for Ethical Practice (2005), and the SASW Standards of Practice (2012), this work will raise awareness and seek out opportunities for social change and justice. “Social workers advocate for change in the best interests of clients and for the overall benefit of society, the environment and the global community” (CASW, 2005, p.24). My vision as a social worker will be fluid as ongoing learning may continue to shape and grow this vision into different forms and directions. As identified by Reamer (1999) part of being a social worker involves an ongoing examination and exploration of our professions values and practices. New knowledge, research, and training are critical for growth and change, but in the middle of this I will always uphold the client and larger societal structures impacting the client in my practice. Throughout the process of growth I envision the CASW Code of Ethics (2005) and the SASW Standards of Practice (2012) to be a consistent backbone for all practice.

10.3 Vision for the Social Work Profession and Social Change

My vision for the social work profession is that it continues to grow and stay connected with communities creating and recognizing opportunities for change. This is a practice I observed Family Service Regina striving to do during my practicum placement. Of particular interest, is my hope that social work as a profession will continue to strive to be mindful of systemic oppression. As stated by Brown and Strega (2005): “Becoming anti-oppressive is not a comfortable place to be. It means constantly reflecting on how one is being constructed and how
one is constructing one’s world” (p.283). Systemic oppression is present in our culture and often lingers silently, but leaves a mark particularly on more vulnerable or marginalized populations which is evident even within Family Service Regina, an Agency that strives to be mindful of these concerns. I envision social work as a profession continuing to seek out opportunities for social change, challenging the majority, and addressing social justice. However perhaps most importantly, I envision social work as a profession maintaining an open door to inviting in dialogue about oppression, and giving the unanswered and the uncomfortable questions a seat at the table.
References


