A Practicum at Family Service Regina

A Road Map to Becoming a Private Practice Counsellor

Submitted to the Faculty of Social Work
In Partial Fulfillment of the Requirements

For the Degree of

Master of Social Work

by

Dani Goddard

Regina, Saskatchewan
December, 2018

Copyright 2018: Dani Goddard
All Rights Reserved
Abstract

This paper is a reflection of my practicum placement experience with the Counselling Unit at Family Service Regina. I focused on two counselling approaches to gain further knowledge with direct counselling practice during my practicum: Cognitive Behavioural Therapy and Solution Focused Therapy.

This paper outlines how I met the objectives and goals of my practicum and reflects on the learning that occurred during the placement; both professionally and personally. I will also discuss the integration of theory with practice.

This paper includes a reflection of the impact death loss had during my practicum placement as well as in my development as a professional counsellor.
Acknowledgements

There are many people to thank for their help and support throughout the journey of completing my Masters of Social Work Degree. First and foremost, I would like to thank my Professional Associate, Colleen Barss and Family Service Regina (FSR) for the opportunity to complete my practicum at their agency and under Colleen’s direct supervision. Colleen was an incredible teacher and instrumental in helping me become confident in the social work skills I brought to my practicum, and her hours of supervision helped me continue building on these skills.

Second, I would like to thank my academic supervisor, Nuelle Novik for your guidance, reassurance and understanding through this lengthy process. I am grateful for your wisdom and patience as you guided my learning. I chose you for exactly those reasons.

Third, I would like to thank my committee member, Gabriela Novotna. I appreciate you taking time to assist me through the final step of my program.

To my friends and family, this journey has been a long one with many ups and downs, and huge life change; but you never waivered in your support, inspirational pushes, and strong belief in my journey. I appreciate your words of encouragement, gentle nudges and reminders to continue to move forward. Your support has given me confidence and determination to continue to pursue my dreams far beyond the completion of a Masters of Social Work degree.
Dedication

This practicum report is dedicated to my late husband, Woody, and my late daughter, Abby. There is nothing more tragic in life than losing someone you love. I have done my best to continue to live life with gratitude and perseverance. Woody always said, “look good, feel good, play good”. Those few words mean so much to me and have reminded me many times to continue to move forward, one step at a time. I know he would be proud of the life I am bravely navigating for myself, and our daughter, Bree.
Table of Contents

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

Acknowledgements ............................................................................................................................... iii

Dedication ................................................................................................................................................ iv

Table of Contents .................................................................................................................................... v

Chapter One: Introduction ....................................................................................................................... 1
  1.1 Family Service Regina ....................................................................................................................... 1
  1.2 Practicum Proposal ............................................................................................................................ 2
  1.3 Writer’s Relationship to the Agency ................................................................................................. 4
  1.4 Personal Impact on Professional and Practicum Experience ............................................................ 4
  1.5 Report Outline .................................................................................................................................. 5

Chapter Two: Counselling Theories Focused on during the Practicum .................................................... 6
  2.1 Cognitive Behavioral Therapy .......................................................................................................... 7
  2.2 Solution Focused Therapy ............................................................................................................... 10
  2.3 Brief Solution Focused Therapy ..................................................................................................... 13

Chapter 3: Objectives and Goals: How They Were Achieved ................................................................. 16
  3.1 Goal One ........................................................................................................................................... 16
    3.1.1 Activity 1 – Completion of literature review .............................................................................. 16
    3.1.2 Activity 2 - Exposure to new practice techniques ...................................................................... 18
    3.1.3 Activity 3 – Shadowing and observation .................................................................................... 21
    3.1.4 Activity 4 – Direct counselling practice .................................................................................... 24
    3.1.5 Activity 5 – Walk-in counselling practice .................................................................................. 29
3.2  Goal Two

3.2.1  Activity 1 – Attending group sessions.

3.2.2  Activity 2 – Understanding the Domestic Violence Unit at Family Service Regina.

3.3  Goal Three

3.3.1  Activity 1 – Understanding the operations of Family Service Regina.

3.3.2  Activity 2 – Learn the intake process at Family Service Regina.

3.3.3  Activity 3 – Program knowledge.

3.3.4  Activity 4 – Policy and procedures at Family Service Regina.

Chapter 4: Integrating Theory and Practice

4.1  Generalist Social Work Practice as a Counsellor

Chapter 5: Challenges and Ethical Considerations

5.1  My Journey with Death Loss and the Impact it had on My Practicum Placement

5.2  Ethical Issues

Chapter 6: Conclusion

References
Chapter One: Introduction

1.1 Family Service Regina

When discussing practicum options with one of my professors, she suggested Family Service Regina (FSR), as this agency would give me the opportunity to engage in one on one counselling in the Counselling Unit at their agency; and she knew of a counsellor willing to take on a student. One on one counselling had not been a serious consideration for me at the beginning of my social work career but as my life has changed dramatically over the 10 years that I have been practicing social work, I thought this was the perfect opportunity to gain a deeper understanding of social work practice in this capacity. As the majority of my career has been with a large health region, this was also a great opportunity for me to explore the inner workings of a non-profit agency.

Family Service Regina offers a wide array of services including individual, family and group counselling. FSR has been operational in some capacity since 1913 but has changed their focus over the years, all the while remaining dedicated to the community. The current vision statement of the agency is that it “envisions a safe, inclusive and vibrant community in which people are resilient, confident and filled with hope” (Family Service Regina, 2017). This vision statement fits well with my values – both professionally and personally. I grew up in a small farming community with most of my extended family close by which helped to instill strong family and community values from a young age. My parents were always involved in volunteering to ensure our community had sports and recreation opportunities as well as social programming supports, such as Meals on Wheels. The current services offered at FSR include the Counselling Unit along with the Employee and Family Assistance Program (EFAP), the
Domestic Violence Unit (DVU), the Teen Parent Program (TPP) and the Older Adult Response Service (OARS). The Counselling Unit is where I chose to complete my practicum.

The Counselling Unit provides community counselling as well as counselling support through the Employee Assistance Program. This Unit employs five full time staff as well as several contract staff and one intake worker. The current counsellors have backgrounds in psychology, nursing, and social work; which provides a broad scope of skills to offer clients accessing services. Over the years as our community has changed and grown, FSR has remained a strong advocate to provide support, hope and opportunities to families in the community as they grow and flourish through times of need and change (Family Service Regina, 2017). Referrals for the counselling program are generated through the Ministry of Social Services, the DVU at FSR, and the community at large. Most counsellors use Solution Focused Therapy as a basis for counselling but, as I learned throughout my practicum, they also simultaneously use many different skills, therapies and theories that can be utilized during counselling sessions.

Family Service Regina continues to diversify their scope of services as they have begun work to expand their walk-in counselling clinic. The expanded walk-in counselling clinic offers new staffing challenges as this is a free service and will require funding for continued operational viability. With the help of graduate level students, the goal of this program for the future is to extend current walk-in clinic hours. The program utilizes Brief Solution Focused Therapy in one-hour sessions for clients on a first come first served basis.

1.2 Practicum Proposal

My practicum began on September 7, 2016. I completed 450 hours by February 3, 2017 and worked three days per week (Wednesday, Thursday and Friday). In addition, I was able to work some evening hours so I could attend one of the evening groups offered during that time.
period. Overall, my time was largely spent in the Counselling Unit providing one on one counselling but also included time in other program areas. The first objective of my practicum was to gain a thorough understanding of, and integrate, Cognitive Behavioural Therapy and Solution Focused Therapy into my daily counselling practice. I was able to achieve this goal by completing a literature review using an inductive approach while working with clients one on one. I am a very practical learner so I chose to use inductive learning to help me gain a deeper understanding of how the practical tools link to the theoretical perspectives. Working with clients in sessions and then having discussions with my Professional Associate helped me link the *doing* to the *thinking* and helped me with the processing of the theoretical learning (Gavriel, 2015).

I also had the opportunity to observe other therapists during their sessions, with client permission. Further, I participated weekly in the walk-in counselling clinic in order to practice my skills, with an emphasis on brief therapeutic approaches. Finally, I met weekly with my Professional Associate for direct supervision.

The second objective of my practicum was to gain a better understanding of support groups offered at FSR. My original plan was to attend the *Art for the Heart Group*. However, this group underwent some changes and my participation was no longer possible. As a result, this original objective was revised in order to reflect my participation in several group sessions with the *Domestic Violence Drop In Group* instead. In addition to developing an understanding of the workings of this group, my goal was also to gain an understanding of the Domestic Violence Unit by reviewing the intake process as well as learning about the supports that are available to clients through this program.

The third objective of my practicum was to gain an understanding of how Family Service Regina is managed and operated. I was able to achieve this goal by attending agency meetings
and training opportunities as they became available; and by spending time with the intake worker, the Director of Operations and Business Development, and many other staff members. I also read the policy manual and learned about the policies and procedures followed by the counsellors in the Counselling Unit.

1.3 **Writer’s Relationship to the Agency**

Prior to my practicum, I did not have any connection to Family Service Regina other than knowing the name of the organization, and knowing that they offered counselling support. I became aware of FSR as an option to complete my practicum with help from my academic supervisor. At the time, I was beginning to think about my own career path and how I could gain experience to become a private counsellor specializing in grief and bereavement, and decided that this was a great opportunity to develop my clinical counselling skills. My practicum helped me to recognize the wide range of clinical skills I already had in my social work toolbox when I began my practicum. My 10-year social work career had all been focused within the area of healthcare, so my practicum also gave me an opportunity to explore social work practice in a different setting; a non-profit and community-based agency.

1.4 **Personal Impact on Professional and Practicum Experience**

Grief and bereavement have always been an area of interest for me since beginning my Bachelor of Social Work degree. I chose many classes based on this interest and completed a practicum within a palliative care setting and later became increasingly knowledgeable through my roles with the local health region. This knowledge has really focused on the aging population and end of life care. Little did I know at the time that this learning was going to help me through my own experiences with two significant death losses at a later point in my life. On November 21, 2010 my daughter, Abby, passed away after a short battle due to complications related to a
feeding tube. And on March 24, 2014 my husband Woody died in a motor vehicle accident on his way home from work. Grief work is a daily task for me, but as time goes on and I continue to learn both personally and professionally, I am beginning to see how these tragedies have shaped the person I am today and will continue to shape me as a social worker. These losses impact how I practice as a counsellor; with deeper empathy and compassion.

1.5 Report Outline

This report is a reflection of my practicum experience with providing individual counselling services to clients at Family Service Regina. This report focuses on the two theoretical approaches I chose to frame my learning during this placement; Cognitive Behavioral Therapy and Solution Focused Therapy. This document discusses each theory and how I integrated them into my practice by highlighting the learning that I experienced.

This report also documents my learning and development as a counsellor throughout my practicum process.

The next chapter discusses in further detail the counselling theories and therapeutic approaches that were chosen as the focus of my practicum placement.
Chapter Two: Counselling Theories Focused on during the Practicum

I chose to focus my practicum goals on clinical skills related to one on one counselling with individuals. The theories and therapies I chose to develop further skills in were Cognitive Behavioural Therapy (CBT) and Solution Focused Therapy (SFT). This chapter will discuss my experience with clinical practice using CBT and SFT and will examine how I integrated the skills I developed into my sessions with clients. I will also discuss Brief Solution Focused Theory (BSFT) as it was the framework used during walk-in clinic hours at Family Service Regina. It was during my practicum placement that I realized how important a generalist social work approach is when working in the field of clinical counselling practice.

The practice I was able to undertake during my placement helped me to understand that, in a career as a counsellor, I would consider myself a generalist practitioner. Therapies and strategies such as somatic experiencing, trauma work, eye movement integration, grief therapy, two chair work, and mindfulness were approaches that I observed and learned to integrate into my practice during my placement. These approaches will be discussed further in Chapter 3 of this document. Throughout my time at Family Service Regina, my Professional Associate helped me become self-aware of the skills and competencies I had developed prior to my placement. She helped me realize that during the 10 years I had been a practicing social worker, I had gained a plethora of clinical skills and knowledge that were present when I began my practicum. I become more aware that throughout my social work career in a health setting, I practiced from a strengths based approach even though I was working within a medical model. Practicing social work from a strengths based approach allowed my clients the right to self-determination and to find strengths within themselves (Saleebey, 2002). The right to self-determination is a guiding
value and principle for ethical practice as a social worker (CASW, 2005). My Professional Associate also encouraged me to take risks to practice and learn new skills during the placement. Some of this learning required me to allow myself to be vulnerable and to take risks while working with clients in order to gain the best experience for my development as a counsellor.

2.1 Cognitive Behavioral Therapy

I chose to focus on Cognitive Behavioral Therapy (CBT) as a therapeutic framework for my practicum because I had earned a certification in this approach in 2008 and wanted to further my clinical skills with adults in a clinical counselling setting. There has been extensive research that proves CBT is an effective strategy for helping individuals suffering from mental health disorders and it has been proven to decrease chances of relapse (Anxiety BC, 2017; Collimore & Rector, 2014). CBT’s origins come from a medical model perspective thus focusing on the problem and intervening with treatment (Bannick, 2014). Bannick’s (2014) research on Positive CBT discusses the role of the counsellor practicing with a focus on what is working for the client and guiding them to find what works best. Using this particular approach to CBT worked well in my practicum when integrating both CBT and SFT during counselling sessions.

When I was exploring the possibility of my placement with Family Service Regina, I learned that anxiety and depression were common issues among the individuals that sought services at the agency. This information helped me to decide to pursue placement with their agency as it fits with my goal to learn CBT more in-depth.

Cognitive Behavioural Therapy has been a proven tool to effectively challenge thoughts, feelings and behaviours with widespread application encompassing the simplest cognitive distortions to known diagnosable mental health disorders (Beck, 2011). CBT was developed by Beck in the 1960s when he was finding little improvement for depressed patients using a
psychoanalytical approach (Beck, 2011). The outcome of his study found that his patient’s thinking patterns were linked to their emotions and when he helped his patients identify their distortions, they were able to recognize and respond with positive patterns (Beck, 2011).

Essentially CBT is used to understand the perceived occurrences in our lives and helps us handle these occurrences with emotional and behavioural strength (Briers, 2015). CBT helps individuals develop skills to change distorted thought processes from negative thinking to positive thinking which will tend to improve their overall emotional health. Beck indicates that he is most satisfied with the definition of cognitive therapy as a method to “modify the dysfunctional beliefs and faulty information processing” that commonly occurs with mental health disorders (Beck, 1993, p. 194).

This theoretical perspective seeks to have clients make positive changes quickly but, as I learned during my practicum, developing a strong therapeutic alliance with clients is a critical task when using this in practice so that clients can trust their counsellors as they are challenged by them and are requested to complete homework between sessions. In order to help clients make changes, they must have a strong therapeutic relationship with their counsellors to collaborate while working towards changing negative thinking patterns (Dattilio & Hanna, 2012). Building a strong therapeutic alliance between a client and a counsellor is proven to be a key component of CBT and is called collaborative empiricism (Dattilio & Hanna, 2012). Collaborative empiricism gives the client and counsellor an opportunity to explore negative thinking patterns and work towards developing more positive thoughts in a trusting, non-judgemental environment (Dattilio & Hanna, 2012).

During my supervision sessions, my Professional Associate and I discussed the importance of building a therapeutic relationship with clients and making a connection within the
first session or two. It became clear to me that having a strong ability to build rapport quickly and work collaboratively could lead clients to feel they have made enough progress after one or two sessions and not return; or to feel connected and return for continued collaboration on working on positive changes. As collaboration is a basic principle of CBT, it is important that the client is engaged in the process and willing to take a realistic look at their assumptions by trying new skills and experimenting with homework given by the counsellor (Briers, 2015). Collaboration is an important value to me as it allows the client to be engaged and the counsellor to guide clients through their own change process and recognize the strengths they already possess. My Professional Associate was able to help me see that building rapport with clients was a strength I possess. As I quickly built rapport with clients, the collaboration process could often begin within the first session.

When people get stuck in negative thinking patterns, they can slip into unhelpful thoughts, emotions and behaviours; which can create a cycle of negativity (Briers, 2015). Beck (2011) used the term maladaptive thinking to explain the negative thinking patterns that lead to unnecessary distress (Beck, 2011). Maladaptive thinking describes cognitions that give rise to unnecessary distress that people use when they process events or experiences that have occurred in their lives (Beck, 2011). CBT is meant to help people become more aware of their individual thinking patterns, recognize when a negative pattern is present, and work towards establishing positive thinking patterns (Beck, 2011). If clients are unable to see their thinking as maladaptive, a different approach may need to be used to best support the client.

Cognitive Behavioral Therapy is utilized in counselling sessions to help clients recognize patterns in their thoughts, beliefs and attitudes in order to help them reframe these patterns and respond to stressful situations or events in a more appropriate, less stressful way (Edelman,
CBT assists individuals to recognize challenges and work on behavioural changes to regulate their reactions (Briers, 2015). I was able to work with a few clients and see the changes from negative to positive during my practicum placement. Some of the CBT techniques I utilized when working with clients were relaxation and mindfulness, changing automatic thought patterns, and utilizing homework between sessions. I will discuss these techniques and the changes that occurred for clients in further detail in Chapter 3.

2.2 Solution Focused Therapy

There were a couple factors in my decision to choose Solution Focused Therapy as one of the therapies I focused on during my placement in the Counselling Unit at Family Service Regina. First, the Counselling Unit already utilized this therapy as their main therapeutic intervention in counselling sessions. And second, the strengths-based approach was a framework that resonated with me during my undergraduate degree and has stuck with me throughout my 10 years as a practicing social worker. Solution Focused Therapy and a strength based approach both emphasize the strengths and resources individuals already possess when they present for counselling (Corcoran & Pillai, 2009). Throughout the therapeutic alliance, the therapist helps the client recognize what already works in their lives and guides them through the process of change (Cepeda & Davenport, 2006; Corcoran & Pillai, 2009).

In my previous employment as a social worker practicing in a health region, advocacy was a major role that I fulfilled in my positions. When conducting psychosocial assessments in a health care setting, I always focused on strengths identified by clients. During my practicum placement, my Professional Associate was instrumental in helping me recognize how my strength-based skills transferred when I was providing individual counselling services at FSR as a student clinician. Solution Focused Therapy facilitates the development of solutions and
empowers the client to recognize the coping skills they already have despite all the issues they are facing (Warner, 2013). Completing my practicum placement in a clinical setting allowed me to work more in-depth and for a longer period of time helping guide clients to become self-aware of the strengths they already possessed, a value that has been important throughout my social work career (Corcoran & Pillai, 2009).

Using Solution Focused Therapy as a therapeutic approach enables counsellors to collaborate and build solutions with clients instead of focusing on their problems (McKergow & Korman, 2009). Using a solution focused approach concentrates on helping clients see their own strengths and resources in an attempt to build solutions instead of trying to fix the problem (Warner, 2013). Using Solution Focused Therapy in counselling requires the counsellor to make deliberate choices about what to focus on, and build on, in order to bring the client into a future focused approach to create what it is they want (McKergow & Korman, 2009). To some, this may just look like a counsellor is having a simple discussion with a client, but the counsellor is being very directive and purposeful in their line of questioning to help the client recognize cognitions, emotions, behaviours and interactions as they collaborate on identifying a solution (McKergow & Korman, 2009).

Warner (2013) reinforces the importance of the counsellor being the guide and supporter for the client as the client begins to recognize they are the expert who holds the knowledge required to make desired changes. As a counsellor utilizing a solution focused approach, the importance of listening, reframing positive questions, recognizing the client’s resources and fleshing out their goals became apparent very quickly to me while I observed client sessions. Warner (2013) discusses the importance of showing empathy in order the build rapport with a client to establish a solid therapeutic alliance. Once this is established, the counsellor can explore
what the client hopes to gain from counselling and then move into identifying and attaining more specific goals (Warner, 2013).

Counsellors utilizing Solution Focused Therapy employ several different questions for solution building once a clear goal is established, in order to help their clients see the problem in a more positive manner and feel empowered that they can manage the problem (Warner, 2013). These questions are based on finding the exception when the problem was not occurring, asking what the perfect scenario would look like, discussing the future related to the problem, thinking about how others may view the problem, and asking how they have survived up to the point of time of the session (Warner, 2013).

Solution Focused Therapy fits well with my personal values as a social worker to maintain focus on the positives in life through gratitude and mindfulness. As I mentioned earlier, the strength-based approach always resonated with me during my career as a social worker and as a student. Throughout my practicum, I worked hard to remain focused and keep clients engaged using the chosen theories and approaches. There were times when my role as the counsellor was to allow the client space and time to share their story and honor the work they had done prior to coming for continued counselling. I had several clients that presented for counselling, shared their story, discussed goals, but never returned for follow up sessions. This was difficult for me as I wanted to work with clients for several sessions in order to see changes. My Professional Associate helped me understand that if a client was not ready to engage in the counselling process, they often do not return. I found in my practice during my practicum that the clients who responded well to this approach, and could find solutions to their presenting problem, would be the ones who often return for a follow up session.
2.3 **Brief Solution Focused Therapy**

Brief Solution Focused Therapy (BSFT) is the therapy used at the Clinic during walk-in counselling hours at Family Service Regina. This therapeutic approach, originally developed by Steve de Shazer, focuses on a very brief, structured interview with clients while helping them work towards small changes which in turn can impact their life circumstances tremendously (de Shazer et al., 2010; Gingerich & Peterson, 2012). The focus during a BSFT session is on solutions to the presenting concern rather than focusing on the problem (Gingerich & Peterson, 2012). Brief Solution Focused Therapy provides a clear outline for a session that includes a short talk to get to know the client, followed by discussing the issue and collaborating on solutions, setting goals with the client, and then deciding if further work is required (Kim, 2014). The goal is to identify client strengths as they discuss the current concern, assist the client to focus on solution building, and create an action plan by the end of the one hour session (Warner, 2013). MacDonald (2007) reinforces the importance of the client being the expert when using this model; not the counsellor.

When a client enters the interview space, the counsellor explains the purpose of the walk-in session and directly asks the client what they would like to focus on during the session. Slive, McElheran and Lawson (2008) lay out the process-related questions utilized in this therapeutic approach as:

1. Why now?
2. What has been done to prevent or change the problem?
3. What would help today?

During Brief Solution Focused Therapy sessions, the client is in charge of the session, and they dictate what concern needs to be discussed, leaving the counsellor’s role to guide the
client to recognize their own resources that exist within them (Kim, 2014). Counsellors must ensure the client feels that the atmosphere is respectful, non-judgmental and that the client and counsellor are working collaboratively towards the goal as the client sees it (MacDonald, 2007).

Ideally, at the end of the session, the therapist leaves the room to share his/her thoughts with the counselling team if they are available, in order to take time to collect their thoughts and provide positive feedback and ideas for experiments (Kim, 2014). The counsellor may suggest that the client experiment with something familiar in order to help strengthen their change process and ensure the client feels empowered (Kim, 2014). Experimenting with a feeling, thought or behavior that the client is already familiar with may help reduce the risk of resistance when homework is assigned. This is a different approach than that which is used in other more problem-focused therapies such as Cognitive Behavioural Therapy (Kim, 2014).

Scaling is a simple tool that can be used in many different types of counselling approaches. For BSFT, it is used to assist clients to keep goals simple, concrete and achievable (Erford, 2015). Using scaling in BSFT can assist the clients in very simple terms to rate the issue from 1 to 10 to help assess how they feel from the beginning of the session to the end, or when discussing progress for a certain concern (Kim, 2014).

Brief Solution Focused Therapy is frequently used in social work practice because it is versatile and easily applied with a wide array of demographics and problems (Kim, Smock, Trepper, McCollum & Franklin, 2010). Kim and colleagues (2010) note that there has been evidence based research conducted on BSFT that has shown strong support for the use of this model as an effective intervention for anxiety and depression.

I have always felt that many counselling theories crossover, or are interconnected, and during my practicum this belief was solidified. Many times during individual sessions, I used
different theories, approaches and tools simultaneously but always practiced with a strength-based approach in mind. In the following chapter, I discuss in further detail the skills and tools I focused on during my practicum placement and the learning that I achieved during this process.
Chapter 3: Objectives and Goals: How They Were Achieved

This chapter will discuss how the learning goals for this practicum were achieved by completing the activities laid out in my practicum proposal. Each goal is broken down by the activities that were completed in order to achieve each goal.

3.1 Goal One

My first goal was to gain an understanding of, and integrate, Cognitive Behavior Therapy (CBT) and Solution Focused Therapy (SFT) into daily practice.

3.1.1 Activity 1 – Completion of literature review.

The first activity of my practicum was to complete a literature review of CBT and SFT in order to gain a stronger working knowledge of each of these therapeutic approaches. Early in my career as a social worker, I attended a five-day CBT training certification but had not specifically focused on this type of therapy for a number of years. Once I began to review the literature, I was able to recall and integrate pieces of this approach into my counselling practice as a student and realized that I had been using components of this theory throughout my social work career.

On a basic level, I had been integrating CBT strategies such as recognizing distorted thinking patterns, reframing, relaxation, and grounding. My Professional Associate helped me realize that it is the basics of this theory that are typically used in clinical counselling settings, as clients are often at the beginning stages of their change process when they attend to counselling.

Some of the literature review was purposively conducted at the beginning of this practicum, but most of the literature review was done inductively as I worked with clients through the counselling process, and while writing this final report. Theory and practice methods were discussed at weekly meetings with my Professional Associate as we reflected on how I was using this knowledge in my practice delivery during individual sessions. I used several different
avenues to gain a better understanding of CBT such as reviewing online academic journals and web based searches, as well as reading books recommended by other professionals at Family Service Regina (FSR). The theoretical focus for this practicum was on Cognitive Behavioural Therapy and Solution Focused Therapy. I quickly began to understand that, as a generalist counsellor, it is impossible to focus solely on two specific theories and therapeutic approaches. In order to best serve the clients seeking counselling at FSR, I became very aware that many types of therapies and practices align with many theories such as narrative therapy, trauma work, family theory and systems theory. In general clinical counselling, theories are often intertwined and used simultaneously during clinical practice. In a study completed by Lord and Iudice (2012), they found that, in private practice, most counsellors reported using multiple theoretical approaches during sessional work and even using several different approaches during a single session. Many times during my weekly meetings with my Professional Associate, I told her that I felt like I was very generalized in my clinical practice which she reassured me was typically the norm. She also helped me recognize that being able to fluidly utilize many different types of therapy during sessions comes with practice and experience.

Two of the practice techniques that my Professional Associate implemented into her practice were somatic experiencing and mindfulness. Both of these practices resonated with me instantly and I began integrating basic pieces of the techniques along with CBT and SFT. In the following section, I will explain in further detail how I integrated these techniques into my practice.
3.1.2 Activity 2 - Exposure to new practice techniques.

*Somatic experiencing.*

One of the therapies my Professional Associate had studied and integrated into clinical practice was somatic experiencing. Payne, Levine and Crane-Godreau (2015) explain that somatic experiencing is a tool utilized with clients to lead to the resolution of symptoms resulting from chronic and traumatic stress. It differs from CBT “in that its major interventional strategy involves bottom-up processing by directing the client’s attention to internal sensations, both visceral…and musculo-skeletal…, rather than primarily cognitive and emotional experiences” (Payne et al., 2015, p. 1). My Professional Associate used this technique during her sessions simultaneously with other therapies such as SFT and CBT to maximize outcomes of sessions for clients that she felt would benefit. As part of my practicum experience, my Professional Associate used this method with a couple of her clients while I was observing the sessions. I was also fortunate enough to experience this method through personal exposure, as my Professional Associate felt it would be a great opportunity for me to learn first-hand how the method worked.

Levine (2010) shares a powerful experience where he was hit by a car but during his ambulance ride was able to stay aware of his “unspoken voice” and allow his body to physically experience the trauma of the event. His body shook and trembled and he was able to process the emotional and physical sensations that occurred during the ambulance ride. Levine (2010) uses his own experience to explain the importance of allowing individuals to experience the physical and emotional stress of the fight-flight response in order to appropriately process a traumatic event.

My own somatic experience with my Professional Associate allowed me to process the physical sensation that I had developed since the loss of my husband and work through the
emotions and feelings linked to this. Many times in my life, I’ve heard the saying “listen to your gut” but during my experience with grief, I had difficulty being able to do that. Levine (2010) points out the importance of the “gut feeling” when handling life circumstances in order to deal with critical events. He discusses the reality that our gut is linked with our brain and if we ignore our body’s natural response to good or bad stress, it can cause chronic issues both physically and mentally (Levine, 2010). This personal experience during my practicum, with the guidance and teaching from my Professional Associate, helped me understand and empathize with clients as they expressed similar experiences during counselling sessions.

As noted earlier, I was able to sit in with my Professional Associate and observe her skill set during several sessions as she integrated somatic experiencing with her clients. The overall benefits of the mind-body connection occurred almost immediately for some clients as I could literally see their bodies relax and I could see them sink a little deeper into the chair. I spoke to my Professional Associate about using this tool in my own sessions and she supported my decision. She reminded me that this is how we learn; we integrate new tools and methods into sessions and then reflect on what could be done differently next time for the client and for ourselves as the professional. I took the opportunity to integrate this technique into several practice sessions and was grateful to see many of my clients respond so well to this technique.

I began using this skill at the beginning of my practicum and integrated it into my practice as often as clients were willing to give it a try. I found it astounding that so many clients had never connected what was happening in their mind to what was happening in their body and, therefore; their overall functioning. Guiding people to recognize a spot in their body that felt good instead of focusing on the spot that felt bad was such a simple task and was very helpful to clients.
During my practicum, the majority of people that I saw had never given much thought to a mind-body connection or they felt physical indicators were not caused by illness. I began to integrate simple body scans, taking less than a minute or two, at the beginning of sessions with several clients. Many of them quickly recognized what parts of their bodies were being affected by holding on to emotional tension and linked this to the places in their bodies that were also holding physical tension. I worked with several clients to help them make this connection by teaching them deep breathing skills, and by using more in-depth body scans or other guided imageries. Utilization of this mind-body connection, better known as mindfulness, became an important part of my practice during individual sessions and even at times in walk-in counselling sessions that I conducted.

Mindfulness.

While engaged in my practicum placement, I attended a two-day workshop in Saskatoon on Mindfulness Counselling Strategies – Activating Compassion and Regulation. This workshop focused on experiential teaching for participants as we practiced each of the strategies taught in the workshop. The purpose of the workshop was to teach counselling strategies to help facilitate the development of mindfulness, regulation and activation (Crisis & Trauma Resource Institute, 2015). Mindfulness is a concept that teaches people to accept and acknowledge the current circumstances but not fixate on them, and it helps people focus on the present and the circumstances they can control. Mindfulness is allowing the constant ebb and flow of life to be a positive experience and live in the present moment rather than fixating on difficulties from the past (Crisis & Trauma Resource Institute, 2015). Mindfulness can help people accept unpleasant experiences that have been learned throughout life and then help change the way their brain wants to react to new or past experiences. The basis of Cognitive Behavioral Therapy is to
modify distorted beliefs or thinking patterns which would lead to a more positive outlook and view of the situation (Beck, 2011). In a study on the effect of mindfulness-based therapy on anxiety and depression, Hofmann, Sawyer, Witt and Oh (2010) prove that mindfulness can help improve the symptoms of anxiety and depression, therefore, suggest mindfulness coupled with CBT can have increased results in therapy. Cognitive behavior therapy challenges individuals to change their maladaptive thoughts, and mindfulness can further assist them in the process of emotional and cognitive change (Neenan & Dryden, 2006). Using mindfulness reinforces the importance of learning to slow down, connect mind and body, feel the discomfort, and refocus on a positive thought, feeling or body part in order to rewire their thoughts for a more positive outcome.

3.1.3 Activity 3 – Shadowing and observation.

My third activity was to observe counsellors who use CBT and SFT in their counselling sessions and consider how they integrate these therapies into their practice. I was able to observe my Professional Associate working with two different clients for multiple sessions. As I observed each session, my area of focus shifted and changed. In the beginning, I focused so intently on the specific language used by my Professional Associate as she has a verbally calming approach when working with clients. As my practicum went on, I was able to shift my focus and pinpoint which theories or therapies she was employing and I quickly understood that she rarely just used one approach during a session. For the most part, my Professional Associate used solution focused practice but also incorporated somatic experiencing with some clients as well as CBT. Observing her use of somatic experiencing was the one part of her practice that resonated with me the most. I developed a curiosity for the practice during my practicum and,
with my Professional Associate’s guidance, encouragement and support, was able to integrate pieces of it into my own practice, as discussed earlier in this document.

As noted in this report, my Professional Associate used many different tools and therapies to work with clients during clinical practice. Eye movement integration (EMI) was one of the techniques she had hoped I would be able to observe with a client but unfortunately, it was not feasible during my practicum placement. She was gracious enough to offer me an EMI session so I could experience first-hand what a client may experience while using this technique. EMI is used as a treatment with people experiencing reoccurring memories that are negatively affecting their lives (Beaulieu, 2003). “EMI is a brief therapy [based on a neurobiological model] that uses 22 eye movements to access the trauma material that is stored in the clients modalities (senses)” and help them essentially rewire the thought patterns in the brain (Struwig & van Breda, 2012, p. 29).

My Professional Associate suggested doing an EMI session to see if it would help to improve my focus and concentration. As with any session, she explained the process, discussed key words and phrases related to my feelings and thoughts surrounding the presenting issue, found my visual range as taught when using EMI, completed the 22 eye movement sequences while asking questions about my feelings and thoughts, and then closed the session with a brief overview and check in.

After our first session, there was a noticeable increase in my ability to focus and concentrate during client sessions and while reading literature. This change lasted about a week but unfortunately I noticed over the course of the next few weeks, my focus and concentration returned to the state prior to the EMI session. A second session was completed just before my practicum was finished but I did not notice a big difference in my focus or concentration after
this session. I am unsure why there was a difference in results but it could be attributed to the fact that the second session had not been planned as far in advance and I was not as attuned to the session overall.

Unfortunately, I was not able to sit in on sessions facilitated by the other counsellors at the agency but did have an opportunity to speak with each counsellor individually. During weekly peer support meetings, I gained confidence that clinical practice is an ongoing learning process and each therapist has an area of practice they consider themselves more skilled in. Family Service Regina’s Counselling Unit utilizes Solution Focused Therapy for individual counselling, which I spoke about earlier in this paper. Because FSR provides counselling to individuals and couples, another common approach that was used by counsellors was The Gottman Method. This method was specifically designed to use in couples’ counselling to help couples understand their relationships through open, healthy communication including strong conflict resolution, mutual respect and shared intimacy (The Gottman Institute, 2017). As my practicum focused on individual counselling, I did not extensively research this method during my placement but definitely see the value in further research of this method for private practice work in the future.

One of the counsellors had been trained to use hypnosis and incorporated this technique with her clients who were open to the opportunity. These were also clients with whom she had developed a reasonable level of trust. She voice records sessions so clients can continue to use the session as a tool in their own home and on their own. The purpose of hypnosis is the same as all counselling sessions, to skillfully guide clients through a process of change. Hypnosis, as with many therapies, is used mainly to change thinking patterns, to help clients manage stress and learn better coping mechanisms. Hypnosis is often used to explore the unconscious depth of a
person’s thoughts in order to acquire a better understanding of an issue they are dealing with. It has been said that hypnosis can have different outcomes than talk therapy (Hypnotherapy, 2015). I was fortunate enough to be available one day when this particular counsellor’s client did not show up for a scheduled session, so she offered me the session to experience hypnosis first hand. We focused on my skillful ability to procrastinate about school work and research. As we prepared for the session, she asked questions related to the chosen topic and explained how the process worked. She helped me understand that procrastination can be linked to a fear of failure as well as helping me accept that we all have to learn, and to remember that my practicum experience was meant to be a learning process. The experience helped me understand what a client may experience by using this method, but it is not a method I see myself incorporating into my social work practice.

Speaking with each counsellor individually and learning through my research, I have certainly learned that theories, therapies and techniques are used simultaneously to best serve the clients that present for counselling. Each counsellor tends to have an area of focus and interest that they are more skillful in, but each also has knowledge in a wide range of areas of practice; and this was certainly the norm among the counsellors at FSR.

Being able to discuss new techniques, ask questions about practice integration, and receive feedback from my Professional Associate during this process was a huge component of the confidence I gained during my clinical practice as a student in this placement.

3.1.4 Activity 4 – Direct counselling practice.

The fourth activity for this learning goal was to provide one on one counselling services to clients while utilizing CBT and SFT. Inductive learning, a cognitive approach, was used as I progressed through my practicum placement and sought further knowledge while working with
clients (Gavriel, 2015). Weekly meetings were imperative for me to achieve my learning goals, to achieve a deeper understanding of my skills and abilities, and to gain deeper knowledge in order to build confidence in my own practice. Discussing CBT and SFT during these meetings helped me relate my skills and abilities to my own practice and recognize how I was implementing this knowledge during sessions with clients. The expectation at FSR for practicum students is to see 1-2 clients per day. During my practicum, I worked three days per week so I tried to get at least six hours of direct client time per week. The majority of days I was working, I had 2-3 appointments scheduled but sometimes clients did not show up, called to cancel, or called to reschedule with short notice. The walk-in clinic at FSR was fairly well utilized and I saw at least one client each week in this capacity. At the end of my practicum, FSR had begun advertising the walk-in clinic using social media, which dramatically increased the number of clients attending and, in turn, further supported opportunities for me to achieve my learning goal.

I enjoyed and learned a great deal from individual counselling sessions. I had many clients that only came for 1-2 sessions but was fortunate to have a few that came for 4-8 sessions. There were three clients in particular that I feel comfortable in saying that progress was made as the clients learned new coping skills and took steps to move forward in their lives.

Clinical examples. In this section of my report, I will discuss a few client examples. All clients were made aware that I was a Masters of Social Work student. The clients used in these examples have signed consent forms and understood that no identifying information would be used in the completion of this paper.

Client One.

The first client I will discuss had experienced a very traumatic event at a public venue. During our sessions together, I utilized CBT and was able to guide her to change her thinking
patterns and use two mindfulness techniques: deep breathing and body scans. She used these techniques during sessions and at home, which helped her become more aware of her mind-body connection. During the last couple of sessions we had together she agreed to use directed guided imagery to help her gain a deeper awareness of her reaction to the specific event that had occurred. She was able to recognize and identify when she was beginning to feel anxious during the guided imagery and even recognized the beginning of a panic attack when she was at home. She explained how she recognized her physical symptoms; quick breaths and rapid heart rate, and how she employed the breathing techniques we had practiced which slowed her breathing and heartbeat, thus avoiding a panic attack.

When using the deep breathing technique, the breath becomes an anchor to focusing mindfully, helping individuals slow down their breathing, refocus on a physical spot that feels okay, which causes enough of a “cognitive distraction” to avoid increased anxiety (Naparstek, 2006). This client was able to successfully implement this technique by using breath counts and with continued work during our sessions, regulate her emotions many times over the period of time she attended to counselling with me. At the end of our counselling relationship, she chose to be transferred to another counsellor to continue with this work as she recognized she was gaining more control over her life and wanted that change to continue.

_Clipet Two._

Another client that I had the opportunity to work with had separated from her husband and was supporting herself and her two children. She came to counselling for support and we focused on increasing her self-esteem. She reported her partner to have been emotionally abusive and controlling. She was still experiencing this part of this abusive relationship during the period of counselling, even though they were separated. During the time she attended counselling, she
had made gains in her confidence, she was able to set boundaries, and she focused on self-care. During our sessions, I guided her using CBT and SFT to help her recognize distorted thought patterns and focus on what she could do in her current situation. This client was open to learning breathing exercises, body scans and using guided imagery. She reported that these techniques were helpful in increasing her confidence and lessening her anxiety. She also had a physical illness that was triggered by stress in her life and found that her flare-ups had decreased during the course of counselling.

During our sessions together, she made small steps forward such as taking time for herself to come to counselling, setting defined boundaries with her ex-partner and choosing to nourish her body with healthy foods. She had been able to engage in a few self-care activities but was limited by a number of factors in her life. During our last sessions together she was able to report that she had seen improvement in her overall health and energy levels, had set boundaries; not only with her ex-partner but with other family members; and was successfully completing the education she enrolled in.

Client Three.

The third client that I am focusing on as part of this discussion was dealing with very low self-esteem as he had chosen a career path that his parental unit did not support. I used CBT and SFT during our sessions to help guide him to change his self-talk patterns from negative to positive. He had agreed to try journaling to help him recognize how his thoughts were affecting his physical functioning. He reported that journaling was helpful because he enjoyed writing and could get his thoughts out of his head and onto the paper. Once our therapeutic relationship was developed, I suggested the process of two-chair work and explained that this method may provide some clarity to his internal struggle with his career choice, his parental unit, and his
feelings of being stuck. He agreed to try this method of therapy which was also my first time steering a client through the process. Erford (2015) outlines a six step technique that I followed to ensure this exercise was implemented correctly for this client. Erford (2015) outlines the process as follows:

1. The counsellor guides the client to choose one example for each chair, normally opposites representing the client’s life;

2. The client works through one side of the example while the counsellor helps the client deepen the experience by helping them be present during the experience;

3. The client expresses the most prominent side of the example and should act this out instead of just talking it out;

4. The client switches chairs and responds to the first example;

5. The client switches roles until it is determined to be complete by either the client or the counsellor; and

6. The counsellor guides the client to agree to an action plan.

My client reported that this method of therapy was very helpful and that he could see at the end of our session why he had been feeling stuck and was now feeling excited and motivated to make changes. During our last session together he was able to share the steps he had taken to move forward in pursuing his career dreams; he was following through on his action plan.

As a practicum student, I was also able to participate in two-chair work with my Professional Associate. The process of being in the role of the client for this teaching session gave me a deeper understanding of the method and provided me with the confidence I needed to attempt this method with my client as discussed above. It was a wonderful experience to work
through personally which allowed me a better understanding of how clients may feel during the
process of using this tool in a counselling session.

At the beginning of my practicum, I was timid about guiding my own sessions but with
the support and knowledge from my Professional Associate and the staff at Family Service
Regina, my confidence in my skills increased dramatically by the end of my placement. My
confidence grew, but so too did my understanding that our clients will continue to teach us daily
throughout a career as a clinical social work counsellor.

3.1.5 Activity 5 – Walk-in counselling practice.

Activity five was to participate in providing counselling support as a practicum student in
the walk-in counselling clinic on Thursday afternoons. Normally I saw 1-2 clients per walk-in
clinic but there were a few weeks that, due to low turnout, I did not get to see even one client. As
noted in my discussion of Activity 3, FSR expanded their walk-in clinic near the end of my
practicum which was a great experience for me as I was able to see clients back to back and get a
sense of what a full time counselling experience may be like.

As noted earlier in this paper, FSR uses Brief Solution Focused Therapy as the model for
their walk-in sessions. I found this model helpful for my learning as more often than not, clients
reported that the session had been helpful and felt their issue had been dealt with to a satisfactory
level by the end of the session. This was particularly important for gaining confidence as a
student counsellor, and it provided immediate feedback for both the client and myself as well.

My most memorable client during a walk-in session had been experiencing Post
Traumatic Stress Disorder. It was a difficult and heart wrenching session for me because the
issues were complicated but in a walk-in session, I did not have the means to provide the depth
of services required. The client was not an appropriate fit for the walk-in service offered at FSR and I advised the client of this prior to the end of our session.

The majority of clients I saw during the walk-in clinics were dealing with depression, anxiety and domestic violence. Using the Brief Solution Focused Therapy model allowed clients to determine the most important issue to deal with during our session. We discussed the issue and created a plan. Most clients reported feeling the session had been helpful.

3.2 Goal Two

The second goal of my practicum was the gain a better understanding of support groups offered at Family Service Regina. The group I was able to participate with was the Domestic Violence Group. This experience helped me to understand first-hand the experiences that women endure during, and after, domestically violent relationships.

3.2.1 Activity 1 – Attending group sessions.

The first activity I participated in to achieve this goal was to participate in several group sessions in the Domestic Violence Drop In Group on Wednesday evenings. This group provides a safe environment for individuals who have experienced domestic abuse in a relationship. According to The Victims of Interpersonal Violence Act (1994), interpersonal violence means:

(i) any intentional or reckless act or omission that causes bodily harm or damage to property;

(ii) any act or threatened act that causes a reasonable fear of bodily harm or damage to property;

(iii) forced confinement;

(iv) sexual abuse; or

(v) deprivation of necessities.
Statistics Canada (2014) reports that Saskatchewan has the highest rate of police reported domestic violence cases across Canada. As noted above, many of the clients that I saw during walk-in clinic had experienced some form of domestic violence. Being able to attend this group helped me gain more knowledge directly from the group participants about the realities they faced, or continued to face, on a regular basis.

I was able to attend six group sessions and gained a tremendous amount of insight from the women who attended, as well as from the facilitator of the group. The group consisted of women from all walks of life who had left abusive relationships or were still in and out of their relationship. The women were all very supportive towards one another and showed compassion during difficult times for group members. Some were open in sharing their circumstances, others were very guarded and some never spoke at all. Each night there was a different topic to discuss and, depending on who was at group and the topic being discussed, the conversation could be very deep and difficult with many women shedding tears; but could also quickly shift to the same women laughing and enjoying each other’s support.

I felt honored when I was asked to share my journey with death loss with the group at the beginning of my practicum in September. The group had some questions the night of the presentation and we discussed death loss, but also the losses that occur when there is an end to any relationship. One woman shared about the death loss of her own child and was open to discussing the experience during group. When I was able to participate in groups near the end of my practicum, I felt confident supporting discussions about loss as they had all experienced loss to a degree when leaving their relationships as well as during the abusive relationship. Loss affects each and every one of us at some point during our life; how we respond to that loss is up to us.
3.2.2 Activity 2 – Understanding the Domestic Violence Unit at Family Service Regina.

My second activity within this goal was to gain a working understanding of how the Domestic Violence Unit at FSR operates by exploring the process of intake and the supports available to individuals. I was fortunate enough to attend an educational meeting the Domestic Violence Unit hosts for community partners as well as new staff at FSR. This meeting is held to educate community members and staff about:

1. The Domestic Violence Unit,
2. What each agency unit does,
3. How they support the individuals going through the domestic violence process in the court system,
4. How FSR receives the reports from the Regina Police Service of domestic disturbances and calls to follow up and offer support,
5. How one team supports the individuals involved with high risk offenders,
6. The Art for the Heart Program and its support at outside agencies, and
7. The intake process, as well as the Domestic Violence Support Group.

This meeting was integral in helping me achieve this particular learning goal. I was able to meet with several different staff members during my practicum placement to discuss their individual roles within the Domestic Violence Unit. Several times during my placement I had specific questions about clients I was working with and was able to link those individuals to the Domestic Violence Unit because of the knowledge I had gained from the meeting as discussed above.
3.3 **Goal Three**

The third goal of my practicum was to gain an understanding of how Family Service Regina (FSR) is managed and operated. Learning the management style and basic operations of this non-profit agency was an important piece necessary in order to develop an understanding of this agency. There are several departments under the operational umbrella, but the agency as a whole seemed to function very efficiently and with dedication.

3.3.1 **Activity 1 – Understanding the operations of Family Service Regina.**

The first activity to achieving this goal was to participate in all in-house meetings and training sessions offered. After working for a health region for ten years, where training is limited and supportive meetings are almost non-existent, it was very uplifting to be part of an organization that encouraged peer support on a consistent basis. Staff in the Counselling Unit at FSR meet weekly on Thursdays for peer support, and each week engage with different agenda items such as case consultation and education about other community programs. Each meeting began with check-in where staff were able to share how they were managing, either professionally or personally. I found that this check-in helped me become closer to staff members because I had an understanding of their lives personally but also professionally. The weekly meetings also helped me realize that even after years and years of being a counsellor, staff continued to learn, grow and develop themselves to best serve their clients.

FSR has monthly staff meetings for all staff at the agency. Each department provides an update on their operations and individual staff members have a chance to speak if they choose. During my practicum placement, I was also able to attend a board meeting, which provided a lot of detail into each department and a fiscal update for the agency. All staff in the agency are encouraged to attend board meetings, as they are held over the noon hour.
During my practicum placement, I met with the Director of Operations and Business Development to discuss the agency operations. We discussed the overview of the agency, the agency vision, and the history of the agency. He shared research that had been completed regarding the walk-in program and discussed plans to expand the program in the near future. He also explained the workings of the Employee and Family Assistance Program, discussed how they obtained contracts for services, and how this impacted the number of staff the agency could employ. Government funding also plays a major role in the financial operations at FSR for programs like the general Counselling Unit, the Domestic Violence Program, and the administrative operations.

The countless informal discussions I had with staff and management while I was at the agency, whether it was during coffee or lunch breaks or just passing in the hallways, provided me with an invaluable amount of knowledge and understanding of the agency, the staff, and the operations at FSR.

3.3.2 Activity 2 – Learn the intake process at Family Service Regina.

The second activity to achieve this goal was to learn the intake process for Family Service Regina as a whole, as well as the intake process for the Domestic Violence Unit, as they have their own intake process. FSR has one intake staff person that manages all intakes for the agency with the exception of the Domestic Violence Unit. The Domestic Violence Unit has their own intake worker who follows an independent process. There are several programs that operate at FSR including, general counselling, Family Service Employee Assistance Program (FSEAP), Teen Parent Program, programs for personal growth, seniors programs including Older Adult Response Service and Grocery Shopping for Seniors, as well as the Domestic Violence Unit.
When individuals contact FSR to request services, they are either directed to the main intake office or to the domestic violence intake office. The intake workers conduct a brief interview to determine which service would best suit the client needs. Typically, this process is completed over the phone but sometimes occurs face to face for walk-in clients. The main intake worker has access to book appointments immediately with counselling staff for general counselling or for FSEAP clients. She can also advise clients to return to the walk-in clinic if deemed appropriate. As FSR is not a crisis center, any emergent situation is directed the appropriate agency, supports in the community, or crisis services are brought to FSR to take over in the event a situation requires immediate attention.

The FSEAP takes up the majority of the intake worker’s time. This program supports employees and union members whose employers have secured contracts with the FSR Counselling Unit (Family Service Regina, 2017). This program provides supports to individuals and their families with any issues that may arise personally or in the workplace.

The intake worker keeps up-to-date with programs and services within our community to ensure clients can be directed to the appropriate service if FSR is unable to support their needs with current services.

The Domestic Violence Unit Intake Worker receives intakes from police reports, referrals from other staff, or from individuals contacting the agency directly. She follows up with individuals and provides information about the programs, she enquires about their interest in seeing a counsellor, and she links individuals with the appropriate staff in their department. She does have the ability to visit individuals in the community if she feels that connection would benefit them.
Intake operations are a critical component of the operations at FSR. The staff members in these positions are very knowledgeable about FSR as well as programs and services available in the community.

3.3.3 Activity 3 – Program knowledge.

The third activity in achieving the goal of understanding how FSR is managed and operated was to meet with other professionals at FSR and discuss their specific programs. As mentioned earlier in this paper, I had the opportunity to meet with each counsellor in the Counselling Unit to discuss their counselling approaches and their focus during sessions. I was also able to meet with each program manager and discuss the functionality of their program and their staffing complement. As discussed earlier in this report, FSR has several different program areas with specific knowledge in each unit to best serve their client base and the community.

3.3.4 Activity 4 – Policy and procedures at Family Service Regina.

My last activity to meet this goal was to review policies and procedures used at Family Service Regina. This was done at the beginning of my practicum by reviewing the Family Service Regina Policy and Procedure Manual. I met with the Office Manager to go over confidentiality and basic expectations in the office. I also met with the Director of Operations and Business Development later in my practicum to discuss the walk-in clinic and statistical data related to that particular program.

As you can see from the extensive information in this section, my practicum placement was a full and rich experience. The opportunity provided hands-on experience both personally and professionally. The next chapter discusses how I integrated theory with the practice and skills I was learning. This process was done with the support and guidance of my Professional
Associate as well as through inductive learning and practical application during sessions with clients.
Chapter 4: Integrating Theory and Practice

4.1 Generalist Social Work Practice as a Counsellor

Theory is a critical component to practicing social work and practicing as a clinician. This chapter will discuss my continued development as a social worker, the process I followed to better recognize the theories and therapies I use in my practice, and the skills and tools I used during my practicum placement.

I tend to focus on practical clinical skills that I believe would be helpful for clients or patients when dealing with a crisis or during counselling sessions; therefore, I chose to complete a practicum placement for this part my Masters of Social Work journey. Having a generalist approach to practicing clinical social work practice requires foundational knowledge about many different theories but it is equally as important to have the practical tools and skills necessary to navigate a client session with ease. Social work degree programs often focus on a generalist approach when applying social work concepts, as the range of career options available upon completion of a degree are very broad (Plionis, 2007). General counselling practice suggests that counsellors have an understanding of many different theories and therapies to provide the appropriate assessment tools and treatment for clients (Plionis, 2007). During my practicum placement, I began to recognize how the skills that I had developed during my 10-year career in the health care field were very relevant and applicable to individual counselling. At the beginning of my practicum, I struggled to recognize the broad knowledge I had been utilizing in my clinical practice because I kept expecting an epiphany or break through for clients that would be easy to recognize for both myself and the client. I typically only saw clients for one to two sessions which made it difficult to integrate in-depth theory such as exposure therapy when practicing CBT. During weekly supervision meetings, my Professional Associate helped me
recognize the social work tools, skills and theories that I had been drawing from and implementing during client sessions.

During my practicum placement, I was exposed to, and explored, many different types of therapies and tools to use during clinical practice. I was most drawn to the mind-body connections and explored this through implementing mindfulness practice as well as basic somatic experiencing. It was surprising to me that so many of my clients had not processed the connection between the physical and emotional state of our bodies. Many described feeling tense, nauseated, and tired; and described aches and pains but did not attribute these physical symptoms to the emotional stress they had experienced. The realization that their emotions could cause a physical reaction was not something that many of the clients I worked with had even considered prior to our sessions.

As a counsellor, I had to be mindful to remain focused on a positive line of questioning that upheld the client as holding the resources required for a solution. Solution Focused Therapy strives to maintain focus on what can be done instead of focusing on the problem or what has not worked in the past. In Watson’s (2006) research on blending person-centered therapy and solution-focused therapy, she concludes that for counsellors to best meet the needs of their clients, they need to learn how to respond to their client’s individual needs and circumstances in order to best guide their clients to discover their strengths and move forward collectively. As I progressed through my practicum placement, the importance of a generalist practice became more apparent as I worked with clients and used therapeutic approaches such as CBT and SFT simultaneously during sessions.

As laid out in the 2005 Canadian Association of Social Workers (CASW) Code of Ethics, Value 6: Competence in Professional Practice, it is my ethical responsibility as a social worker to
continue to better myself as a social worker, seek new knowledge and maintain a professional level of competency based on my education and knowledge base. As I progressed through my practicum, my Professional Associate and the counselling team were a huge part of my success while I learned and implemented new knowledge and skills into my clinical practice. Being part of such a supportive team made it very easy and comfortable to seek support with case consultation, guidance as I implemented a new tool or skill, and in building an overall confidence that as a counsellor I will continue to grow and develop through my career.

Planning sessions was difficult, as I typically only saw clients for one or two sessions. I often had some ideas about how I thought the sessions should go but quickly learned I was not in charge of the session but there to guide my clients to discover their strengths and coping mechanisms. My Professional Associate helped me see that being able to go into a session without my own agenda allowed the client to lead the session, and this also allowed me as a counsellor to remain client centered. This also helped me gain confidence that my social work skills were strong and I was able to feel comfortable being able to manage a session no matter what the client’s agenda was. I was able to adapt as needed during the sessions and felt more confident doing this as my practicum progressed.

There were times that I used worksheets, written guided imagery, and two-chair work with clients that took quite a bit of planning. However, for the majority of the sessions, I was able to guide the flow of the session and help the client feel at ease. I did review a list of solution focused questions before most sessions in order to have them fresh in my mind. I created a list of questions that I often drew from:

- What is it you need from today?
- What would you like to see or feel differently?
• What would you like to leave with today?
• What would make you feel different about the situation?
• Tell me more about…
• How did you manage prior to this session?
• What would it look like if…?
• How would it look if you didn’t have this problem?

I would review the strategies I felt would be appropriate for the session, listen to the client’s needs, and help the client create a plan of action or guide them to their own solutions as the session moved forward.

As noted above, an interest in mind-body connection led me to further research the use of mindfulness counselling strategies. As discussed earlier, during my practicum I was able to go to Saskatoon and participate in a two-day workshop on Mindfulness Counselling Strategies. As I had already been using the basics of mindfulness in practice, the workshop provided a more in-depth look at the principles I could incorporate during sessions. I began with simple breath work and body scans to using guided imagery and meditations with a few clients. Since the end of my practicum placement, I have taken an 8 week mindfulness based stress reduction (MBSR) class with the idea that it would likely help me personally but also hoped that some of the learning would help me later if I pursue a private counselling practice. I am astounded at the changes in my own emotional health and my ability to better control the anxiety that was beginning to impact on my day-to-day functioning. When we experience an emotion in a negative way, our tendency is to want to push that emotion away instead of embracing the emotion, paying attention to why the emotion arose, and letting the emotion pass. Mindfulness aims to teach us to embrace painful experiences, learn to accept the emotions that arise, keep breathing and honor
our needs through processing the experience; as without pain we would not be able to see happiness (Manotas, 2016). The MBSR course I participated in has really brought this together for me, just by learning to allow the feelings to come and go and not being attached to them as well as being able to live in the present moment instead of always trying to plan for the future.

Although the main goal of my practicum was to gain further depth and knowledge of Cognitive Behavioural Therapy and Solution Focused Therapy, there were other theories and therapies that I had some knowledge of and that played a role in the counselling practice I incorporated with clients as a student. The opportunity to complete my practicum in a clinical counselling setting, with many different clients who had many complex issues and experiences confirmed my belief that I would like to continue my growth and development to become a generalist practitioner counsellor.

The next chapter will discuss the challenges I faced during my practicum placement as well as a couple of ethical dilemmas that I experienced during my practicum. As noted at the beginning of my report, I have experienced two very traumatic death losses in my life and this played a role in my development as a clinician during my placement.
Chapter 5: Challenges and Ethical Considerations

5.1 My Journey with Death Loss and the Impact it had on My Practicum Placement

As noted at the beginning of this document, I have experienced two very significant death losses. In 2010, my daughter Abby passed away suddenly at the age of 7 months and in 2014, my husband Woody was killed in a motor vehicle accident. I believe I have coped well since these losses, but grief and bereavement have certainly changed me as a person. This chapter will explain in further detail how these deaths impacted my practicum placement and my learning and development as a social worker.

My journey with grief began on November 21, 2010 when my twin daughter Abby passed away due to hospital error at the age of 7 months. My husband, Woody, and I helped each other through this difficult time and had come to terms with the loss of our daughter while continuing to parent her twin sister, Bree. Tragically on March 24, 2014, Woody was killed in a motor vehicle accident on his way home from work when his truck lost control on black ice and was struck by an oncoming vehicle. Many people say losing a child is the worst grief a human can experience but losing my husband following the loss of our daughter has been an incredibly difficult journey.

Losing a child is unspeakable but I had my husband to go through this experience with; we talked, we cried, and we discussed how we would handle the situation as Bree got older. I always knew it would be okay because I had him to walk that journey with. Losing him has forced me to navigate this unthinkable grief journey on my own, parent on my own, and make all minor and major decisions about life; this includes decisions about finances, our daughter, both of our families, my career and too many other things to list. It is exhausting, scary, anxiety provoking, exciting and even calm at times. There is a roller coaster of emotions that comes and
goes at any time for any reason without warning. In Doka’s research (2016) he discusses that even healthy griever’s mourning and coping fluctuates up and down between good days and bad days. Even the minor transitional moments that used to be a breeze for me can now be difficult and invoke fear and anxiety about the choices I am making. Doka (2016) discusses how difficult adjusting to new life without a spouse can be and that loss of a spouse early in life can challenge our assumptions about the world. Sudden, unexpected death of a partner can have profound and lasting effects throughout the surviving partner’s life (Rodger, Sherwood, O’Connor & Leslie, 2006). Prior to the beginning of my practicum placement, I spent a lot of time and energy ensuring I maintained balance between work, family and self-care.

Fear became common in my thought processes which eventually caused anxiety that I had to learn how to deal with on a daily basis. As I worked through my practicum, it became very apparent that my grief had created many fears about my future, which led me to have to cope with anxiety for the first time in my life. Anxiety has had a huge impact on my memory and concentration levels, but I had been unaware just how much it affected my ability to process small daily tasks as well my ability to learn and develop professionally. As a social worker, I had taken many classes on death and bereavement, completed an undergraduate practicum in palliative care, volunteered several times for a kid’s bereavement camp, and had worked with families in the hospital while they dealt with the death of their own loved ones. As was the case with each individual I helped, I too had individual needs specific to myself and my losses. Shear (2012) notes that anxiety is a natural response for many people during the bereavement period. Anxiety began to affect my life in ways that I had never experienced prior to the death of my husband. The physical symptoms became a constant in my life, and I could no longer relax my abdominal area, no longer drink caffeine because my heart would race and I had trouble
breathing during workouts because of shortness of breath. Through my research during my practicum, I began to recognize that the death losses I had experienced were considered traumatic events in my life; thus these events are considered to be a traumatic death loss. Being able to understand what this meant also helped me learn how to better cope and accept that the process I was experiencing was normal.

As my practicum continued and I settled into a routine, my anxiety settled at times but I still struggled with focusing and often had a tired mind during sessions. My Professional Associate and I discussed how my grief affected my focus, concentration and alertness during sessions. It is common for individuals experiencing grief from an unexpected, sudden death of a partner to have difficulty with cognitive functioning, and psychosocial and physical well-being; which can remain for many years after the loss (Rodger et al., 2006). My Professional Associate suggested I practice different grounding techniques and see which one helped me stay focused during sessions. I found that just focusing on feeling my feet planted firmly on the floor and wiggling my toes brought me back to the session and I could remain focused on my clients and their needs. I also used this simple technique with some clients at the beginning of sessions.

The other major factor in helping me cope with the effects of grief during my practicum was being able to take extended lunch hours so I could attend my Crossfit box (aka gym) daily. Crossfit has been my main outlet since the death of my husband. I actually went to the gym two days after his death as I needed the mental and emotional break. Glassman’s (2002) article on the foundations of Crossfit, describes that the core focus of the programming is on functional strength and conditioning for athletes. The delivery of the programming focuses on overall competency in a variety of modalities, which can be adapted for any fitness level but are typically very intense workouts. These workouts can be quite meditative in the sense that the
mind has to stay focused on the workout because of the intensity, and this is a technique actually required for Olympic weightlifting.

I had been learning more about mindfulness during the time I was writing my paper and became aware that Crossfit is actually a very mindful practice. Learning the technique of Olympic weight lifting, an individual must become very aware of their body positioning and how it feels during movements. As an individual’s strength and technique grow stronger and the lifts become heavier, focusing on breath work is crucial to proper lifting and technique. Awareness and breath work are central to mindfulness making Olympic weight lifting a good outlet for those dealing with anxiety.

As is common with grief, there are many significant events that can trigger increased emotions such as birthdays, anniversaries, and other celebrated holidays. The third anniversary of my husband’s death occurred during my practicum. It certainly affected me emotionally but as with grief, the losses we experience become part of who we are. We are ever changing and moving forward while integrating grief into our everyday lives. Losing a spouse changes our life plan, our outlook on life and often our sense of self. I have spoken to many younger widowed women and a common wish is to have life slow down, be settled, and to be able to feel secure again.

Just after my practicum ended, yet another transition unfolded in my life and my friend suggested I take a Mindfulness Based Stress Reduction course offered through Prairie Center for Mindfulness. I signed up and started the next week. At the beginning of this course my anxiety was affecting me constantly on a daily basis but since this course, it is much more manageable and less of a constant. I have been able to make many decisions for myself and my daughter without any fear or anxiety. I take time to be mindful on a daily basis and practice meditation at
least 3-4 times per week as well as ensuring that I remain physically active, mostly with Crossfit training, at least three times per week.

It is common in widowhood to hear that strength will grow out of the loss, and that it will get better and the best is yet to come. It is so very difficult to embrace and believe any of that when the grief is so raw those first couple of years. In my experience, it seems that, as time goes on, I see the many gifts in my life and I want to share that with other people. Even when an individual may feel like there will never be joy or happiness again, trying to find just one small thing every day to be grateful for will soon have you seeing the world in a whole new light. It seems disingenuous to say this because I remember thinking that nothing good could come from such tragic loss. But I can see now that by continuing to focus on the positive, as Solution Focused Therapy does, life can get better if you make positive choices each and every day.

Death loss can impact our lives significantly. For my healing journey, I choose to stay focused on the positives in life, remember to be grateful and know that self-care is a critical component of this. During my practicum, I used techniques such as grounding, mindfulness and fitness to help maintain my focus and concentration during my practicum. Discussing these experiences with my Professional Associate and fellow colleagues helped me recognize the personal and professional growth and strength that I had developed out of these losses prior to, and during, my practicum.

The following section discusses two ethical situations that occurred during my practicum.

5.2 Ethical Issues

During my practicum, I came across two ethical situations that I discussed with my Professional Associate. I had one client attend a scheduled appointment but he did not seem quite himself that morning. As I had met him for two previous sessions, I was aware of his story and
so allowed him to guide the session. As our session began, I noticed he was quite talkative and smelled of alcohol. I chose to continue the session but wondered if that was a good ethical decision. After we completed the session, I spoke to my Professional Associate about my decision to continue the session even after I knew he was under the influence of alcohol. We discussed it and determined that the client was an adult who made the decision to come to the appointment, therefore, he was able to make a choice to stop the appointment at any time. Unfortunately, the client never returned for a follow up session so I was unable to discuss that situation further with him.

I also had one client come to the walk-in clinic that I had met through my involvement with fitness. Confidentiality is an ethical value that is to be upheld by all social workers; therefore, I advised the client of the confidentiality policy at FSR as well as the as the practice standards I would follow as a registered social worker (CASW, 2005). I advised her that our session would be kept confidential, and also that she did have the option of seeing a different counsellor if she was not comfortable seeing me. She stated she was comfortable continuing our session and was grateful at the end for the time we shared.

This chapter touched on some of the personal struggles I experienced during my practicum placement and how those struggles helped further my development personally as well as professionally. During this process, my Professional Associate helped guide my learning and reassured me that our life experiences are valuable lessons that shape us as clinicians. I was reminded many times during my placement that good, competent clinicians spend their whole careers learning; both personally and professionally.
Chapter 6: Conclusion

As this part of my learning journey comes to an end, I consider my next steps as a social worker. Throughout my practicum placement and the time I have spent writing this report, I have become more aware and comfortable with the idea that being a clinical counsellor is an ongoing learning process. The growth and professional development that occurred throughout my practicum is the foundation for continued learning as I move forward into future clinical counselling endeavors.

Experiencing two traumatic losses in a short period of time has taught me that we must find our own inner strength to keep moving forward. The movement may not be at the pace we would like but nonetheless, every step forward is progress. These experiences have taught me to pause, reflect and try to find strength and a lesson in each step of the journey. Writing this paper has definitely been a dance of honoring my needs and committing time to research and writing. Some of the chapters were difficult as the writing brought my grief journey to the forefront but this process has also helped me both personally and professionally to recognize areas for further personal growth and professional development.

My goal as a social worker is to help each individual find within themselves the courage and strength to pursue with own dreams and goals (CASW, 2005). I have always enjoyed practicing social work and often feel like it is not work at all but a mere conversation. Opening a practice that crosses counselling with fitness training will allow clients the opportunity to develop healthy coping skills while dealing with their issues. The experiences of this practicum placement have better prepared me as a social worker to create and embrace such opportunities in the future.
References


The Victims of Interpersonal Violence Act, V § 6.02 (1994).
