**Theoretical Orientation Paper**

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Theoretical orientation provides a conceptual framework of which the professional uses to help identify the needs of the client, establishing the most effective strategies/interventions to support their clients. This framework is largely formulated by the professional’s worldview, personal and professional experience (Boettcher, 2020).

This paper will provide a brief history of who I am, my current theoretical orientation with an explanation of how I have chosen these theories, an overview of what the underpinnings are, why they are a fit for me with supporting rationale. It will also provide a description of how I anticipate incorporating these models into my personal model of sport and performance consulting.

**Section 1: Who Am I?**

 Forming a world view involves several difference facets and is unique to every person. When contemplating my world view, my beliefs and core values are rooted in biblical Christianity/monotheism; I value compassion, integrity, authenticity and empowering others. I believe everyone deserves to feel their best, find their why and live their best life. I believe people need to have a sense of purpose and belonging. I believe everyone can reach their full physical, mental, and spiritual potential.

I grew up in a loving family in a small town in Alberta, Canada where traditional farming culture where most prominent. We were often living close to the poverty line but the core values of love, honesty, hard work, integrity, authenticity were demonstrated in life in our rural community in living simply, weekly family togethers, farming, gardening, helping neighbors, community picnics, potlucks and poker rallies were foundational. Learning the importance of family, friends, work ethic, compassion, and healthy living has always kept me focused on helping and loving others, health, faith, and happiness.

The common beliefs and principles were – love your neighbors, work hard, play hard – have fun, laugh, and enjoy the simple things life has to offer, celebrate nature, don’t let the little things slip by – they are the big things; love fearlessly, forgive easily, and give the best of yourself each day. Lift each other up if you fall, respect your elders, their history, and generations past this has laid a solid foundation of what we live by – try to be a bit better each day. Rewards are earned and shared together. Our food was home grown (now known as organic); we ran around in bare feet (now known as grounding), we drank from the hose and didn’t focus much on material things. There were hard times, but somehow you just rolled with the punches because you had the love and support of people that shared the same beliefs, the same sense of purpose and a general sense of belonging.

I remember as a young girl, I felt invincible, that I was “the best”, life was amazing, people were amazing, I loved fearlessly, I had compassion naturally and was afraid of nothing and generally I believe most young children have this innately. I also witnessed this in my boys when they were young. They were fearless, they competed without questioning their abilities, they made friends easily, they loved freely, they let their lights shine brightly without question until society norms of adolescence became most apparent – I will come back to this point.

In my youth, I quickly learned to work hard, take any new opportunity to diversify, I learned to function in the ways of new society norms and was fortunate to establish clinical positions within the private healthcare, mainstream healthcare, post-secondary education and open my own business. I didn’t really realize it at the time, but upon reflection, a change occurred during this time. My effort to succeed lead to change in actions and reprioritized my time. I still believed the foundations of my youth, however it was difficult to live them every day as I had before with the changing times and shifts in society…I wasn’t as fearless but was still a risk taker, I questioned my worthiness at times, I conformed to peer pressure at times and new norms that did not always align with my core beliefs. Women in the 1970’s – 2000’s, where I lived at least, still had to fight harder to secure positions in leadership in male dominated work environments.

I’m a third-generation nurse – my grandmother was also a dually trained nurse (psychiatric and registered nurse), my grandfather was a psychiatric nurse, leader, and a bit of a pioneer in community mental health and leadership and my aunt was also a psychiatric nurse. I am grateful to have been a nurse for almost 30 years – working in mental health, addiction, home care, private rehab, occupational nursing, post-secondary education, and leadership.

Back to my previous point on shifting society norms, fast forwarding 20 years, I now reflect not only do I see the effect these new norms had on me, but also the effect they had on my sons, when they were removed from their peers due to classroom re-assignment, bullying, rejection in peer groups, rejection in sports, trying to meet academic expectations of teachers, building expectations in society, heart-break, loss, and significantly during the COVID lockdowns. As it impacted so many in so many ways, it affected by boys significantly, not being able to celebrate milestone birthdays with his friends, celebrate graduation, be with friends during the most formative time, as we all did, they missed celebrations of events, milestones and they experienced further isolation from peers, families, sports, hobbies, and all of the things they loved. It shifted the fundamentals of what was lived, loved, and believed….and replaced with isolation, loneliness, loss of purpose, loss of sense of belonging, loss of feelings of worthiness…impacting my oldest the hardest. He was a deep thinker, a deep feeler and just got lost in these waves of so many losses and inability to work, go to school, dampening his hope for a future he dreamed of. We lost him in June 2021.

When I think of my precious son or many clients I’ve worked with over the years – the resonating features I see are loneliness, isolation, shame, guilt, unresolved loss, loss of hope, feeling they are not enough even though their talents and gifts are so amazing….their light dims and they don’t see themselves how we see them and this often also affects their physical, mental and spiritual health.

 I love learning from others. I love hearing their stories and sharing experiences – learning from struggles and seeing the strength of their resiliency is inspiring. Loving and lifting those who don’t always see their gifts, their strength and resilience in their moments of suffering is one I am committed to learn more about personally and professionally. The opportunity to apply the theory and learning in this course in addition to my personal experience have shaped my theoretical orientation to this point. I have so much more to learn, so I do anticipate it will shift and evolve as I learn more and gain more experience in this emerging sport psychology and performance field.

**Section 2: Personal Model of Counseling**

I believe all people need to experience a sense of belonging – feeling like you are an important member of a group – being included in something beyond ourselves; a sense of purpose- the reason for which something exists; a sense of worthiness – the quality of being good enough; deserving attention or respect.

In my experience, over time, when people lose hope or can’t see past their intense negative feelings, some will turn to a source to fill these voids with something that makes them feel better, to stop the pain, to ease the hurt or give them a sense of belonging/purpose often at a cost to their health and safety. As we know there are many ways to intervene and support – sadly, I was on the losing end of that equation despite my knowledge, experience, and best efforts as I am sure some of you have as well. We also know, there is not one easy fix, a one size fits all strategy, it is a myriad of elements which often can lead to impacts resulting in:

a. Addiction – it is seductive and can hook anyone at any time in the blink of an eye – one minute life can include sports, friends, and laughter, to a completely unknown scenario often feeling insurmountable at times where values, priorities, purpose, and belonging are often at odds with one another causing anxiety, stress, shame, and guilt in the individual and their loved ones. Finding approaches to support clients and their families in these circumstances often requires a multi-faceted approach. CBT and IPT are some theories that provide context and tools to support individuals find new knowledge, perspective, and skills to support them on their recovery journey improving motivation, mental concentration, coping, and self-confidence (Isorna-Folgar, et., al. 2022).

b. Altered Mental Health – when we think if this…I see it as health of thought, emotion, spirit, and general wellness – when life or health gets overwhelming and it can throw you off balance in any of these domains; we can feel unguarded, uncertain, afraid, alone, stressed, and so much going on it is difficult to manage effectively. Trait and state anxiety is often underlying and require addressing in addition to other presenting facets (Prochaska & Norcross, 2018). An integrated approach of CBT and IPT also would be effective in supporting the anxiety as well as address impacts on the client’s interpersonal relationships because of the impact of their symptoms and subsequent behavior.

c. Loss/Trauma – I have the experience of losing a child. It is like losing ¾ of yourself….you keep ¼ of yourself going for your remaining child and those close to you….finding my son and trying to revive him was the most traumatic thing I have ever gone through. Compounding this for me was supporting my youngest son with his grief – hearing his heart wrenching wails like a wounded animal at the loss of his brother; then subsequently of the compounding losses and events life threw at us. I didn’t realize I would hit another level of anguish supporting him through his grief and anguish – watching your remaining child reel from the pain and turmoil is triggering in itself and at a whole other level – sparking the shock over and over – it is hard to find your way back to your body, your breath, your thoughts and feelings making it so hard to get up, to realize that you will be ok and there is still life out there despite your vulnerable state, sometimes you just go through the motions until a new reality starts to take form giving glimmers of hope.

Initially shock can delay the grief process, additional life circumstances (e.g., moving to a new city, divorce, etc.) can compound this and impacts other relationships (e.g., social isolation from friends/family, etc.). In a similar way, the integrated approach of CBT and IPT can address these issues as well, as noted above (Stull, et., al., 2021).

d. Physical Health – supporting future clients in areas of physical health, is often a foundation of performance. The connection between mind, and body are profound, hence integrating CBT into physical health/performance has demonstrated effective results. When client’s feel good about themselves, this also helps to improve their relationships with others. (Buffington, et., al., 2016).

Drawing from personal and professional experience, will help me to understand and have empathy for future clients who have experienced grief, loss, or trauma, will help me to develop an authentic understanding of what they may be going through and the many dimensions of support they need from me as a consultant and other professionals to navigate through this process, which is unique to every person. Creating a genuine, authentic, empathetic relationship with clients is essential in the work we do and is core to CBT and IPT theory (Prochaska & Norcross, 2018).

**Section 3: Professional Integration**

When researching the available various theories and finding the best fit for the role I intend to pursue as a Sport Performance and Psychology consultant, I chose to focus on an Integrative therapeutic approach focusing primarily on the behavioral and interpersonal therapies of Cognitive-Behavioral Therapy (CBT) and Interpersonal Psychotherapy (IPT). Prochaska & Norcross (2018), Wachtel (1987) highlights approaches that seek to combine action and insight in which leveraging the synergy of both actions help to facilitate sustained change with the client noting “who we are cannot be separated from what we do” therefore both insight and action need to occur simultaneously. I appreciate the ability to utilize dynamic and integrative approaches primarily with cognitive-behavioral and IPT that can be applied in ways that are unique to the client and their circumstances. As noted above, people often experience a multitude of issues that may benefit from a tailored approach to address the client’s presenting behavior, affect, sensation, cognition, interpersonal relationships, and biology. Utilizing and integrated approach helps the therapist to identify the issues with the client and select specific interventions for each (Prochaska & Norcross, 2018).

 The core tenants for application in my model will draw from cognitive behavioral theory (CBT) as highlighted in O’Hana (2023), CBT therapists look at the “what” (behavior), the “how” (thoughts) and the “why” they are behaving the way they do often focusing on the here and now. Utilizing skill-based training such as psychoeducational skills, mental skills, deep breathing, and visualization are helpful skills which are diversely applicable (Williams & Krane, 2021). CBT is applicable to many different settings and clients making it versatile and effective in therapeutic and consulting settings within the clinical and corporate settings.

Supporting healthy habits, connected to the clients’ goals is helpful to enhance overall performance. This was highlighted in research completed by Buffington et., al. (2016). This study noted integrating CBT to address physical and mental wellness was very effective. I believe this to be true in my personal and professional practice.

IPT is helpful to supplement CBT in providing expanded interpretation of personality and development which can incorporate further understanding of the client’s past-experiences and their cognitive-behavioral responses to current environment and related factors. It also addresses interpersonal patterns and attachments which often have an impact on thoughts and behaviors when dealing with an identified issue/issue(s).

Core factors (client, relationship, hope and expectancy) to support this integrated approach requires a positive, authentic, empathetic therapeutic relationship with the client to work together to identify the client’s goals and focus and apply strategies toward positive, sustained change of their thinking and behaving (Prochaska & Norcross, 2018).

Presentations of state and trait anxiety are also very common. State anxiety is defined as a temporary reaction to adverse events and trait anxiety is defined as a constant individual tendency/personality trait of high arousal to concerns, troubles, and worries to various situations (Saviola et., al, 2020).

CBT may be helpful to support clients in reconnecting to their previous adaptive thinking when they were performing at their best as well as to help develop new patterns when in a new performance environment which replaces reverting to past maladaptive patterns. This will help them perform better and focuses on the here and now within these distinct situations. I would utilize a consultant approach to teach CBT skills/techniques to use in social environments. Creating two CBT related SMART (specific, measurable, attainable, relevant, and time-bound) goals to help clients with this presentation change their behavior. One will be to reduce social anxiety by practicing anxiety management techniques of deep breathing and visualization. The client will establish these goals, but it may include an example of, for the next month, they will practice these two anxiety management techniques every day to reduce symptoms. They will journal and track their symptoms with a goal to reduce them from 15 times per week to fewer than five times per week using strategies that we work on together. The second will be to build confidence by reinforcing positive interactions. This will involve setting a SMART goal such as, they will journal progress on the skills used to increase positive social interactions to enhance their current social support system by writing down at least two positive interactions they have had each day over the next month. This will help to build momentum and confidence in their ability to demonstrate positive interactions and reinforce a positive perspective.

**Interpersonal Therapy (IPT)**

IPT fits well into my chosen theoretical orientation of integrated psychotherapy as I can relate to its application personally and professionally making the authentic connection, effective knowledge, empathy, and warmth to support the therapeutic relationship with clients translatable. I feel utilizing CBT and IPT in combination provides a well-rounded pragmatic approach to support clients in learning and applying approaches in the cognitive, behavioral and interpersonal aspects of their lives.

 IPT focuses on the “here and now” in a time-limited fashion (12-16 weekly, face-to-face sessions) to address issues that arise related to loss and grief, role disputes, role transitions, etc. Approaches are implemented to support the client in looking at the context of what was occurring in their relationships at the time of first onset of symptoms (e.g., depression, anxiety, PTSD, etc), and creating opportunities/skills/strategies to renegotiate their difficulties in their current interpersonal relationships, life situations, as well as learning new coping strategies. The clients will work with the therapist to increase consciousness via education about their current context within four areas (e.g., grief, role transitions, interpersonal disputes, and interpersonal deficits), focusing on not more than 2 issues. They will work together to understand the presenting concern, providing an overview of the ITP process, reviewing current and past interpersonal relationships and their relationship to their current symptoms, and establish treatment goals. The cathartic process to work through the context of the issue, re-establish reliance by changing their conditional stimuli (e.g., reducing the amount of empty time) and re-establish their relationships. Upon completion, termination phase proceeds where progress is reviewed and a recap of remaining work is provided (Heird and Steinfelt, 2010). An example of application related to the personal story shared, would be to explore the grief and the impact it was having on my relationships, understanding the impact of isolation. Incorporating healthy activities (e.g., going to the gym 4 times per week, visiting family/friends weekly). Challenging the client to move beyond living in isolation with grief to re-connecting with healthy habits and regular contact with people – discussing this throughout the process with the counselor throughout the 12 sessions progressing to reduce the impact of grief by reducing social isolation, enhancing physical fitness, and re-establishing relationships helped to instill a sense of hope for the future.

 The challenge for me is to fully understand the structure and application of ITP at this point. I need to learn more about the direct application of this theory to fully expand on its day to day application with tangible examples, however I do anticipate working through the process of identifying, providing information and education related to context, reframing perspectives, using journalling and reflection with the client on a weekly basis, provide strategies to strengthen their interpersonal relationships and continuously monitoring this, adapting, adjusting and supporting the client through the process describes the general approach I would take when applying IPT.

 Much research has shown these elements are foundational for healthy human functioning, but I believe how we achieve and measure these are as or more important. Having an understanding how clients are measuring their sense of belonging, purpose and worthiness is important to understand how to help them – what is important to them? Provide skills and tools that support their goals to achieve success as they, the client, defines it. Helping clients with CBT and IPT to achieve skills to help them rise above adversity, enhance resilience, have meaningful relationships, establish healthy boundaries, participate in healthy habits and activities to help them to reset their thoughts, feelings, emotions help clients to enhance their overall functioning and performance.

The theory that fits least with me is psychoanalysis. The connection of id, superego, ego connected to pleasure driven largely by the unconscious urges utilizing free association doesn’t resonate with my personal or professional experience. The concept of play a receptive role, interpreting client’s thoughts and behavior from hidden, conflicting content from their mind is not one that I am comfortable with. There is also little empirical evidence supporting the effectiveness of this therapy (Boettcher, 2022).

**Conclusion**

 My theoretical orientation, at this point in my journey, is best aligned to an integrative approach using CBT and IPT.

Utilizing the integrative approach of CBT and IPT provides a pragmatic, time-limited, present focused approach to address both the cognitive and interpersonal aspects for common presenting concerns such as depression, anxiety, PTSD, grief/loss. Integrating these approaches provide a well-rounded way of supporting clients through multi-dimensional issues.

The humanistic, cognitive, and integrative approaches resonate most strongly with me. They connect best with my personal experience, my professional experience, and my core values. It draws on my personal and professional experience, and I feel the application, likely most often as part of a multi-disciplinary team, can provide an effective way of supporting clients in living their best life and highest potential.

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