

The students, parents, and colleagues I will serve will benefit from my skillfully and lovingly employing an integrative blend of counseling and therapy theories. I am constructing a solid foundation of counseling knowledge and experience with an integrated approach comprised of the microskills of intentional counseling; Cognitive Behavioral Therapy (CBT); Brief Counseling; Positive Psychology/Wellness Counseling; Reality Therapy; and The Way Therapy, which I intend to develop.

My attending behavior will be genuinely empathetic; my care and concern, authentic. I have a rather good understanding of oppression and privilege, patriarchy, and feminism. My awareness to cultural differences is high; I am able to be sensitive in this regard as well as open-minded and willing to learn more as I go along. I understand that “acquiring cultural competency and skills is a lifelong process.” (Thomas, & Grimes, 2002) I am particularly encouraged to know that, regardless of my theoretical orientation, relationship is central to my effectiveness because I am well developed in that area. (Ivy, D’Andrea, Ivey, Simek-Morgan, 2007)

At this time I pinpoint the following methods as being a wonderful fit for me: Cognitive Behavioral Therapy (CBT); Brief Counseling; Positive Psychology/Wellness Counseling; Reality Therapy; and The Way Therapy, which I will develop. Integrating these approaches and adding my experience, natural enthusiasm, and personal caring, I will have a lot to offer the people I will come to serve, whether they be student, parent, or school colleague. This is a rich benefit in learning how to work with and help school students; I can use the same principles and techniques in all of my relationships. I will benefit; my children, neighbors, co-workers, and friends will too.

Naturally, Using Cognitive Behavioral Therapy (CBT) will be a core component of my approach. I am very attracted to teaching children how to see themselves from more affirmative perspectives, how to relate better to others, to understand their feelings, and actually enable them to act in ways that better serve them. I understand the importance of deepening my understanding of, and actually building on my experience in practicing, the basics of CBT to implement the helpful strategies of applied behavioral analysis, relaxation techniques, systematic desensitization, assertiveness training, learning social skills, and the prevention of relapse. (Ivy, D’Andrea, Ivey, Simek-Morgan, 2007)

I am grateful to have been practicing meditation and other relaxation techniques for several decades. I will not only be able to teach these but share, briefly and appropriately, my personal experience. I was particularly happy to read about the Peace Project, where CBT techniques were used to teach children helpful coping exercises. (Ivey, D’Andrea, Ivey, Simek-Morgan, 2007) I own a copy of the book used in the Project, *Peaceful Piggy Meditates*. I purchased it to use with my grandson. Also in my personal library are these books by Dr. Wayne Dyer: *It's Not What You've Got! Lessons for Kids on Money and Abundance*; *Incredible You! Ten Ways to Let Your Greatness Shine Through*; and *Unstoppable Me! Ten Ways to Sour Through Life*. It has now become apparent to me that Dr. Dyer's perspective is one that is congruent with CBT; we can be programmed to believe certain things, but we can change our way of thinking in ways that will bring us greater harmony in all areas of our lives. We can alter what we think and be happier, healthier, and have better relationships. Our behavior and thinking and feeling are intertwined, and we have the power to impact these.

A main premise of CBT is that feelings and behaviors are caused by our thoughts, not outside influences. If we can change the thought, we can change the behavior. The good news about this is that this line of counseling can actually empower the child since changing circumstances is rarely an option. Homework will help move the process along and be beneficial in this shorter-term therapy. (Ivey, D'Andrea, Ivey, Simek-Morgan, 2007)

“The power of your relationship and rapport with your client is basic to effective cognitive-behavioral therapy at all types.” (Ivey, D'Andrea, Ivey, Simek-Morgan, 2007, p. 208) Over the years, I have developed a genuine love of people. I have, through my own personal journey, become comfortable in my own skin and truly care about others. People do seem to sense that in me. This will be mutually beneficial, to me and the children I will be working with.

I had the good fortune of being able to borrow through my public library the DVD *Mindfulness-Based Cognitive Therapy for Depression*. While I cannot see myself running eight-week training sessions in a school environment, I am attracted to learning more about how to use components of Mindfulness-Based Cognitive Therapy (MBCT) in helping students. "The focus of MBCT is to teach individuals to become more aware of thoughts and feelings and to relate to them in a wider, decentered perspective as 'mental events' rather than as aspects of the self or as necessarily accurate reflections of reality." (Teasdale, Segal, Williams, Ridgeway, Soulsby & Lau, 2000)

Brief counseling and CBT will be particularly useful when working with students in the school. There will not be the opportunity for me to conduct long-term therapy so I must make good use of our time together. Both CBT and brief counseling will require “extensive use of questions.” (Ivey, Ivey, 2007) I am very attracted to using questions for directing the interview and helping the children get to know themselves better, to increase their self-awareness. Tapping into my own mindfulness and being able to guide the session will work well. Drawing out answers and solutions from the child is powerful too. I would always prefer that solutions be arrived at jointly, and appreciate that this is a component of CBT. The child will be more invested in the next steps if they are involved in creating them.

Martin Seligman's positive psychology makes perfect sense. For me, it goes hand and hand almost effortlessly with sprinkling the therapy session, as much as possible, with encouragers. To focus on what is right with the student, rather than what needs to be fixed, is creating an atmosphere in which change will most likely occur and looking inward will be less fearful for the child. Knowing that the helping adult, me as school psychologist, recognizes good in them will be conducive to good relationship building.

My beliefs coincide with a number of Positive Psychology core premises. Most people are happy and resilient. Crisis reveals character, and religion or spirituality does matter to the majority of people. (Sheldon, K, Frederickson, B, Rathunde, K, Csikszentmihalyi, M, & Haidt, J. (2000, January). Positive psychology manifesto.

Retrieved from <http://www.ppc.sas.upenn.edu/akumalmanifesto.htm>)

I know these things to be true. When preparing for my sharing of Martin Seligman and Positive Psychology, I was deeply satisfied to learn some of the basic premises. The heart matters more than the head; happiness increases the likelihood of good things happening. Desirable outcomes and fulfilling relationships are much more likely with a person who is happy. The good news,

for me, is that I have experience and tools to share with children about how to actually be happy, based on our chosen perspective.

I imagine that students will find their way to me only because of a problem. That being said, these students are probably in need of as much positive reinforcement as necessary. A technique that works for me is sandwiching a needed change in behavior between two of their assets. By this, I mean that it will be most beneficial for the child to be encouraged and supported toward the beginning of a session, to then experience some hard work in looking at themselves and their behavior and what needs to be changed, and then to be uplifted and empowered in a way at the end of the session so that they walk out the door best prepared to make the modifications in behavior that will make them happier.

I am able to implement the cognitive-behavioral theory of reality therapy quite effectively already. "Reality therapy asserts that clients primarily experience problems in life because they select ineffective behaviors that almost ensure their failure in and dissatisfaction with various dimensions of their lives." (Ivey, D'Andrea, Ivey, Simek-Morgan, 2007, p. 10) This is a technique I have become proficient with in sponsoring people in Alcoholics Anonymous. I believe the effectiveness is quite good because I generally am coming from a place of having been there myself at some point. The perspective is clearly one of understanding, and is, at the very least, authentic and genuine. My use of sarcastic humor is often well received, and laughter sometimes punctuates the point being nailed home.

The last, and in no way least, component of my current counseling blend is what I will refer to as The Way Therapy. Initially I was going to call it Twelve Step therapy, but it will become apparent why The Way Therapy is a better description. For one thing, this is not Twelve Step Facilitation Therapy (TSF).

Twelve-Step Facilitation (TSF) consists of a structured, and manual-driven approach to facilitating early recovery from alcohol abuse/alcoholism and other drug abuse/addiction. It is intended to be implemented on an individual basis in 12 to 15 sessions and is based in behavioural, spiritual, and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). It is suitable for problem drinkers and other drug users and for those who are alcohol or other drug dependent. (Nowinski, 2000)

I have been developing my dream of using this approach with children for quite some time. For the last several years, I have thoroughly searched the Internet and other sources to see if I could find the therapy solution of Alcoholics Anonymous (A.A.) being used to help children with their problems. I also contacted Alcoholics Anonymous World Services, asking the same question. Other than programs geared for young people who are impacted by a family member's drinking, Alateen, or A.A. itself for young alcoholics, I have found not one situation of children being helped by using the same principles and steps as they are used in A.A.

The clear and succinct way I see using The Way Therapy is described well in 24 Magazine, in this 1976 article:

...ills of our age: anxiety, resentment, depression, confusion, sick eating, sick drinking, sick drugging, sick money, and sick sex. There are not many ways to survive these ills

and come out into a full and happy life. There is only one way. This universal path to freedom has always been called, simply, the Way. This is what Christ called it, what Lao Tse and Buddha called it, what all the great teachers and all the sacred traditions of mankind have called it. The best formulation of the Way that our century has produced is the Four Absolutes and the Twelve Steps. (P, 1976)

The Four Absolutes are Absolute Honesty, Absolute Purity, Absolute Unselfishness, and Absolute Love. (A.A. World Services Inc., 1980, p 54) To elaborate, Absolute Purity includes purity of mind, body, emotions, and heart. Absolute Honesty would mean to have fidelity in thought, word, and action – to not lie to self or others. Absolute Unselfishness means aiming to do the right thing in every situation. Absolute Love means to love yourself and others, to be more concerned about giving love, than receiving it, because in giving love, we live in love, and ultimately receive.

According to Wikipedia, the American Psychological Association summarizes the 12-step process as:

- admitting that one cannot control one's addiction or compulsion
- recognizing a greater power that can give strength
- examining past errors with the help of a sponsor (experienced member)
- making amends for these errors
- learning to live a new life with a new code of behavior
- helping others that suffer from the same addictions or compulsions ("Twelve-step program - Wikipedia, the free encyclopedia", 2009)

I was deeply satisfied with what Marc Galanter, M.D., professor in the Department of Psychiatry at New York University School of Medicine, wrote.

AA's success rests on its ability to establish and maintain abstinence. This basic and essential accomplishment has tended to detract from the fact that AA is successful in good part because it is a sophisticated psychosocial form of treatment that addresses human psychological vulnerabilities that alcoholics and others share related to problems of self-regulation. (Galanter, 1989, p. 67)

Jerry Moe, National Director, Children's Programs, at Betty Ford Center, uses these modified steps to help children of alcoholics:

1. I am powerless over alcohol, drugs, and other people's behavior and my life got real messed up because of it.
2. I need help. I can't do it alone anymore.
3. I've made a decision to reach out for a Power greater than me to help out.
4. I wrote down all of the things that bother me about myself and others, and the things that I like too.
5. I shared these with someone I trust because I don't have to keep them a secret anymore.
6. My Higher Power helps me with this, too.
7. The more I trust myself and my Higher Power, the more I learn to trust others.
8. I made a list of the people I hurt and the ways I hurt myself. I can now forgive myself and others.

9. I talked to these people even if I was scared to because I knew that it would help me feel better about myself.
10. I keep on discovering more things about myself each day and if I hurt someone, I apologize.
11. When I am patient and pray, I get closer to my Higher Power, and that helps me know myself better.
12. By using these steps, I've become a new person. I don't have to feel alone anymore, and I can help others. (Moe, Pohlman, 1989)

I intend on modifying the first step to be: I am powerless over x, y, z, and other people's behavior and my life got real messed up because of it. Step 11, will be changed to something like: I will pray and meditate so I can be super-powered, happy, and free. Beginning with this as the starting point, the steps may require further tweaking to be most effective in helping children help themselves. This will give children simple tools for navigating challenging life situations, improving their relationships, and increasing their understanding of who they are. This Way can be a life-long foundation for personal empowerment as well as an awareness of helping others and having something meaningful to share.

My personal experience with this Way, through helping hundreds of people over the past several decades, brings me to where I am today. I have a vision of helping children, preferably in grades four through six (???), using the Way as noted in this writing. They will be guided through the Way and learn principles for living that will empower them and give them solutions for navigating challenging problems and creating healthy relationships.

I also see a time when this program can be reproduced in schools across the country. It is a Way that works in all cultures. Local 12-step volunteers can be utilized in a manner similar to how they are employed in our country's Therapeutic Intensive Monitoring Courts, Drug Court in particular. As in that realm, volunteers must go through security clearance procedures in order to be approved to volunteer in the school. It is my intention to reach out to Dr. Galanter, Dr. Moe, and others as I move forward in formulating my best practices for helping children as a school psychologist.

This is certainly a good beginning vision for my personal counseling approach. The only possible hurdle might be implementing something brand new into the school setting. A component of The Way Therapy will be regular group sessions. These could begin with once-a-week frequency. As the program develops, having several group times to choose from might be a possibility. This would enable attendance at more than one group session a week as well. The initial requirement to be a member of the group will be to have met with, or be meeting with, me. The only other prerequisite would be a personal acknowledgement of needing and wanting help. Will some people think this is religious? Would there be support of school administration? Having the next four years to building a next-step foundation will position me to be in a good place of readiness.

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