

STUDENT SELF-EVALUATION OF COUNSELING ASSIGNMENT

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Student Self-Evaluation of Counseling Assignment

Self-reflection is a skill that many people choose not to acquire. However, there are benefits to analyzing your thoughts, actions, values, and behaviors. Through the use of self-reflection, individuals experience increased self-awareness. With the increased self-awareness, counselors experience enhanced ethical decision-making and can delineate their needs from that of the client (Prasko, et. al., 2023).

Challenges

The challenges I faced during this semester were few. As I counsel most days of the week, save Sunday, entering the practicum and doing my job was not difficult. My biggest challenge was dealing with client schedules and cancellations, showing up to only turn around and go home. This is quite frustrating. However, I believe part of counseling people is becoming aware of the nature of the business, along with the seasonal client load changes.

Successes

There were many successes during the practicum. One of the successes was the relationship with my site supervisor. I had bad experiences with supervision both at my site and through paid supervision such as lack of consistency, lack of professionalism, and lack of mentorship. However, during this semester my site supervision experience was better than good. Dave, my supervisor, was not only knowledgeable about the profession but also shared his knowledge with me. He taught me about which clients were good fits for me in my supervision and how to be transparent with clients about their desired goals vs. what challenges faced them. Dave provided opportunities for specialists to come into the office and share knowledge and advocacy programs with the clinicians in case referrals were needed. This is a supervisor who

takes his responsibility seriously. Dave set an example of what I wish to become as a supervisor when it is my turn.

Strengths and Growth Opportunities

One of my strengths is in the connection with clients of all ages. Thank God I increased the number of clients that I have since the beginning of the semester. They are different genders and age ranges. A lot of clinicians specialize in one client type; however, I have been open to receiving all clients regarding gender and age and can facilitate healthy client/clinician relationships.

A growth opportunity for me is being timely with clinical paperwork submissions. When seeing clients back-to-back often I need to refresh at the end of the day. When this happens, I don't feel like I have the mental fortitude to complete paperwork for the day and as a result I put off clinical work. When I have multiple days of clients, this can lead to a build-up. So, in the future, I must work on developing a system that will help me submit documentation on time.

Countertransference

Countertransference is hard to identify sometimes as clinicians may not see it happening. Two weeks ago, I met with a new client. We were discussing him looking for a new job and he was an RN. The client shared that he had received one job offer but the company had yet to follow up with him about a start date. When the client shared where the job was, I could not tell if I was going to start screaming or crying. I placed my notebook in front of my face so the client could not see my emotions. The establishment that had offered the client a job was the senior nursing center which was responsible for my mother's death. She had an unstageable bed wound that caused her to be terminal. It took me a moment to gather myself as the emotions I was experiencing caught me off guard. The client read this as the place was a horrible place to work

and that he should keep looking. He had no idea of what was happening but was reading my reaction towards him. After I gathered myself, I apologized and explained my reaction to the client. He understood. Hopefully, I will be able to catch my emotions before I have an intense reaction to information being shared. Quite honestly, I don't know how to prevent this from happening again. What I do know is that I'm not completely over how my mother died, and I will have to spend more time journaling to cope with my submerged feelings.

Theoretical Orientation

My theoretical orientation is somewhat eclectic. When meeting with a new client, I spend the first few sessions using the person-centered/Rogerian theory approach. This allows me to begin to establish a good therapeutic rapport with the client by focusing on the client as a unique individual rather than using an umbrella approach to all clients. Depending on the diagnosis, after the therapeutic rapport has been established, I may use cognitive behavioral therapy (CBT) to assist the client in recognizing his/her triggers, and challenging and reframing thoughts. In conjunction with CBT, I would utilize mindfulness to assist the client with being able to mitigate anxiety. I also use Narrative therapy to assist clients in processing trauma.

Goals

My only goal for this semester was to complete the class. However, going forward I plan to get CAP certified to be able to work with alcohol and substance abuse clients. I also want to become certified in Splankna. Splankna is a somatic therapy that is a combination of EMDR, Thought Field Therapy, and Nuro Emotional Technique and focused on trauma relief. Splankna is also Christian in nature.

Conclusion

Overall, the semester was positive. I had a great supervisor who mentored, educated, and counseled appropriately according to the supervisory role. I would have liked more time with him. We only had to meet once a week. I saw him in the office, but he was busy with his clients. I find that having a supervisor at my disposal is not practical but unrealistically desirable. Also, as I said above, I need to create an effective strategy for submitting clinical paperwork timelier. Other than that, my practicum experience was enjoyable and beneficial.

References

Prasko J, O. M. (2023). The importance of self-experience and self-reflection in training of cognitive behavioral therapy. *Neuro Endocrinol Lett*, 14(44), 152-163. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/37392442/>