Reflective Paper

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Abstract

This article was conducted as a part of an assignment for my theories class. It breaks down the modality used with my clients, how I create treatment plans, and even how I attempt to adequately diagnose my clients. I also combine all my thoughts with the American Counseling Association Code of Ethics. Various questions are answered based on the Code of Ethics as well on how I implement such tasks such as assessments, treatment plans, case conception, and even treating speaking cases.

Keywords: treatment plan, case conceptualization, diagnosis, counseling, ACA Code of Ethics, ACA Advocacy Competencies

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Reflective Paper

The counselor profession has its ethical codes located in the American Counseling Association (ACA) Code of Ethics (2014). This document creates a guideline of what counselors ought to do and how. Counselors ought to put their client's well-being first, including their clients in treatment, conduct appropriate assessments to help with diagnosis, and assess treatment plan success or lack of to ensure changes if needed.

As a counselor, I have my views on the modalities to use, how to write a treatment plan, a case conceptualization, and even treat specific cases based on evidence-based practices.

This article with be a reflection on some of the questions about the code of ethics as well as how I react to certain topics. My main emphasis of being a counselor is to help my clients and assure their well-being and that is what I hope to demonstrate through the article.

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What Counseling Theories Do You Draw from in Your Counseling and Why?

As a counselor, I feel I am eclectic. Eclectic therapists tend to connect well with specific evidence-based modalities and use them to help their clients (Lewis et al., 2017). Even though I am eclectic, I aim to have the client's needs and interests at hand first, thus, when clients come to me, they come with various needs. Typically, clients come to my office wanting three types of therapy: cognitive behavior therapy (CBT), play therapy, and exposure and response prevention therapy (ERP).

Even though I get clients seeking all three therapeutic approaches, I tend to only focus on play therapy and CBT, as well as a combination of the two. I do sometimes practice ERP with clients diagnosed with obsessive-compulsive disorder (OCD). The reason I do use this approach is that it is effective to treat individuals with OCD especially after using CBT (Berman et al., 2017).

CBT tends to be the modality I go to because it is typically wanted by insurance and has been known to be effective. CBT can also be found ~~othe i~~n the American Psychological Association Division 12 list of effective practices. CBT has been proven highly effective in treating depression, anxiety, OCD, trauma, and substance abuse (Aboujaoude, 2017; Berman et al., 2017; Friedberg et al., 2014; Hawley et al., 2021; Roshanaei-Moghaddam et al., 2011; Wagley et al., 2013).

Friedberg et al. (2014) reported that it is essential that counselors who focus their skills on children also be trained in CBT due to it being so effective in treatment. Play therapy can be adapted based on modality to help kids learn about their emotions, trauma, and identity. In play therapy, you can adapt to the client and use different modalities. The Meany-Walen et al. (2015) research on the Adlerian approach within play therapy showed it is still effective, something I have also used in my office. As a clinician, one must adapt to the needs of the clients and therefore be able to adapt to their modalities. I might prefer CBT, but I am always eager to learn new modalities to assure my client's well-being; thus, proper steps for evaluation and treatment planning must occur.

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Describe the Procedures You Use for the Following Phases of Counseling. Be Specific and Cite the Scholarly Literature.

Initial assessments are critical to obtaining information from the client. The data is crucial to the creation and implementation of the treatment plan, as well as for a good diagnosis.

Comprehensive Biological, Psychological, Social, Cultural, and Spiritual Assessment

Getting information from the client is very important. The Biological, Psychological, Social, Cultural, and Spiritual assessments are very important to understand the client and their needs better. Regarding the biological part of the assessment, it is critical to know when the

client's most recent physical was because sometimes low levels of iron, B12, and vitamin D, can cause depression, fatigue, low energy, and trouble with appetite and sleep. Teen girls or women can have hormonal irregularities that only their physician can tell them, which might also affect their mood, energy, motivation, appetite, and sleep. Even thyroid problems can affect a person's mental state; thus, ensuring their last physical is critical to assure treatment success. Clients with chronic pain can also affect their quality of life due to their pain, causing them to seek mental health services due to depression, anxiety, isolation, and loss of energy and motivation (Fisher, 2023). Collaborating with the physician and making sure that you are helping the client to the best of your ability, or transferring to someone that might specialize in the specific problem the client wants to work on, for example, chronic pain or cancer support, is very important and also discussed in the ACA Code of Ethics (2014).

Another thing to look at in the biological assessments would be whether they had any accidents about hitting their head, brain tumors, or seizures. Due to the reason the brain regulates all emotions, it is essential to know this information to help the client better.

It is also essential to know whether the family has a history of mental health. This is because mental health conditions have made individuals have genetic predispositions. This also includes whether there has been a history of substance abuse in the family. Educating clients on this is also vital to ensuring they provide the important information.

The psychological part of the assessment gets me to know them as individuals and identify some of their treatment needs, including their addictions, intrusive thoughts, and history of suicide. Determining the client's psychological health is also essential because this will help with symptoms. It will also help if the client is taking any psychiatric medication to work collaboratively with their physician considering therapy and medicine have been shown to help a

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client better together. Abuse and trauma are also essential to discuss and evaluate with the client concerning their psychological evaluation.

How a client interacts socially is very important as well. It is essential to know whether they feel they have social support and whether they have friends or not. It is also necessary to know their living environment to understand better how to help them in their healing journey best. Social support systems are essential for clients because they help people when in crisis and with distractions. Social support can include friends, family, work, school, and even church. Socialization also allows the client not to be isolated which will in turn bring in more intrusive thoughts, thus, knowing how they are socially is very important.

Concerning social, it is good to see if the patient has had a change in social interaction. It is also essential to identify the client's social support, especially if there is a history of suicidal ideations.

The American Counseling Association (2014) expresses the importance of being multicultural and aware of cultural sensitivity. I have learned over the years that it is essential to ask a client what they identify as and not assume. Asking clients about their ethnicity and language of choice is necessary for me to assist them better. It also helps me better understand them.

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Spirituality is also a vital part of an individual. Brown et al. (2013) study concluded that individuals that feel connected with their faith or spirituality have decreased symptoms of mental health disorders. Butts and Gutierrez (2018) discuss the importance of conducting a spiritual assessment that meets all five competencies of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVC), a division of the American Counseling Association (ACA). The competencies revolve around the importance of being nonjudgmental to the client's

religion or spirituality, being aware of your own view/beliefs about religion, being aware of the client's perception of faith, and attempting to understand the client's perception of religion/spirituality (Spiritual and Religious Competencies, n.d.-b). These competencies are something I tend to follow in my practice as an active member of ASERVC, as well as to assure my client's well-being.

Counselors must be aware of their client's culture and spiritual beliefs to ensure their complete well-being and safety. Therefore, I tend to ask my clients about their faith or spiritual beliefs and how important it is to them concerning therapy. As a counselor, I do not want to harm their religion or spirituality but help them use it to heal and gain strength. Also, knowing their culture helps them get to know the client better. For instance, if they are resistant or do not keep eye contact. Being multicultural is very important, especially in a city with many cultures and religions like the one I live in.

When clients come into my office, we provide them with the PHQ9 and the GAD7 to obtain baseline data. On my own, I might have the client complete the Becks Anxiety or the Beck Depression Inventory.

All the intake processes, interviews, inventories, and assessments are critical to helping make a good diagnosis.

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Determining an Accurate DSM-5 Diagnosis

The ACA (2014) requests that all counselors take precautions to ensure proper diagnosis using interviews and assessments. The ACA (2014) also expresses the importance of cultural sensitivity and using good reviews.

Using all the intake interviews and any assessment provided to the client, I review with the client. I then ask the client if any other symptoms are not mentioned in any of the forms,

inventories, or interviews. I then create my case conceptualization and diagnosis of the client. Sometimes, I will use the DSM-5 in case I need clarification on the diagnosis or to make sure the client meets all criteria. However, I usually use the DSM5 with diagnoses that I typically do not see often, or if a client is coming with a diagnosis, already that is not common in my office. Another reason I check the DSM5 is that I am not sure of the minimum age requirement for a given diagnosis because I tend to work a lot with kids.

Structure and Phases of Treatment

The treatment plan is written with the client as the ACA Code of Ethics (2014) indicates. It is essential to have the client's involvement in the treatment plan because they can let you know what goals they are looking forward to completing. The other thing they will help you with is identifying interventions they might enjoy. For example, foreperson that dislikes writing, having them write journals might not be good. However, if this client loves art, keeping a drawing journal might benefit their coping skills.

At the top of my treatment plan, I have the client's name and date of birth. Then I describe the first problem with a statement from the client. Having the problem is important because it backs up the diagnosis. It also provided symptoms affecting the client's daily life, which you want to decrease as a therapist. Each problem will have its synopsis of treatment followed by a client statement in quotation to assure information is done right.

After the synopsis of the symptoms, I tend to write a long-term goal. This is a goal the client aims to achieve six months from the day or even a year. Clients usually say something like "control my anxiety", which could become the long-term goal.

After that, it is important to break that long-term goal into shorter, more reachable goals in a couple of weeks. Short-term goals, also called objectives, also involve a saying the short

goal and a measurable part, for example," the client will identify at least three triggers for her anxiety by self-reporting in session". One of the reasons for the short-term goals is to assess the progress or lack thereof, of the treatment plan. A minimum of 3 small objectives must be written per long-term goal.

Apart from the goals, I also write interventions to ensure that I use adequate goals that might work well with the client and the goal while treating the client. It is important that the intervention I something you do with the client. I practice this now because it allows them to see shat they will be trying to do or not. I do not do the interventions with the client, because they tend not to know the interventions, however, when it is done, I do share it sometimes in case I put something that might not work for the client themselves because it is something that they do not feel comfortable with.

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It is important to discuss the treatment plan and expectations with the client for them to have accountability and know that it is not only the therapist but also the client. It is important for constant assessing to assure progress or lack of it, to assure changes to the treatment plan if needed.

Accurate Case Conceptualization Provides a Foundation for Ethical and Effective Treatment (Sperry, 2009). Describe in Detail What You Consider Important to Include in a Case Conceptualization and Why. (CACREP Standard B.1.C. Conceptualization of Clients From Multiple Theoretical Perspectives)

A case conceptualization is a review of the case to review it in a group. In the case conceptualization it is important to include age, ethnicity/race, and gender. These are very important to include because they help identify what part of development they are in and their culture. All of these things are important to ensure that the culture is being considered.

After that, reviewing if they go to school and whom they live with is important. This allows the person reading or seeing the case conceptualization to see how the client is social. It is also important to note whether someone referred them to a doctor because that shows that a physician needed them to seek out help.

It is also very important to know the symptoms the client is experiencing and how long they have been experiencing these symptoms. It is also important to know the onset and establish the frequency of the symptoms. Something else that I feel is a must is whether they have attempted suicide in the past and whether the client has had any history of abuse or trauma. At times, I also include whether they are ae.

A case conceptualization is like a short synopsis of who the client is and their reason for treatment. Bray (2021) reports that counselors sometimes worry about how to do it correctly or feel that there is a specific correct way. I feel that one of the biggest things is that confidentiality is kept at all times. Not only is the idea of case conceptualization important, but it is also necessary to make sure you identify the correct modality to help the client in their healing process.

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What Is Your Understanding of the Importance of Knowing and Applying Evidence-Based/Best Practices in Counseling? What Evidence-Based Practices Would You Use to Counsel (a). A 9-Year-Old Suffering From OCD; and (B). An Adult With Moderate Levels of Depression? Provide a Research-Based Rationale for These Choices (CACREP Standard B.1. D. Evidence-Based Counseling Practices)

Being a counselor one ought to know the best evidenced based practice for a given diagnosis to better assist the client. It is also discussed in the ACA Code of Ethics (2014) that a

must complete continuing education to be up to date on the most recent best practices to better treat their clients.

When presented with a 9-year-old diagnosed with OCD, I would work with the client and the parents Using CBT. CBT is effective with OCD, especially concerning kids (Piacentini & Langley, 2004). Play therapy can also be effective for the child to be able to express his anxieties within the play and feel more comfortable with the counselor. The counselor can then use CBT play therapy to better assist the client in understanding OCD and managing his thoughts and compulsions. Aboujaoude (2017) concluded that to get better treatment results, treatment is not beneficial virtually for individuals with OCD. Therefore, I would aim to treat the child in the office with CBT. However, Berman et al. (2017) reported that CBT is beneficial to individuals with low to moderate OCD and that for severe cases ERP would be a better treatment.

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Parent training is also vital in any type of treatment since the parents will be helping in the restructuring of cognition at home and helping the child self-regulate at home. Psychoeducation on what the disorder is and how to better their child.

When dealing with a client with depression, one of the most common modalities is CBT. It has been shown effective even by the APA Division 12 list of effective modalities (Lewis et al., 2017). CBT has been shown nearly as effective as medicine for individuals with depression. CBT has also been effective with individuals with depression and substance abuse (Waldron et al., 2013). Based on research CBT will be the most effective modality for depression (Lewis et al., 2017; Pedrelli et al., 2020).

As a counselor, it is important to look at the client, their needs, and the most effective modality based on research to treat such diagnosis. Attending professional development, reading journals, and being involved in various associations allows a counselor to know the best

practices to better assist the client. Something that also guides the treatment of the client apart from the modality is an assessment of the treatment plan to identify whether such modality is working with the client to see whether it is necessary to make a switch or do more research.

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What Methods Do You Use for Evaluating Counseling Effectiveness During the Treatment Process? What Do You Do If the Treatment Plan You Developed Is Ineffective at Addressing Your Client's Presenting Problems? How Do You Prepare Counselees to Maintain Gains Made in Counseling Post-Termination? (CACREP Standard B.1.E. Methods for Evaluating Counseling Effectiveness)

A counselor needs to assess the client's progress or lack of. Depending on whether I give the client the Beck's Depression or Anxiety inventory every four weeks or the PHQ9 or GAD7 bi-weekly. I tend to review the results and compare the results with previous results, especially with the baseline. Then, the client and I discuss how they feel they are progressing and sometimes remind them of their goals.

Sometimes things happen such as a new stressor, a new symptom, or even a recent traumatic incident, and therefore the treatment plan will be modified. However, the client is involved in the process as the ACA Code of Ethics dictates (2014). Clients are made aware of their progress or a discussion of why they feel they are not progressing is discussed. Clients are also given a chance to tell the clinician something they are not liking and something they like about the therapy sessions to help the treatment progress and for the client to get the best healing experience.

Apart from including the client in change discussions, I sometimes go to articles, blogs, books, or even other colleagues to review the case to find something I might be missing or something new I had not seen before. For instance, I was having trouble with a teen girl

understanding how to restructure her cognitive thoughts or process her thoughts while feeling anxious and read an article in the ACA Counseling Today journal that spoke about using Where's Waldo to help teens understand the importance of concentrating in hope or Waldo in an environment of stressors and chaos (Ballantyne, 2015). This article helped me help this specific client, and now she is doing much better and even asks if we can play Where's Waldo with what I dealt with this week.

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Upon discharge, I provide the client with a review worksheet or mini book to remember some of their coping skills. I attempt not to discharge the client immediately but do it slowly. I move them from weekly to bi-weekly to once a month. This strategy allows me to see if they are continuing with healthy and effective coping skills or are having a hard time. As of now, this has been very effective for my clients. I also remind them that it is acceptable if they feel they need to come back to therapy and that there will not be any judgment. I have noticed this has also helped my clients feel safe to reach out if a new life situation occurs and they need therapy again.

Commented [SLS(fC&FS14]: Wonderful!

Read the ACA Ethics Codes (ACA, 2014) and the ACA Counselor Competencies (Items B and C on the Required Resources List). What Important Points Stand Out to You as You Read These and Why? What Do You Find Challenging and Why? (CACREP Standard B.1.F. Ethical and Culturally Relevant Counseling in Multiple Settings).

The ACA Code of Ethics is essential for counselors, and so is the ACA Advocacy Competency. They both guide what and how to act in certain situations or even structure the rule of a counselor. A counselor can have many hats on, and both documents describe those roles. Counselors can be clinicians, supervisors, educators, advocates, consultants, and researchers. I find it interesting to read how we are mandated to do no harm and include the client in the healing journey, including consent, treatment planning, and assessments. I enjoyed reading how

the client is seen as an advocate for his treatment in the ACA Advocacy Competencies (2020). I find it very interesting because it is common sense to include clients in their healing journey, for they are their best advocates. I also find it interesting that the Code of Ethics discusses the importance of cultural sensitivity concerning diagnosis and even treatment (2014). This is very important, especially in a diverse city like Miami. But, again, this is innate in the profession because we are called to do no harm and help people heal. One of the things I do tend to teach my clients is how to become their advocate and speak out about what they feel is best for them, and that is something we even practice in session and something I also noticed in the ACA Competencies (2020).

Apart from helping clients learn to be their advocates, I help them understand their strengths throughout their healing journey. I also help them as their advocate when consent is gathered. A counselor is also called to advocate for a client when needed, as discussed in the ACA Code of Ethics (2014) and the ACA Advocacy Competencies (2020).

The one thing I have had a hard time with being a Christian counselor in a changing society is not being able to refer my client out due to my values and beliefs (2014). I have attempted to train myself in specific topics; however, at times feel inadequate as a counselor and might refer out due to being incompetent in that particular topic, for example, gender confusion. However, the ACA Code of ethics also states that counselors should refer clients out if they are incompetent. Thus, at times I feel conflicted with these two specific standards because it is not that I ultimately do not wish to help the individual in their journey, but I honestly do not feel competent in doing so.

Concerning informed consent, it has been a challenge for me to be part of community clinics that have their to-do mine. I have attempted to review what therapy is and what to expect.

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However, the clinics usually do not wish to have me provide any documentation other than the evaluation process. I have seen this in the ACA Code of Ethics; however, I need help to incorporate it, considering clinics have their own rules as well.

Other things that caught my attention were related to being a social/political advocate. I have difficulty with this section of the ACA Advocacy Competencies because I do not know how to start. I am also trying to figure out what to do. I want to help my clients and my profession; however, being the voice in politics is not something I feel at ease doing.

The ACA Code of Ethics and the ACA Advocacy Competencies have many similarities. They both also guide the counseling profession. They both provide information vital to being a good counselor and ensuring the client is treated well and get the best treatment. Knowing this and using it to grow as a counselor is essential.

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Conclusion

This article discussed the modality I tend to practice with my clients. I also explained how I complete treatment plans, intakes interviews and assessments, and arrive at a diagnosis. Finally, I also broke down how I see case conceptualization considering what the ACA Code of Ethics instructs a counselor to do, which entails the privacy and confidentiality of the client. The ACA Code of Ethics must govern the counselor's job to assist the client better and to assure the counselor is well-trained, nonjudgmental, and ethical.

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240/250

I appreciate the thought and time you put into developing this well-written paper Odalis, and the many best practices you employ in your clinical work. I know your clients must benefit greatly from your diligence and care.

I hope you find the feedback helpful. Please apply it to your next paper.

May you continue to flourish throughout the class! ☺

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