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Which Family Therapy Approach Will Inform My Practice? Counseling Students' Journeys Through Application to Personal Lives

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Does this theory have any relevance to my life? If the theory can be used with the student's life difficulties, the student can become more engaged with that theory and committed to learning more about that theory. Case vignettes, role plays tend to be less engaging than the students' life challenges therefore learning a theory well involves personal application with that theory. If we are to apply the theory with other people's problems should we not first be sure that the theory has practical applications through personal application with the theory. Similarly, if you were hosting a dinner party, would

you really want to experiment cooking a meal for the first time not knowing what the result will be for your guests or would you want to experiment preparing the meal for yourself first and then deciding if it was good enough for company. While most would concede that they would never dream of jeopardizing a dinner party with an untested meal, how many counselors would attempt to apply a theory with others without testing the theory on their own life first? In the grand scheme of life, therapy is a whole lot more important than dinner parties and therefore we as counselors need to know the idiosyncrasies of our chosen theories that often must be personally experienced by the counselor through application to personal life challenges.

Statement of the Problem

It is difficult for counseling graduate students to learn significant amounts of theoretical material in the course of a single semester. Fortunately, counselor educators have been aware of this problem for some time and have utilized various teaching methodologies to help students learn theories and related abstract concepts better.

Moore, Maier and Strutton (2006) discuss the importance of building community in order to facilitate the teaching of counseling theories. Moore and colleagues use an innovative teaching method for counseling theories whereby they present a problem and invite the students to write their ideas on how to address the problem on the wall before they are taught any counseling theories. The professor then guides the students to reorganize their written ideas into categories and then proceeds to teach them the names for the counseling theories. Porter (2006) also realized the importance of developing community in graduate counseling classes but takes a different approach by using a linked-courses learning community to enhance counseling curriculum. The linked-courses learning community thematically links a graduate counseling course to a course from another discipline (for example, teacher education) so that students can learn both courses' material better. Porter indicates that one of the benefits of learning communities is that it addresses the student concern of applying theoretical concepts and "book" knowledge of counseling to real-life situations.

Kiener (2006) articulated the process of designing a counseling course and his teaching process integrated not only his program and school's mission, but also his teaching pedagogy, critical thinking, and students' personal experience to the course learning outcomes that increased awareness of theory, theory in practice, and application in the context of their counseling profession.

Counselor educators have emphasized the importance of personal application in graduate counseling courses other than counseling theories. Wozny's (2007) "*living the ACA Code of Ethics*" project enhanced counseling students' ability to apply current ACA ethical standards and moral principles through application to counseling students' personal ethical dilemmas. Additionally, Blagen (2007) developed an experiential model for teaching an addictive behaviors course to clinical counseling students. Blagen assigns the

students a personal change project that must include the substance, behavior or activity that the student wants to change during the semester as well as their rationale for the change, their anticipated challenges and their plan to address the barriers to change. The primary purpose of the personal change project is for each student to learn how difficult the process of change can be and to increase empathy toward clients that attempt to change their addictive behaviors related to alcohol and/or other drugs.

Thus, if counseling students can better integrate and apply counseling theories, ethics, and substance abuse treatments by counselor educators emphasizing personal application in their courses, why can we not extend those teaching approaches to learning family counseling theories?

Learning Objectives

- Participants will demonstrate problem assessment, problem conceptualization, and potential interventions consistent with a chosen family therapy approach by applying that approach to their personal lives.
- Participants will compare how their chosen family therapy theoretical approach differs from how they typically approach problems.

Living the Family Therapy Approach Class Assignment

Class Assignment Instructions

Counselor education students in a “*Family Counseling Theories*” course were assigned a “*Living the Family Therapy Approach*” project for a semester. Each student was to document in their journal three personal difficulties that they encountered during the semester and indicate how a counselor with their chosen family therapy theoretical approach would address the problem in terms of problem assessment (write a few clinical questions), problem conceptualization (what hypothesis explains how this problem is maintained in terms of interaction patterns?), and potential interventions (what interventions would be recommended?). For each of the three problems, students were to discuss how their chosen family therapy theoretical approach differs from how they typically would approach each problem. Students were to explain their rationale for choosing their family therapy approach and how they believe it fits or challenges their personality. Students were then to write papers based on their “*Living the Family Therapy Approach*” project.

Instructor Example

Personal scenario. Most people that know me would say that I am kind of organizationally challenged whereby the stacks in my offices at home and at work tend to get higher the busier my life becomes. I tend to clutter my life with paper to the point that neither my home nor work office are conducive areas for writing. I currently write in my

living room on my laptop computer and I would like to write more in my offices.

Problem assessment. If your wife was here, what would she say was the main issue that you need to work on? She wants me to keep my offices, both at home and work, more tidy and organized so that I stop stacking papers on all the flat surfaces of my house. *On a scale from one to ten, to what extent do you agree with your wife that you need to keep tidier offices, with one meaning total disagreement that a tidy office is important to you and ten meaning that you believe it is vital that you work on keeping a tidier office?* I am about a five. *What is the highest you have been on that scale in the past year?* I was a ten about a week ago. *What would your wife notice differently about a week ago that would tell her you were a ten in terms of willingness to clean your offices?* She learned that I had a meeting scheduled with one of the university upper administrators and the administrator wanted to meet in my office. I had no choice I had to tidy my work office. *If the meeting with the administrator was not scheduled to occur in your office, would you still have cleaned your office?* I probably would not.

Problem conceptualization. Darren's wife is more concerned about the cleanliness of his offices than he is at this point. There was a very recent exception to the pattern of disorganized offices but it was more of a random exception (influenced by an unusual rare event) than a deliberate repeatable exception. At this point it does not seem as though he is a customer for the issue of keeping a tidier office (seems more of a visitor) though his wife would be a customer for him having cleaner offices because it would indirectly de-clutter their home.

Potential interventions. Have there been times when your offices, at either home or work, have been less cluttered? Yes, the stacks on my work office were definitely lower at the beginning of the semester. *How did you manage to keep your stacks lower at the beginning of the semester?* Classes had not started yet and therefore my class folders were not full of class lecture materials and student tests and assignments. *If a miracle occurred while you were sleeping tonight and this office organizational issue was suddenly solved, what would be the first thing you would notice different about your life?* I would walk into my reading room and see a clean coffee table. *Then what?* When I got to work, I would see my office desk clean with no stacks and class lecture materials, student assignments and tests filed in my filing cabinets. *Okay, describe for me the last time part of the miracle occurred, even if it did not last long, and what you did to bring it about?*

Difference between solution-focused theory and my typical problem solving approach. The solution-focused theory is vastly different from my typical problem solving approach to having a disorganized office. My typical problem-solving approach to the issue of keeping a cleaner office can be described in two words, procrastination and avoidance. Cleaning my office is a real chore for me and I tend to avoid major time-consuming unpleasant tasks. Solution-focused theory helps me to be more confident that I can clean my office because there are times that I had kept my office less disorganized and I

realized that little things I do helps de-clutter office (returning student assignments rather than keeping them).

Rationale for choosing solution-focused therapy. I choose solution-focused therapy because it is a strength-based approach as opposed to deficit-focused and it is more consistent with the wellness-based philosophy of the counseling profession.

Fit of solution-focused theory with my personality. Solution-focused therapy fits well with my personality because I believe in the positive potential of people, trust that people have the coping strategies to adapt to life's challenges, and I tend to prefer to participate in conversations that have some focus on solutions rather than just complaints.

Student Example I

Personal scenario. I am a graduate student and normally live three hours away from campus therefore I relocate every summer to my parents' house to take work on my graduate degree in counseling. My summer schedule has been like this for the past four summers. I complain that I am having more difficulty than normal focusing and completing my work at my parents' house because of all the distractions.

Problem assessment. (Cognitive-behavioral family therapy) What difference have you noticed in your attitudes toward school this summer compared to last? How had your study habits changed this summer? What would they like? Describe your parents' behaviors at home that you find distracting? What differences have you noticed in your youngest daughter's behavior this summer compared to previous summers? How does your youngest daughter moving in with you each summer affect each of you?

Problem conceptualization. A counselor using a cognitive-behavioral family therapy approach could hypothesize that I am experiencing burnout due to an inflexible schedule of teaching during the year and attending graduate school in the summer. The counselor would need to examine my thought process about summer school attendance to determine if my thought patterns have changed regarding the difficulty or expectations in my classes and my ability to meet those requirements. If I am overwhelmed or on the verge of burnout, the counselor would also ask me to list specific complaints instead of vague complaints about what seems to be bothering me. By also questioning my parents, the counselor can determine if a change has occurred in the family dynamics or if I am the only member feeling affected. The frustration I am expressing with school and my inability to concentrate could be a way I am dealing with other issues that I cannot yet express.

Potential interventions. Interventions suggested by the counselor might include my parents and I discussing specific complaints each has about suddenly sharing a living space. Another possibility is using reinforcement reciprocity. For example, I could say that whenever I am allowed to use the computer that I will cook for my parents who have

been at work all day. A third possible solution would be using shaping to reinforce small approximations. For example, I could tell my dad that I appreciate him turning down the television so that I can study even if the volume is lowered one decibel.

Difference between cognitive-behavioral family therapy and my typical problem solving approach. Normally, I would try to figure out why I seem to be more agitated about a situation. Have I had enough sleep? Am I being hormonal? Am I really upset because of something one of my friends did? Am I feeling burned out in school? Or, how are mom and dad feeling about having their schedule interrupted? My approach does take into account the cognitive aspect which I try to process and deal with. Often, I do not think about shaping or contingency contracting to shape family members' behaviors.

Student Example II

Personal scenario. My four year old niece threw a temper tantrum when we went to the store to buy some cooking oil. She wanted candy but I did not want her to have any at the time because I knew that it was almost time for dinner. She became angry and started screaming and crying in the middle of the store. I decided to take her out of the store without getting anything.

Problem assessment. (Cognitive-behavioral family therapy) How often does she throw temper tantrums? What is your immediate response when she throws a temper tantrum? Do you usually give her what she tantrums about in order to stop the tantrum?

Problem conceptualization. A cognitive-behavioral family therapist would hypothesize that this behavior is maintained through interaction patterns because she (my niece) has learned that this behavior does come with a reward. My niece will eventually get what she wants if she cries loud enough. My niece has learned to get what she wants with negative behavior. My niece also knows who she can do this with. My niece usually does this (temper tantrums) with her grandmother and gets what she wants, but she rarely engaged in this type of behavior with me.

Potential interventions. Potential interventions could include time out or a token economy. First, the behavior should be observed and recorded. Time out could be used while she is engaging in the undesired behavior. Time out could be used for approximately four minutes (one minute per year of age). A token economy could help decrease the tantrums by encouraging her to engage in appropriate behavior in order to get what she wants. She could receive points throughout the week for appropriate behavior and receive a reward at the end of the week.

Difference between cognitive-behavioral family therapy and my typical problem solving approach. This differs from what I normally would do in this situation because I would just spank her and not let her get anything until she stops the tantrum. In addition, I probably would punish her by taking away something she has if she displays this

undesirable behavior (temper tantrums). I would scold her for bad behavior, but at the same time, I would probably give her a reward after I scold her because I feel guilty about scolding her.

Fit of cognitive-behavioral family therapy with my personality. Cognitive-behavioral family therapy definitely challenges my personality due to the fact that I lack the patience to wait for behavior to change. I can admit that I only want to see things through my perspective in some situations in my personal life. I believe that a person will do things as much as they can as long as they can get away with it. My personality is aligned with some aspects of the theory and I do agree that health relationships tend to have a high reward to cost ratio and change is needed when the cost becomes high. I usually add punishers to cease problem behaviors but I never focus on the reinforcement aspect. I realize now that most of my problems entered in my journal were directly related to the way I reinforced the behaviors.

Variations on Class Assignment

The personal application of a family therapy theory class assignment could be adapted in various ways to further help counseling students learn family therapy theories.

- Have counseling students discuss the idiosyncratic aspects of their chosen family therapy theory that they learned through personal application of the family therapy theory and have students present what they learned to their classmates.
- Cultural diversity is a major theme of the “*Living the Family Therapy Approach*” project. The final instruction given to students regarding the project is to integrate cultural diversity throughout all parts of the project. Thus, students are to consider how cultural factors may influence their problem assessment (what clinical questions are necessary to understand the role of culture in the presenting problem?), problem conceptualization, potential interventions (at what level are the interventions focused – individual, couple, family, or broader outside systems?), self-evaluate if typical problem solving strategy incorporated cultural influences, and family therapy approach fit with personality (Is your family therapy approach workable for counselors with a wide range of personalities or just certain types?).

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