

Elements of a Successful Therapeutic Relationship

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I hope to embody key elements successfully in therapeutic relationships, addressing the needs of a diverse parish faith community. As a licensed and certified clinical mental health counselor, elements include roles as a licensed therapist for all who seek help, supporting the parish pastor and school counselors, and collaborating with health professionals (NBCC, 2024). I fuse strategies to develop my counselor identity (Burkholder, 2012). Strategies include merging personal characteristics with professional training and licensure, getting supervision, contextualizing my identity to clients and the faith community, and expressing my identity through observable actions. These actions foster leadership for clients, advocacy for the diverse community, and provide services for the community's mental health needs. I strive to incorporate all counselor dispositions into my counseling relationships (GCU, 2022). My professional identity rests on empathy, genuineness, acceptance, patience, self-awareness, and amiability to flexibly build relationships with a culturally diverse faith community. Reflecting on and reviewing the mock sessions, the skills naturally used included SOLER (squarely facing client, open posture, lean in, eye contact, relaxed demeanor), presence, empathetic responses, open probing questions, reframing, and identifying strengths. Each skill offered opportunities for improvement to be more explicit and occur more often. Theory assists in developing a model of counseling to frame the client's situation, set goals, and guide the treatment process under supervision. **Thesis:** I hope to add value to our diverse faith community as a skilled mental health counselor by embodying faith and values expressed through professional dispositions, bound by licensing and certification, grounded in evidence-based theory, and improved through reflection and supervision.

My Role as a Clinical Mental Health Counselor

As a professional counselor in my local parish, I strive to serve the diverse community (ACA, 2014, A.4.b). The community consists of parishioners, families involved in the school, visitors, and others who seek help. My role in the faith community includes being a therapist for all who seek help, supporting school counselors, collaborating with other health professionals, and supporting the parish pastor. As a therapist, my strategy for collaborating with others starts with building a network of relationships based on my professional identity (GCU, 2022). Second, hold joint workshops and events covering stress management, spirituality, and work-life balance. Third, volunteer in non-profit groups to enhance the community's well-being. Fourth, participate in school activities to support families, students, and school counselors. Fifth, connect with medical professionals for clients' unattended medical issues, substance abuse, and psychopharmacological mental health issues (Murdock, 2017). In addition, I plan to become a Licensed Professional Counselor (LPC) in Oregon with additional certifications (Oregon, 2024; NBCC, 2024). The importance of licensure highlights that I meet the minimum requirements of knowledge, skills, competence, and national standards to address the needs of a diverse community, creating a backbone for my professional identity.

Strategies to Develop Counselor Identity

As a licensed professional counselor, I merge several strategies to develop my counselor identity (Burkholder, 2012). Becoming professionally trained, fusing my personal values, beliefs, and approaches, and becoming licensed distinguishes my identity as a therapist. To conceptualize my counselor identity, I reflect on my implementation of training with clients and use supervision and consultation to assess and improve my skills and competencies. Clients' unique

situations suggest I contextualize my identity to each client within my faith community. Lastly, I express my identity through observable actions with clients.

Observable actions that foster leadership in clients start with workshops and articles about leadership (Braun AL-Issa, 2024). Leadership counseling and training continue with in-session exercises and psychoeducation encompassing communication, listening, and assertiveness skills. Fostering advocacy within the faith community would include collaboration with the pastor on workshops and spiritual development for a diverse population, including Latinos, Indians, African Americans, and Asians, providing information about mental health and well-being. Advocacy also includes supporting those with substance abuse and those needing basic assistance through local service groups like the Blanchet House (2024). The services provided encompass individuals, couples, and faith-integrated counseling services. Helping clients with mental health issues such as anxiety, depression, and grief form key components of services. Additional services help with life transitions, relationship development, goal setting, motivation, communication, and boundaries. Workshops, articles, and group services create a support structure for the community.

Counselor Dispositions

I aspire to incorporate into my practice the ten counselor dispositions specified by GCU (2022) and track NBCC's dispositions (Garner et al., 2020). My foundational dispositions rest on empathy for clients and their situations, genuine interest in their stories, acceptance of their culturally diverse situations and worldviews, patience to be amiably present with them at their stage of change, and flexibly applying the right therapeutic plans for their circumstances. In addition, I practice self-awareness and develop psychological fitness through personal activities

and reflection. I build my professional identity through continued education, supervision, and consultation.

In my field of study, *Clinical Mental Health and Counseling*, I synchronize all these dispositions into my counseling efforts, which help direct my actions and attitudes when engaging clients (ACA, 2014; Burkholder, 2012). During mock sessions in which a client sought therapy due to work stress, I used empathetic responses repeatedly to build trust with the client and helped uncover the situation elements. I used variations of the basic empathetic responses, such as “You felt embarrassed because the boss yelled at you in front of others,” or reflected empathy, such as, “You felt hurt...” while showing presence and non-verbal empathy. In the mock sessions, the client brought up alcohol use; however, he expressed emotions when discussing high distress regarding his boss. I flexibly pivoted from addressing *maladaptive behaviors* to addressing the distress *problem situation*, which the client prioritized. Genuine interest in the client’s situation naturally flowed throughout the sessions through *curiosity* and *reflections*, regularly mingling *probes* (Egan & Reese, 2019).

Reflections on Mock Sessions

Reflecting on and reviewing the use of skills in the mock sessions, I found that some skills emerge naturally, and others present opportunities for improvement. SOLER skills came *naturally*, which formed the backdrop of presence and empathetic response skills (Egan & Reese, 2019). I specifically made calm eye contact, leaned towards the client in an interested and open demeanor, and relaxed while speaking with him. Using empathetic non-verbal communication skills also came *naturally*. A few verbal empathetic reflections and statements occurred. However, the expressed and explicit verbalization of empathy *could be improved* by doing them often. During the session, the client described his boss as a tyrant and a yeller who

was unconcerned about others. I actively listened, reflected, and acknowledged the client's perception. After probing with open questions, I uncovered issues that resulted in reframing the client's boss and a key coworker as possible mentors. The reframing came *naturally* as I pivoted the client from perceiving the situation as about him to a company-wide issue. I *could improve* my reframing by explicitly reflecting the client's unmet needs more robustly and affirming the client's self-efficacy and autonomy. Identifying strengths of resilience and assertiveness also came *naturally*, as did homework assignments. During this process, I *could improve* my self-awareness by pausing for the client to absorb and practice the new perceptions.

Theory and My Personal Model of Counseling

My personal model of counseling emerges through the study of counseling theories (Murdock, 2017) expressed during sessions in my values, worldviews, actions, statements, non-verbal communications, and demeanor (Burkholder, 2012; Egan & Reese, 2019). Counseling theory offers frameworks to couch clients' problem situations, and the Helper Framework assists in conceptualizing clients' situations and goals. Various theories demonstrate efficacy in improving clients' well-being, aligning theoretical constructs with clients' stage of change, their location in the Helper Framework, and my values and worldviews. Together, these build confidence and achieve positive outcomes in therapy. I merge Cognitive Behavior Theory, Motivational Interviewing, and Person-Centered Therapy into the early stages of change and Helper Framework, then move to Brief Interventions and Solution Focused Therapy for the preparation and action stages of change (Murdock, 2017).

Continual testing with the "N=1" (Egan & Reese, 2019, p. 59) concept, reviewing client sessions, and using a supervisor tunes therapy treatments to client situations. A supervisor versed in therapies and frameworks provides guidance on continually improving and broadening the

therapeutic toolbox. In addition, acquiring supervision structured to Warner's (2022) supervision model identifies topics, incorporates topics that naturally fit the client and my approach, and collaboratively develops a supervision schedule. By adjusting the supervision topics throughout my practicum and internships, and as a professional counselor, I can tune my model of counseling with my supervisor.

Concluding Thoughts

In conclusion, incorporating several elements into therapeutic relationships involves my roles, strategies to develop a counselor identity, infusing counselor dispositions, reflection and reviewing sessions, and developing a model of counseling (Burkholder, 2012). These elements embody key characteristics to address the diverse needs of a faith community. I hope to add value as a licensed professional counselor to the faith community with skills, values, and faith expressed through strong professional dispositions bound by licensure, grounded in theory, and improved through supervision.

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