

**Personal Theoretical Orientation**

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## Introduction

My journey toward discovering my theoretical orientation in counseling has been deeply personal, shaped by my own recovery from alcoholism, hands-on work in substance abuse treatment facilities and eating disorder recovery centers, and my core values. After completing the *Articulate Your Values* and *Selective Theory Sorter—Revised* worksheets and writing my *Discover Your Theory* paper, I gained meaningful insights about my theoretical orientation and how I approach clinical work. These exercises helped me see how my personal recovery story and professional background connect to specific counseling theories, with authenticity, autonomy, and compassion emerging as my foundation. My assessment showed Cognitive-Behavioral Therapy scoring highest (13 points), followed by Existential (12 points) and Family Theories (10 points). These results confirmed how my own transformation through cognitive behavioral therapy naturally guides how I work with clients and shapes my theoretical perspective.

Through careful reflection, I've found that CBT most aligns with my clinical perspective and professional goals. My philosophy that people are not defined by their previous actions but by their potential for change was directly born through work experience in recovery environments. According to Corey (2024), CBT is based on the principle that our thoughts significantly influence our feelings and behaviors, with cognitive distortions and maladaptive thinking patterns often contributing to psychological distress. My personal recovery journey deeply connects to this foundation, as I experienced firsthand how changing negative cognitive cycles was essential to maintaining sobriety and building a healthier relationship with myself and others. What draws me to CBT is its focus on the present moment and how it helps people make meaningful changes relatively quickly. While I recognize that my theoretical orientation will

continue to develop throughout my career, CBT provides a robust foundation that resonates with my core beliefs about human behavior, change processes, and therapeutic relationships. This paper will articulate how CBT serves as my primary theoretical orientation, exploring key concepts, my role as a counselor, therapeutic goals, relationship considerations, central techniques, and approaches to cultural diversity.

### **Key Concepts of CBT**

The cognitive behavioral approach that forms the foundation of my theoretical orientation is built upon several key concepts that inform how I understand psychological distress and facilitate change. These concepts include the idea that thoughts influence feelings and behaviors, the role of cognitive distortions and automatic thoughts, the impact of core beliefs and schemas, the present-focused, goal-oriented nature of CBT, its evidence-based, skills-focused framework, and the active role clients take in the therapeutic process. Together, these principles will shape how I conceptualize cases, develop treatment plans, and build relationships with clients, particularly those navigating substance use and eating disorders.

At the core of my approach is the fundamental CBT principle that our thoughts directly influence our emotional experiences and behavioral responses. As noted by Corey (2024), cognitive distortions and irrational thoughts cause psychological distress, which can be addressed through structured interventions. This concept is particularly relevant in my work with substance abuse and eating disorder populations, where maladaptive thought patterns often drive harmful behaviors.

A key component of my developing approach is the belief that helping clients recognize patterns of distorted thinking (like catastrophizing, black-and-white thinking, and mind reading) will be essential to the therapeutic process. These cognitive distortions often show up as

automatic thoughts: fast, habitual interpretations that happen outside of conscious awareness but still carry a strong emotional impact. As Corey (2024) notes, automatic thoughts are a major source of psychological distress, and structured cognitive interventions can help clients learn to reframe them. I plan to focus on identifying and challenging these thought patterns to reduce distress and support healthier behavior. This will be especially important in my future work with clients navigating addiction or body image concerns, where unhelpful thinking often drives harmful behavioral cycles.

Core beliefs and schemas, which are deep-rooted assumptions about the self, others, and the world, are central to maintaining patterns of psychological distress and maladaptive behavior (Corey, 2024). These beliefs often originate in early life experiences and shape how individuals interpret present-day situations. In my developing approach, exploring and challenging these underlying cognitive frameworks will be a crucial step in the therapeutic process, particularly when working with clients who have experienced trauma or developed self-destructive patterns. My own recovery journey has shown me firsthand how powerful these core beliefs can be, and how transformative it is to identify and reshape them in a way that fosters healing and growth.

Present-focused and goal-oriented therapy will be a foundational aspect of my developing theoretical approach. I will emphasize working in the here-and-now, setting specific and measurable goals, and using time-limited strategies to address clients' current concerns (Halbur & Halbur, 2019). While I will recognize the value of exploring past experiences, I believe that focusing on present behavior and fostering future-oriented change will lead to more immediate and meaningful progress. This will be especially important in my future work with clients navigating addiction or eating disorder recovery, where establishing short-term goals and actionable steps can help restore a sense of control and momentum in the healing process.

Evidence-based and skills-focused treatment will be a core element of my developing CBT approach. Cognitive Behavioral Therapy's strong empirical foundation aligns with my commitment to using effective, research-supported interventions that promote measurable change. The skills-focused nature of CBT equips clients with practical tools (such as thought records, coping strategies, and behavioral activation) that they can apply outside of sessions, reinforcing self-efficacy and autonomy. I'll prioritize teaching these tools in a structured and collaborative way, as they're especially beneficial in recovery settings where clients need actionable coping strategies to manage triggers and maintain progress.

I'll approach therapy as a collaborative process, where clients are encouraged to test beliefs, complete homework assignments, and actively engage in their own growth (Corey, 2024). This emphasis on active participation is central to Cognitive Behavioral Therapy, which relies on client engagement both within and between sessions. I believe this level of engagement will help foster self-efficacy and autonomy, values that are deeply important to me both personally and professionally. In my future work, I'll strive to empower clients to take ownership of their recovery process, as I believe this active role leads to more meaningful and lasting change.

### **Role as a Counselor**

My conceptualization of the counselor's role is shaped by my personal recovery journey, professional experience, and the foundational principles of Cognitive Behavioral Therapy. I understand my role through seven core perspectives. These seven core perspectives provide descriptions of my role as a counselor as well as what I'll strive to achieve for my clients. I'll serve as a collaborative partner in change, a supportive guide rather than a rescuer, a skill builder

and educator, an empathetic accountability partner, and a trauma-informed yet flexible presence. I'll also draw from my own lived experience to empower others and aim to create a therapeutic space that normalizes vulnerability while reducing shame. These guiding roles reflect my values and the kind of therapeutic environment I hope to establish, one that prioritizes authenticity, structure, and compassion.

As a collaborative partner in change, I'll approach counseling as a shared process. I believe that therapy should be done with clients, not to them, without their engagement. This perspective reflects the collaborative nature of Cognitive Behavioral Therapy, which encourages clients to actively engage in their own healing. Research suggests that this shared approach increases both motivation and long-term engagement in the therapeutic process (National Association of Cognitive-Behavioral Therapists, 2022). I'll work to build a strong therapeutic alliance rooted in mutual respect, openness, and shared intention. Rather than taking an authoritative position, I'll view meaningful progress as something that develops through partnership, where both counselor and client are invested in the outcome.

I'll approach counseling as a supportive guide, helping clients explore their inner world through intentional reflection rather than stepping in to rescue them from discomfort. My role will be to empower clients to make their own decisions, not to remove their pain or solve problems for them. This distinction is essential in Cognitive Behavioral Therapy, which emphasizes skill-building and personal accountability as central to the change process. Supporting clients through guided self-reflection fosters long-term resilience and decreases the risk of dependence on the therapeutic relationship (Halbur and Halbur, 2019). Having experienced both sides of the counseling relationship, I recognize the value of a therapist who

holds space with compassion while still encouraging autonomy. This approach allows clients to build trust in their own capacity for growth and healing.

As a skill builder and educator, I'll integrate the instructional nature of Cognitive Behavioral Therapy into my counseling approach. CBT emphasizes the development of cognitive and behavioral skills that clients can apply both inside and outside of sessions. I'll incorporate psychoeducation to help clients understand the connection between their thoughts, emotions, and behaviors, using clear and accessible language to demystify the change process (Beck Institute for Cognitive Behavior Therapy, 2023). Clients will be introduced to practical tools such as thought records, behavioral experiments, and exposure strategies. This educational component reflects my belief that when clients understand their internal patterns, they gain the power to shift them. Teaching clients to identify, challenge, and reframe distorted thinking will be a central focus of my work, as I believe that knowledge fosters self-efficacy and long-term growth.

I'll also approach the therapeutic alliance with both empathy and structure, serving as an accountability partner who supports clients while also encouraging responsibility. While compassion is essential in building trust, I believe it must be paired with a clear focus on client goals and consistent follow-through. Holding clients accountable reinforces progress and helps maintain the structure needed for change to occur (Halbur and Halbur, 2019). This balance embodies a fundamental principle in my evolving philosophy: that meaningful development arises from the interplay between treating oneself with kindness and taking ownership of one's actions. Research has shown that when accountability is offered within an empathetic framework, the therapeutic alliance is strengthened and outcomes improve (American

Psychological Association, 2020). I'll strive to maintain this balance in every session, creating a space where clients feel both supported and empowered to move forward.

A trauma-informed and culturally responsive approach will guide the way I conceptualize and deliver care. Counseling must account for the impact of trauma, the significance of cultural identity, and the complexity of each client's lived experience. Using the framework of Cognitive Behavioral Therapy, I plan to apply interventions flexibly and thoughtfully, adapting tools to fit the client rather than expecting the client to fit the model. Cultural humility will be central to this process, allowing space for openness, curiosity, and respect in every interaction (American Counseling Association, 2014). A trauma-informed lens emphasizes the importance of trust, safety, and empowerment while actively working to avoid re-traumatization (Substance Abuse and Mental Health Services Administration, 2014). Through this intentional and adaptive approach, clients will experience counseling as a space that honors their story while supporting meaningful, sustainable change.

My personal lived experience with addiction offers a powerful foundation for connection, particularly with clients who feel unseen or misunderstood. Personal recovery informs my ability to approach clients with authenticity, empathy, and a deeper understanding of the emotional complexities they may carry. When used with intention, selective self-disclosure can strengthen rapport, instill hope, and humanize the counseling relationship (Smith and Hays, 2021). This approach aligns with ethical guidelines and is especially meaningful in recovery settings, where shared experience can foster trust and reduce stigma. Research supports that when applied thoughtfully, lived experience enhances therapeutic relationships and reinforces a sense of safety and relatability (Hind and Sutherland, 2020). This element of my counselor identity holds deep



personal significance and shapes the way I intend to show up grounded, present, and demonstrating authenticity.

Vulnerability is often met with shame in clients navigating addiction or eating disorders. Many enter therapy carrying the weight of self-blame, silence, and internalized stigma. A key part of my role will be to create a safe and validating environment where emotional struggle is seen as part of the human experience rather than a personal failing (Corey, 2024). Research shows that reducing shame and stigma can lead to better outcomes in recovery, reinforcing the importance of therapeutic spaces grounded in empathy and acceptance (National Institute on Drug Abuse, 2021). By modeling non-judgment and compassion, I aim to help clients develop a more forgiving relationship with themselves. Normalizing vulnerability in session supports the development of self-compassion, which is essential for healing and long-term growth.

### **Therapeutic Goals**

The therapeutic goals I establish with clients will be grounded in the core principles of Cognitive Behavioral Therapy and shaped by my personal understanding of healing and long-term growth. Goal-setting in my approach will focus on helping clients become active participants in their own recovery process while developing skills that lead to lasting change. The goals I'm likely to prioritize include increasing self-efficacy and autonomy, identifying and challenging maladaptive thought patterns, and reducing avoidance through increased behavioral activation. I'll also emphasize the development of emotional regulation and healthy coping strategies, supporting relapse prevention and sustained recovery, and fostering authentic relationships and meaningful social connections. Encouraging values-based living and creating space for meaning-making will be central to the work, particularly for clients navigating identity,

grief, or life transitions. Each of these goals reflects my belief that counseling is not just about symptom reduction, but about empowering individuals to live more intentional and fulfilling lives.

One of the primary goals in my approach will be to help clients build a belief in their own ability to create meaningful change. Self-efficacy is central to Cognitive Behavioral Therapy and plays a critical role in fostering long-term growth and resilience (Corey, 2024). By encouraging clients to take ownership of their healing process, I aim to help them develop the confidence to navigate challenges independently. Empowering clients to become their own therapists (through skill development, self-reflection, and consistent practice) reinforces autonomy and reduces reliance on external sources of validation or direction (Beck Institute for Cognitive Behavior Therapy, 2023). This goal reflects my belief that sustainable recovery is rooted in the development of internal resources and the ability to self-regulate, problem-solve, and move forward with clarity.

Helping clients recognize and challenge cognitive distortions such as catastrophizing, personalization, and overgeneralization will be a core focus of my approach (Corey, 2024). These thought patterns often reinforce emotional distress and contribute to self-defeating behaviors. The goal is to replace them with more accurate, balanced thoughts that promote healthier emotional responses and behavioral choices. This process of cognitive restructuring is central to Cognitive Behavioral Therapy and will guide much of my clinical work, particularly with clients whose harmful behaviors are directly linked to distorted thinking.

Avoidance is a common response to anxiety, depression, and shame, yet it often reinforces emotional distress and limits progress. A key goal in my approach will be to help

clients re-engage with meaningful activities they have been avoiding, using the principles of behavioral activation to gradually disrupt the cycle of inaction (Halbur and Halbur, 2019). Reintroducing structure, routine, and small success experiences can increase motivation and improve overall mood (Psychology Tools, 2023). For clients in recovery, this process is especially valuable, as it creates a sense of purpose and momentum while reinforcing healthy, goal-directed behaviors.

Emotional regulation is a foundational skill in Cognitive Behavioral Therapy and an essential component of sustainable recovery. I plan to teach clients specific coping tools for managing distress, including relaxation techniques, mindfulness practices, journaling, and CBT-based thought records (Beck Institute for Cognitive Behavior Therapy, 2023). These strategies help clients build emotional literacy, which supports clearer decision-making and reduces impulsive reactions. For individuals who have relied on substances or disordered eating to cope with emotional discomfort, learning to regulate emotions in healthier ways can be a transformative step toward long-term stability and self-awareness.

Relapse prevention is a critical focus in addiction treatment and an essential part of my approach to supporting sustained recovery. Using CBT principles, I'll integrate structured relapse prevention planning alongside motivational strategies to help clients maintain long-term sobriety (National Institute on Drug Abuse, 2021). This process involves identifying high-risk triggers, developing personalized coping strategies, and, when appropriate, exploring medication-assisted treatments such as Vivitrol. By addressing both cognitive patterns and behavioral responses, this goal reflects my commitment to providing comprehensive recovery support that equips clients with the tools they need to navigate challenges and maintain progress beyond the counseling space.

Fostering authentic relationships and building social connection will be a key therapeutic goal in my approach. These elements are protective factors in both recovery and overall mental health. Guided by CBT principles, I'll work with clients to strengthen communication skills, assertiveness, and emotional intimacy as part of the therapeutic process (Corey, 2024). Therapy will serve as a safe space to practice relational trust, navigate vulnerability, and examine the impact of past relationship dynamics. This goal also reflects my personal value of authenticity and my understanding that healing is often deepened through connection, community, and meaningful support systems.

Encouraging values-based living and meaning-making will be an important goal in my work with clients. Cognitive Behavioral Therapy emphasizes the alignment of behavior with personal values, helping individuals identify what gives their life direction and purpose (Halbur and Halbur, 2019). This is especially significant in recovery work, where reconnecting with identity, values, and a deeper sense of meaning supports long-term wellness (Substance Abuse and Mental Health Services Administration, 2020). This goal reflects my belief that recovery should go beyond symptom management and include a focus on living intentionally, with purpose, authenticity, and direction.

### **Relationship Issues Considered**

Understanding relationship dynamics will be a crucial part of my therapeutic approach, particularly when working with clients navigating addiction and eating disorders. Guided by the principles of Cognitive Behavioral Therapy, I'll help clients examine how early relational experiences contribute to the development of core beliefs and patterns of thinking that influence their current relationships. The relationship issues I'm likely to consider as a practicing counselor

include early attachment and the formation of cognitive schemas, family dynamics and learned relational patterns, codependency and enabling behaviors, and the role of shame and fear of vulnerability. I'll also work with clients to develop communication and conflict resolution skills, using CBT techniques to identify and challenge maladaptive thoughts that interfere with relational functioning. The therapeutic relationship itself will serve as a model for healthy boundaries, mutual respect, and emotional safety. Addressing these relationship issues through a CBT lens allows clients to increase awareness, shift unhelpful beliefs, and build more authentic and supportive connections in their lives.

Early attachment experiences play a significant role in the development of core beliefs, particularly around self-worth, trust, and emotional safety. Clients who experienced inconsistent or harmful caregiving may internalize beliefs such as "I'm not lovable" or "I have to earn love," which can shape how they relate to others throughout their lives (Corey, 2024). Cognitive Behavioral Therapy provides a framework for helping clients recognize these deeply rooted schemas and examine how they influence current relational patterns. My approach will involve exploring how early attachment impacts a client's sense of self, their ability to form secure connections, and the unique relational challenges they may face in recovery. Addressing these beliefs through CBT can promote healing by challenging the distorted thinking that often stems from unresolved attachment wounds.

Family dynamics and relational patterns play a critical role in shaping how clients view themselves and relate to others. Roles such as caretaker, scapegoat, or enabler are often internalized early and later replicated in adult relationships, sometimes sustaining dysfunction, codependency, or feelings of inadequacy (Halbur and Halbur, 2019). In substance use recovery, these patterns can either hinder or support the healing process. From a Cognitive Behavioral

Therapy perspective, I'll work with clients to identify the core beliefs and automatic thoughts that emerge from family dynamics, helping them recognize how these beliefs influence current behavior and emotional responses. Exploring family systems through a CBT lens allows clients to gain insight into the origins of their relational habits and begin to create more intentional, balanced roles in their present relationships.

Clients recovering from substance abuse or disordered eating often experience enmeshed relationships where personal boundaries are unclear and self-worth is tied to the needs of others (Substance Abuse and Mental Health Services Administration, 2020). These codependent dynamics can reinforce avoidance, emotional instability, and relapse. From a Cognitive Behavioral Therapy perspective, I'll help clients identify the core beliefs and thought patterns that contribute to codependent behaviors, such as "I am only valuable when I'm needed" or "I'm responsible for others' emotions." Addressing these patterns is essential for building healthy autonomy and promoting sustainable recovery. My approach will focus on helping clients recognize and restructure these beliefs, while learning to set boundaries that support both their own growth and healthier relationships.

Shame and fear of vulnerability are common barriers in the therapeutic process, especially for clients with histories of relational trauma or rejection. These fears often manifest as avoidance, people-pleasing, emotional withdrawal, or a reluctance to trust others. Cognitive Behavioral Therapy offers tools to identify and challenge the underlying thoughts that maintain these protective behaviors, such as "If I open up, I'll be rejected" or "Showing emotion is weakness" (Beck Institute for Cognitive Behavior Therapy, 2023). My approach will emphasize creating a safe and supportive environment where clients can gradually explore authentic emotional expression. By addressing the cognitive and behavioral patterns linked to fear and

shame, clients can begin to develop healthier ways of relating and build more secure, connected relationships.

Many clients enter therapy without having learned how to express their needs, set boundaries, or navigate conflict in healthy and effective ways. These gaps in communication can lead to frustration, resentment, or reliance on harmful coping strategies such as withdrawal, aggression, or substance use. A core goal of my approach will be to teach assertive communication and interpersonal effectiveness using principles from Cognitive Behavioral Therapy (Psychology Tools, 2023). Through role-playing, thought restructuring, and skills training, I'll help clients build the confidence to engage in difficult conversations, advocate for themselves, and respond to conflict without compromising their well-being. Developing these relational tools supports both emotional regulation and long-term recovery.

The therapeutic relationship offers a powerful opportunity for clients to experience a new way of relating. In my approach, I view the counseling relationship as a model for healthy, secure connection. Trust, empathy, and respect demonstrated in session can be internalized and reflected in clients' external relationships over time (Corey, 2024). Cognitive Behavioral Therapy emphasizes the importance of the therapeutic alliance in facilitating change, particularly through consistency, transparency, and collaborative goal-setting. By maintaining clear boundaries and modeling emotional attunement, I aim to provide a corrective experience that helps clients reframe distorted beliefs about relationships and build confidence in their ability to connect with others in meaningful, sustainable ways.

### **Central Techniques of CBT Employed**

My CBT-based approach will incorporate a range of core techniques, each selected and adapted to meet the unique needs of individual clients. These techniques employed include cognitive restructuring to challenge and modify distorted thinking, behavioral activation to reduce avoidance and increase engagement in meaningful activities, and psychoeducation to build insight and self-awareness. I'll also use relapse prevention planning and motivational interviewing strategies to support clients in maintaining long-term behavioral change. Additional interventions may include the use of thought records, behavioral experiments, and exposure techniques to help clients confront fears, test beliefs, and develop more adaptive coping strategies. Each of these tools reflects my commitment to providing structured, evidence-based care that promotes lasting growth.

Cognitive restructuring, also referred to as thought challenging, is a foundational technique in my CBT-based approach. I'll work with clients to identify automatic negative thoughts and evaluate their accuracy using tools such as Socratic questioning and structured thought records (Corey, 2024). This process supports clients in replacing distorted thinking with more balanced, evidence-based alternatives that promote healthier emotional and behavioral responses (Beck Institute for Cognitive Behavior Therapy, 2023). Cognitive restructuring is especially valuable for clients struggling with substance abuse or eating disorders, where negative self-talk often reinforces shame, avoidance, and relapse. Helping clients shift these patterns is essential to building self-awareness, self-compassion, and long-term recovery.

Behavioral activation is a core Cognitive Behavioral Therapy technique commonly employed to support clients experiencing depression, though it is also highly effective in treating substance use disorders. This intervention involves collaboratively scheduling and engaging in meaningful activities that promote mood regulation, reduce avoidance, and enhance motivation



(Psychology Tools, 2023). Behavioral activation is based on the principle that increasing contact with positively reinforcing experiences can improve emotional functioning and disrupt patterns of inactivity and withdrawal, which often perpetuate low mood and relapse (Martell, Dimidjian, & Herman-Dunn, 2010). This technique provides clients with structure, reinforces behavioral momentum, and creates opportunities to rebuild a sense of purpose and capability in daily life.

Thought records and journaling are structured tools frequently employed in Cognitive Behavioral Therapy to enhance self-awareness and cognitive insight. Clients track specific situations, automatic thoughts, emotional reactions, and resulting behaviors to identify patterns and begin reframing maladaptive thinking (Corey, 2024). These written exercises promote deeper reflection and facilitate the development of cognitive restructuring skills between sessions. By recording and analyzing their experiences, clients are better able to challenge distortions, monitor progress, and apply CBT techniques in real-world contexts. Journaling also provides a tangible reference point during moments of emotional difficulty, supporting long-term skill retention and reinforcing the therapeutic process.

Psychoeducation is a foundational element of Cognitive Behavioral Therapy and is consistently employed to enhance clients' understanding of the therapeutic process and their own psychological functioning. I'll provide clients with education on core CBT concepts, including the connection between thoughts, emotions, and behaviors, as well as common relapse triggers, the brain-body relationship, and emotional literacy (Halbur and Halbur, 2019). In substance use recovery, I also incorporate education on medication-assisted treatment options, such as Vivitrol, to help clients make informed decisions in early recovery. Vivitrol is an extended-release formulation of naltrexone, approved by the FDA, that blocks the effects of opioids and reduces alcohol cravings (Substance Abuse and Mental Health Services Administration, 2020). This

approach reflects my belief that knowledge is empowering and that equipping clients with accurate information supports autonomy, engagement, and long-term recovery.

Relapse prevention planning is a critical component that I'll employ in my CBT-based approach, particularly for clients in substance use recovery. This structured intervention involves identifying high-risk situations, developing personalized coping strategies, and establishing accountability systems to support sustained sobriety (National Institute on Drug Abuse, 2021). Clients are also guided in creating warning sign checklists to help recognize early indicators of emotional or behavioral regression before a full relapse occurs. This proactive process supports clients in building self-awareness, improving emotional regulation, and taking ownership of their recovery. Relapse prevention planning reflects the practical and forward-focused nature of CBT and reinforces my commitment to helping clients develop tools that foster long-term change and stability.

While Cognitive Behavioral Therapy is the foundation of my theoretical orientation, I also incorporate Motivational Interviewing (MI) strategies to support clients who are ambivalent about change. Techniques such as open-ended questions, affirmations, reflective listening, and the decisional balance exercise are employed to enhance motivation and strengthen a client's own reasons for pursuing recovery (Substance Abuse and Mental Health Services Administration, 2019). This approach is especially valuable in early recovery or when clients are hesitant to commit to behavior change. Integrating MI into a CBT framework reflects my belief that change is a process and that readiness varies across individuals. By using a collaborative and nonjudgmental stance, I aim to meet clients where they are and guide them toward greater insight, autonomy, and commitment to growth.

Behavioral experiments and exposure techniques are experiential strategies employed in Cognitive Behavioral Therapy to test the accuracy of distressing beliefs and reduce avoidance behaviors. I'll guide clients in testing specific thoughts in real-life situations, for example, challenging the belief "If I set a boundary, people will leave" by practicing boundary-setting in a safe, supported context (Beck Institute for Cognitive Behavior Therapy, 2023). Exposure techniques are also used to gradually confront feared situations or memories, particularly in the treatment of anxiety and trauma-related disorders. These interventions help clients gather concrete evidence that contradicts maladaptive beliefs, facilitating cognitive change and building emotional resilience. By learning through experience, clients develop increased confidence and a stronger sense of agency in their day-to-day lives.

### **Addressing Issues of Cultural Diversity**

Cultural responsiveness is essential to effective therapy and reflects my ongoing commitment to ethical, inclusive practice. As a 27-year-old Caucasian female, I recognize that I haven't personally experienced racism or many forms of systemic oppression. This awareness compels me to approach issues of cultural diversity through cultural humility rather than cultural competence. I believe that humility allows space for openness, curiosity, and a willingness to learn from each client's unique lived experience. In my CBT-based work, I'll adapt interventions to align with each client's cultural worldview when appropriate, avoiding a one-size-fits-all approach. I also intend to acknowledge the impact of systemic oppression and intergenerational trauma, check for counselor bias and power dynamics in the therapeutic relationship, and foster an affirming, inclusive space where clients from diverse backgrounds feel seen, respected, and empowered.

I'll practice cultural humility rather than cultural competence, recognizing that no counselor can fully understand every cultural context or identity. I approach each client as the expert of their own lived experience and use respectful, open-ended questions to learn about their cultural background, values, and worldview (American Counseling Association, 2014). Cultural humility is a continuous process of self-reflection, education, and accountability, rather than a fixed skill set or endpoint. This stance acknowledges the limitations of my perspective while centering the client's voice, fostering a therapeutic relationship grounded in mutual respect and cultural responsiveness.

Additionally I'll adapt CBT tools to align with each client's cultural lens, ensuring that interventions are both respectful and relevant to their lived experience. This will involve modifying language, examples, and metaphors used in exercises so they're meaningful within the client's cultural context (Hays, 2021). For example, I may adjust individualistic goal-setting strategies to better suit clients from collectivist backgrounds by integrating family or community values into the process. This flexibility will help ensure that CBT remains culturally responsive, allowing clients to engage more authentically and effectively in their therapeutic work.

Exploring how racism, discrimination, immigration stress, and socioeconomic barriers contribute to a client's presenting concerns will be a standard part of my clinical practice (Corey, 2024). These systemic factors often play a significant role in psychological distress, and acknowledging them fosters trust and reduces the risk of clients feeling pathologized for reacting to injustice. Awareness of structural oppression ensures that therapy doesn't mistakenly attribute social and environmental challenges to individual pathology, and instead validates the broader context in which clients live.

Ongoing self-reflection will be an essential part of my CBT-based approach to ensure that my background, values, and potential biases don't interfere with the therapeutic process (Halbur and Halbur, 2019). Since CBT emphasizes collaboration and transparency, maintaining awareness of power dynamics and positionality is critical to building a balanced and respectful alliance. Perceived authority or cultural blind spots can impact client disclosure and engagement, particularly when trust has been compromised in past relationships. Integrating this level of mindfulness into my practice allows me to uphold the CBT principle of equal partnership and helps ensure that the therapeutic environment remains inclusive, empowering, and grounded in mutual respect.

Creating an affirming and inclusive therapeutic space will be a central aspect of my counseling approach. Using inclusive language, asking for pronouns, and validating all aspects of a client's identity are simple yet powerful ways to foster safety and trust from the beginning of the relationship. In alignment with CBT's emphasis on collaboration and client empowerment, the therapeutic environment should be one where clients feel free to show up fully—without fear of judgment, invalidation, or erasure (Substance Abuse and Mental Health Services Administration, 2014). This intentional effort to create psychological safety acknowledges the reality that many clients, especially those from marginalized communities, have experienced discrimination in healthcare and may enter therapy with guardedness or mistrust. A trauma-informed, identity-affirming space lays the foundation for honest exploration and meaningful cognitive and behavioral change.

## **Conclusion**

My theoretical orientation in Cognitive Behavioral Therapy is deeply informed by both personal and professional experiences. As I continue my education and clinical practice, I anticipate that this foundation will evolve and incorporate additional elements that enhance my effectiveness with diverse clients. However, CBT's emphasis on the relationship between thoughts, emotions, and behaviors provides a solid framework that aligns with my core values of authenticity, autonomy, and compassion. My experience in recovery environments has shown me that people have tremendous capacity for change when provided with the right tools and support. This belief will continue to guide my development as a counselor, particularly in my work with substance abuse and eating disorder populations. Through ongoing learning, supervision, and reflective practice, I'll refine my application of CBT principles while remaining responsive to the unique needs of each client. As Corey (2024) notes, developing a theoretical orientation is an ongoing process that continues throughout one's professional life. While this paper represents my current understanding and alignment, I remain open to growth and integration as I move forward in my counseling career.

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