Comprehensive Theoretical Model of Counseling

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Abstract

This paper explores a comprehensive theoretical model of counseling and how that model can be applied to the particular case, which is post-traumatic stress disorder (PTSD). The goal is to provide the basis for a need for a solid foundational theory. In counseling it is vital that the client receive the benefit of the most comprehensive and sound theoretical technique. The model presented in this paper have been proven to have a high efficacy rate by empirically sound research. This paper will focus on the theoretical framework, comprehensive assessment, case conceptualization, DSM V diagnosis, measurable treatment planning, empirically based treatment, outcome assessment, and aftercare planning. Cognitive Behavioral Therapy (CBT) has been proven to be most effective. One approach within CBT is Cognitive Processing Therapy (CPT).

*Keywords: therapeutic techniques, and CBT,*

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Research has shown the importance of empirical research in developing the treatment plan that will work best for the individual patient (Gabbard, 2014). The purpose of this paper is to show how empirically based approaches assist the client in reaching his or her goals. The first meeting with a client should establish an understanding of the client’s goals and objectives. This is necessary for the client to find mental and emotional healing, which is the goal of counseling. This is most ethical and best accomplished when the client develops his or her counseling plan with the therapist (ACA Code of Ethics, 2014). It is important for the client to understand the entire treatment plan developed. This treatment plan should include a clear understanding of the method or methods to be used to help the client reach his/her goals.

**Theoretical Framework**

A foundational, theoretical framework provides a solid basis for the client to receive healing within the shortest period of time. Cognitive Behavioral Therapy (CBT) is a foundational, theoretical framework and it has an empirical basis with more than just trauma victims.

**Cognitive-Behavioral Therapy (CBT)**

Dr. Beck coined CBT, also known as Cognitive Therapy (CT), in the 1960s (Slater, 2001). CBT is an integrative model based on Skinner and Banduras Behavioral Therapy, as well as, Elis’ Rational Emotive Therapy (Skinner, 1953; Beck, 1987; 2008; Ellis, 2001; 2004; Bandura, 2010; Brooks, 2011).

**Comprehensive Assessment**

Assessments can be very helpful in understanding the client and what may be happening in the client’s subconscious. While the client may not be aware of underlying issues, the assessments provide access to those underlying issues.

**Medical Exam**

A medical exam is needed to make sure there is not a medical basis for the client’s responses to triggers. This can include a full physical, as well as, blood work, which can provide a basis for a medical diagnosis or a lack of a medical diagnosis.

**Mental Status Exam**

A mental status exam is a subjective report that provides a look into the client’s outward appearance and affect.

**Personal Data Inventory Form**

A personal data inventory form is used to gain a more in-depth picture of the client’s past issues, support systems, spiritual views, and their current issues. This is provided to the client prior to the first session. With this information the therapist is able to determine which assessments are necessary in the first few sessions and which assessments may be used later.

**Intake Packet**

The intake packet provides basic demographic information about the client and the issues for which they are seeking help. This is also a tool used to learn about the last time the client was seen by a doctor, other therapists, psychiatrists, and if the client is on medication.

**Suicidal Assessment Packet**

If the client is suicidal at the initial setting, then a suicidal assessment packet will be used. This packet will assess if inpatient treatment or intensive outpatient treatment is needed for the client.

**Genogram**

The genogram provides another way to look into the client’s family past. Some mental health issues have been found in past generations as a result of this test.

**Lifeline**

With the lifeline, the therapist is seeking to discover the “ups and downs” the client has experienced in his or her life and for places where the client may be stuck. “Being stuck” may be the reason the client is where they are today.

**K10 Test**

The K10 assesses the client’s levels of depression and anxiety. Many clients arrive and say they are “feeling down” or “lack energy.” This assessment can be vital to any practice.

**Semi-Structured DSM Interview**

The DSM online interview assessment helps the therapist question the client on issues they may have neglected or simply forgotten. Many times, the first session is overwhelming. For this reason, neglect or forgetfulness may not be purposeful but rather an oversight.

**BAI-PC**

This assessment is a self-report screening for anxiety, depression, and PTSD. The ranking is on a 4-point scale and a total is provided at the conclusion of the assessment. If the assessment shows the client to have PTSD, the client moves on to the next assessment in the group (Mori, 2003).

**Primary Care PTSD Screen**

This assessment is used to determine if the client has any past traumatic experiences. If they have, they are asked to provide examples. This questioning will help the therapist to determine if the screening should continue (Prins, 2016).

**Short Form of the PTSD Checklist**

The short form PTSD Checklist assessment should be used in conjunction with the structured interview for PTSD. The purpose is to discover the level of re-experiencing, avoidance, and hyper-arousal. The assessment uses a 5-point scale and the authors have developed a cutoff score of 14 (Lang, 2005).

**Short Screening Scale for PTSD**

The short screening scale for PTSD assessment is for all victims of trauma and trauma exposure. A study of PTSD in urban areas provided the empirical data for this screening. As with the Short Form of the PTSD Checklist, this assessment also looks at the victim’s propensity for avoidance and hyper-arousal (Breslau, 1999).

**SPAN**

The SPAN assessment was developed from the Davidson Trauma Scale. The symptoms assessed are ease of being startled, physically upset by reminders of events, anger, and numbness. This screening should also be assessed with a structured interview (Davidson, 2002).

**SPRINT**

SPRINT is a short post-traumatic stress disorder-rating interview, which tests the core characteristics of PTSD. This assessment provides reliable and valid measures (Connor & Davidson, 2001).

**Trauma Screening Questionnaire**

Trauma Screening Questionnaire screens symptoms and can be used with all traumatic stressors. If the client is focusing on the past week, the stressors had to be experienced at least twice. This is another assessment suggested in conjunction with the structured interview for PTSD (Brewin, 2002).

**PTSD Checklist.**

The PTSD Checklist is best used before, during and after treatment. It is accepted as a way to provide appropriate screening for PTSD. This assessment also provides a basis for a PTSD diagnosis (Weathers, 2013). It is also a good after-treatment assessment.

**Case Conceptualization**

When developing the case conceptualization, the therapist must look at the client as a whole. The first step is to discover what brought the client into counseling. The second step is to look at the client’s view on his or her issues, as well as the his or her worldview. The mental status exam and intake paperwork gathers demographic information. The demographic information helps the therapist know the details of the client’s support system and if that support system will provide a basis for the client’s ability to succeed in healing outside of the counseling sessions. These support systems include social life, spiritual life and past and present cultural life. Many times a client will come to the session with strengths and healthy coping skills that they do not see in themselves. It is important to look for these strengths and draw them out for the client to view within themselves. However, if the client has negative coping skills, the therapist and client together find ways to replace those negative coping skills with positive coping skills. The type of negative coping skills will determine the length of time needed for change. A risk assessment is needed to determine how often the client should come to a counseling office or if the client would be better served in an inpatient setting.

A 40-year-old male is seeking assistance because of possible combat PTSD. He was deployed but did not see much battle. His girlfriend is much younger than him. She is supportive. He is unsure if PTSD is a true issue for him since the military defines it in more stringent terms.

**DSM-V Diagnosis**

The diagnosis provided for the client is based on his or her case conceptualization, as well as the results of the client’s assessments. The client’s resolve for healing will determine if a diagnosis will continue or be eliminated. Based on this client’s issues, this client shows signs of combat PTSD.

**Measurable Treatment Planning**

There are many different ways to complete treatment planning. However, this chart provides the client with a clear path to healing. Based on the assessments completed, the client knows what interventions he or she will be receiving, how long it should take and how we know the issues are improving. As with any program, the client also needs to be provided with the aftercare plan or follow-up plan. This provides the client a safety net when they find themselves overwhelmed.

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| --- | --- | --- | --- | --- | --- |
| Problem or Concern | Measurable Treatment Goal | Treatment Interventions (Be Specific) | Expected Number of Sessions Devoted to Reaching this Goal | Measurable Means of Evaluating and Monitoring Progress Toward Treatment Goal | Aftercare Plan/  Follow-Up  (Means of maintaining treatment gains) (Include titration of treatment dosage) |
| PTSD | The client will be able to overcome the trauma in his past and build a new normal. | CBT, CPT | 6 | Client will use narrative writing to work through his military past. | Client will use journal writing as needed when triggers occur.  Client will call for a session sooner, if needed. |

**Empirically Based Treatment**

The empirically based treatment that is most effective for PTSD is CBT.

**Outcomes Assessment**

The client will undergo the assessment obtained at the initial appointment to verify the effectiveness of treatment. The assessments will be given at the midpoint and the final session to verify adequate growth and change.

**Aftercare Planning**

When a client begins sessions, it is important to meet on a weekly basis. As the client shows growth, the client will graduate to a biweekly meeting schedule. As the client continues to show growth, the client will graduate to sessions every third week and then to a session every month. In the ideal setting, termination in the traditional sense, will not happen. The client will be placed on an “as needed” basis. As needed simply means the client is able to return to counseling at anytime he sees a need for additional help.

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