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The Technological World

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Life has a great influence on individuals and will help mold them into the person they will eventually become. I believe my experiences, environments, behaviors, thoughts and feelings have shaped me into the person I am today. Each and every individual has experienced different environments, thoughts, and feelings. All of these aspects of life are integrated in some way, shape or form. It is especially important to understand that any unique human being can embrace change. Change doesn’t always have to be attached to a negative cause. An individual can want to embrace change in order to help understand themselves or other individuals better. For example, there may be a new mom who wants to learn better behaviors in order to be a better care giver or an athlete who wants to embrace a more positive outlook. Then there are other reasons why an individual might need to learn new thoughts and behaviors to better themselves in order to function in everyday society.

It is important to know that the counseling business is a real business. Counselors mean business when it comes to taking care and providing the most efficient treatment plan for their clients. It is about embracing a plan of action while incorporating your clients at the same time. At the end of the day a client should feel empowered and revived with the choices they have implemented in their course of treatment. I would like my clients to embrace the idea that being your own individual is especially important, as well as what you have brought into the world

I would like to work with young adolescents. I would prefer an age around 8-16 years old. I believe children are the most interesting and intriguing to work with as a counselor. I would work with both males and females but I would also like to work with a male counselor in case a young male prefers or feels more comfortable with a male counselor. In my practice I would prefer not to be the only counselor. I think having a small group of counselors could benefit the client. It would be more like a team of counselors. Each client will work with one counselor unless they feel uncomfortable with that counselor, in which case they could switch to another counselor in the practice. I would also want the adolescent to interview the counselor in the consultation stage. This will help the children choose their fit with a counselor. The idea behind allowing the adolescent to make this decision is to help increase his/her connection with the counselor. After this is accomplished the “work” can begin. I hope I will be a supervisor by the time I open my own practice. I would like more than one supervisor so the process of communication and ideas can follow at all levels. I would like to have two weekly team meetings to occur at the beginning and end of each week.

The team meetings would be there to help the counselors bounce ideas off of one another and work together in the best possible way to help the clients succeed. The weekly meeting will consist of discussions about the client’s plan, treatment, progress, and evaluations. It is also a good training session in case any of the other counselors have similar clients or issues. It can also help open counselors up to new ideas and to new techniques. I would like counselors to be skilled in different therapeutic techniques. I would like the different counselors to specialize in therapeutic techniques such as Rogerian, Adlerian, Play therapy, Cognitive Behavior Therapy (CBT), and Dialectic Behavior Therapy (DBT). As a counselor I would use mostly CBT and DBT. I believe if I work with CBT and DBT I can help adolescents suffering from anxiety, depression, eating disorders, behavioral disorders, post-traumatic stress disorder (PTSD), and those who have suffered from abuse (physical, verbal or sexual). Cognitive behavior therapy can be extremely beneficial to adolescents.

Cognitive Behavioral Therapy (CBT) is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do. There are several approaches to Cognitive-Behavioral Therapy, which are Rational Emotive Behavior Therapy, Rational Behavior Therapy, Rational Living Therapy, Cognitive Therapy, and Dialectic Behavior Therapy. CBT is based on the idea that we can change the way we think or feel to act better even if the situation does not change. The average number of sessions clients receive with CBT is sixteen.

CBT is time-limited so we have to help our clients understand at the very beginning of the therapy process that there will be a point when the formal therapy will end. It is not considered open-ended and it’s not an ongoing process. CBT counselors believe that the clients change because they learn how to think differently and therefore act differently. Counselors who use CBT focus on teaching rational self-counseling skills. Cognitive-behavioral counselors seek to learn what their client’s goals are and then help their clients achieve those goals.

Cognitive Behavioral Therapy is commonly used for anxiety disorders. Anxiety disorders are common disorders experienced by the youth. Anxiety disorders in youth are very comorbid with one another as well as other disorders like attention-deficit/hyperactivity disorder (ADHD), and major depression. These disorders can be associated with impairments at home, school, and with peers (Podell, Kendall, Gosch, Compton, March, & at el., 2013) Most anxiety disorders do not go away with time and if left untreated may cause for greater issues in adulthood. CBT is considered an effective treatment for anxious adolescents and very beneficial.

It is important for the client to relate to the counselor. In CBT a counselor should be empathic, caring, and involved. These conditions will help with the client’s improvement during their therapeutic treatment. Experience is another important aspect of counseling when using Cognitive behavioral therapy. Counselors had more of an impact on the client’s decrease in anxiety sensitivity if the counselors were more experienced. Recent studies showed that older counselors were associated with more change on their clients overall panic severity (Podell, Kendall, Gosch, Compton, March, & at el., 2013).

Treating adolescents is significantly different than treating adults. Many adolescents come to treatment differently than adults do. Young adolescents usually don’t refer themselves to counseling. Many children are sent to counseling for treatment by their parents, teachers, guardians, and the judicial system (Podell, Kendall, Gosch, Compton, March, & at el., 2013). Counselors have to take special care to promote their involvement and collaboration on treatment goals. This should highlight the importance of identifying specific counselor’s behaviors and interaction styles with adolescents, which could lead to a trusting relationship (Podell, Kendall, Gosch, Compton, March, & at el., 2013).

As counselors work with adolescents they should present themselves as allies and help formulate meaningful goals. It is important for the counselor to collaborate with their clients, especially if their clients are adolescent. Positive alliance happens between an adolescent and counselor if the adolescent is not pushed to speak. If the counselor allows the adolescent to collaborate with their treatment plan it will cause a positive alliance (Podell, Kendall, Gosch, Compton, March, & at el., 2013). Collaboration is considered to contribute to both the formation of a good alliance and enhance the outcome in youth.

In this case a counselor may feel more like a coach, which is what CBT is all about. A counselor is not there to tell the adolescent what to do but help them discover the skills they need to accomplish their goal (Podell, Kendall, Gosch, Compton, March, & at el., 2013). A counselor also needs to be flexible. Flexibility can help increase the child’s engagement in counseling. A counselor’s flexibility can be defined as a counselors attempt to adapt treatment to a childs needs, which can feature collaboration and a “coach style” (Podell, Kendall, Gosch, Compton, March, & at el., 2013).

When it comes to CBT a counselor has to integrate integrity, empathy, caring, and be non-judgmental. Counselors who gain experience in these areas will develop more skills in order to better support their clients with their outcome. Another counseling technique that is supported and used along with CBT is Dialectical Behavior Therapy (DBT). Dialectical Behavior Therapy (DBT) is a powerful, evidence-based treatment modality used to treat a variety of psychiatric disorders. DBT is a comprehensive cognitive-behavioral treatment that was originally developed to treat chronically suicidal individuals suffering from borderline personality disorder (BPD) (Rizvi, Steffel, & Carson-Wong, 2012). Many adolescents especially today suffer from suicidal tendencies.

Many research studies have shown DBT to be effective in reducing suicidal behavior, psychiatric hospitalization, treatment dropout, substance abuse, anger, and interpersonal difficulties. It seems that adolescents have enough to struggle with as teens and tweens and helping them to keep stable is extremely important. Many researchers have made significant modifications to standard CBT (Rizvi, Steffel, & Carson-Wong, 2012). They added in new types of strategies and reformulated the structure of CBT treatment in order to serve other disorders such as borderline personality disorder (BPD) and suicidal tendencies.

Dialectical Behavior Therapy incorporates mindfulness practice along with elements of Cognitive Behavioral Therapy (CBT) as a central component of treatment. DBT is a skill-building approach that works through the development of four DBT skill sets, which are mindfulness meditation, interpersonal effectiveness, emotion regulation, and distress tolerance (Rizvi, Steffel, & Carson-Wong, 2012). Distress tolerance can help you establish healthy ways to control impulsive behavior (Rizvi, Steffel, & Carson-Wong, 2012). Adolescents tend to be egocentric. They like to live in the “now” and rarely think there are consequences.

DBT can be used for outpatient settings. It contains four treatment modes that are designed to address five functions, which are individual counseling, skills training, as-needed counseling, and consultation team meetings. These functions are used to increase the client’s motivation to change. It can enhance the client’s capabilities, generalize gains, and structure the environment to reinforce the client’s gains (Rizvi, Steffel, & Carson-Wong, 2012). It is important for counselors using DBT to have a non-judgmental stance and believe that every behavior is caused. It is believed that the maintenance of problem behaviors is the result of skill deficit and problematic contingencies (Rizvi, Steffel, & Carson-Wong, 2012). It may also be a deficiency in emotional procession and other cognitive factors.

The behavioral treatment is more focused on skill training, contingency management, exposure, and cognitive restricting. A counselor’s intervention can focus on both change and acceptance strategies in order to change the behavior and accept them for themselves (Rizvi, Steffel, & Carson-Wong, 2012). Counselors should engage in a consultation team, which can enhance the counselor’s motivation and capabilities to deliver an effective treatment plan.

Psychotherapy (CBT and DBT) is usually conducted using face to face interactions without the use of technology. Technology could inhibit the spontaneous interaction between counselors and clients. The development of the internet has been influencing the practice of counseling and counselors have been increasing their communication through the use of telephone, videophone, and e-mail. It is important to remember that have increased access to health information and individuals are seeking such information (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). There are new words that have been coined for the integration of counseling and technology. One of the coined words is telehealth. Telehealth is the use of telecommunication and informational technology that provide access to health information, assessment, diagnosis, intervention, consultation, education and follow-up programs (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003).

It is important for counselors to know how to use these programs. One aspect of counseling is consent learning. Counselors and other professionals have to learn guidelines and conduct training programs that are currently available, which involves the use of technology (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). As a counselor it is very important to know how to use your tools. Tools can benefit the client if they are used correctly. A counselor should be highly motivated to use these tools if it will help the client. In my practice I would follow those guidelines and have up-to-date training as the training comes available. Technology is consistently changing and so would the training.

There are also other words being used in the health field. Another word that is commonly used is e-therapy. The use of the word e-therapy has become very popular on the web. E-therapy is a new modality of helping people resolve life and relationship issues. It can utilize the power and convenience of the internet to allow synchronous and asynchronous communication between a client and counselor (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). I like the idea of e-therapy as a tool. It can be very beneficial tool for the client. As a counselor I would not substitute or use e-therapy as an alternate therapy. I would use e-therapy as a resource that can be added to my traditional treatment ideas.

As a counselor I can move from traditional face to face settings to an environment based on internet tools and perception. I can use basic techniques online like cognitive reframing, discussion on feelings and emotions, reflection, and a social support (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). When speaking about e-therapy the focus of the treatment does not shift into technology but continues to remain as the same process. There are many motives for moving into this direction as a counselor. Internet-based tools could add value to your practice.

One reason I would use technological tools in my practice would be its potential to provide health information and services across a geographical distance for the underserved population. It can be a resource that allows the provision of appropriate health assistance in remote areas where professionals and facilities are not widespread. This can be offered across diverse settings such as community mental health centers, long-term facilities, schools, prisons, and other areas (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003).

The second reason is the potential to enhance the quality of health information for specific populations. This may help reduce gaps of quality in treatment between different demographic groups. The third reason I would use technology tools is to ensure continuous medical and psychological services for chronic disabilities, reducing the cost of extended traditional assistance (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). As a counselor it is important to keep in mind that counseling can be expensive and limited to certain groups of individuals. It is hard when you have a chronic disability because your funds are usually limited. It is very common for children/adolescents to have diabetes, Lyme disease, and multiple sclerosis. Finally, there is a growing trend of clients who prefer to use home-based computer systems for counseling. Being online seems to becoming the new norm in our society. More individuals of today are carrying on daily life activities online. This may help increase collaboration among members and treatment teams (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003).

As a counselor you have to be aware of the many ways you can use an e-tool. It is important to understand all of them and how they are used. It is even more important to be fully trained in the e-tools you are going to use for your practice. E-tools are used in different ways when interacting on the computer. These tools are categorized as synchronous and asynchronous. Synchronous interaction occurs when two or more individuals communicate simultaneously. This means when the counselor and client are sitting at their computers at the same time interacting with one another at the same time (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003).

Asynchronous interaction occurs when communication is not simultaneous. This is when there is a stretch in time when the interactions are occurring. This method is commonly used by e-mail. Some other types of asynchronous tools are notice boards, discussion boards, and e-mail messages. There are no difficulties in scheduling a specific appointment time and it makes it easier to use different time zones. It is a simply way to reply when you are ready. There is also a “zone of reflection”. A zone of reflection is when the counselor and client have time to think and compose a reply. It could be very useful in helping each individual reflect on what they are about to say. In my practice I feel like e-mail could be a helpful tool. I would not use it as an initial tool in the beginning but I could see using this method as time progresses I think it also depends on the client and the disorder that is presented. I can see this being useful to some clients but not all.

There are many pros and cons on regards to asynchronous communication. There is a reduced feeling of presence because the client and counselor are not together at the same time. Some of the spontaneity of interacting in the moment is lost and the body language is lost through e-mail. The client may feel a loss of commitment because they are not meeting right now. Again, I feel like this may have a poor outcome with clients that are not secure with the client-counselor relationship.

There are also pros and cons with regards to synchronous communication. Videoconferencing is the most frequently used method. This may help with the ability to schedule sessions defined by specific and limited periods of time. There is more of a feeling of presence created by being with an individual in real time. It also makes an effort to be with the individual for a specific appointment, which may be seen as a sign of commitment (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). A counselor can also read the clients body language, which is important and can help read their emotions or feelings about a particular issue.

As a counselor I would like to use videoconferencing in my practice. I feel confident that the client will have a more personable experience being able to see the counselor, which I believe is very important. Video conferencing uses both audio and video communication. This helps the individuals to see and hear each other as if they were in the same room (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). It helps give a face to the words, which makes the experience real and authentic. I feel like it shows a sign of commitment and the client will respond more openly to the counselor. I understand it may be difficult for a client to meet in real time, which is a con of synchronous communication. It may be inconvenient to schedule a session at a particular time especially if they are in two different time zones.

It is important for the counselor to understand what it means to be in two different time zones or states. As a counselor there are different laws and ethical codes in different states. The counselors have to be aware of the other laws and restrictions in other states. Counselors are still held responsible in other states for their restrictions and can commit malpractice if they are uneducated. In my practice I would not incorporate the use of different time zones or practice outside of my state. I feel like it is a huge responsibility to know the laws in your own state let alone laws in another state. As a counselor you are held legally responsible and could potentially be charged.

The use of e-therapy is being used in many different applications. Mental health professionals have been pioneering new psychotherapy services over the web. There are two main psychotherapy areas in which the internet has been applied, which are individual and online self-help groups (Castelnuovo, Gaggioli, Mantovani, & Riva, 2003). Individual telepsychotherapy is individual counseling and consultation over the internet. Online self-help groups refer to boards, chat rooms, news, discussion boards, and health related web pages. These may be unstructured group discussions that may be held by an individual who shares a problem that the group addresses. Individuals can share experiences, strengths, and hopes among members to work on their problem. This should be used as an alternative or a supplement to their traditional counseling.

I can see how a self-help group online can be very beneficial. It gives another option besides just meeting with the counselor. Many individuals lack a support group. The chat rooms/discussion boards can help increase support, information, shared experience, empowerment, professional support, and advocacy efforts (Luxton at el., 2011). I would have a discussion board/chat room run by a professional (counselor). I would have a counselor run and set up a contract for individuals to follow (rules and guideline for confidentially). This may provide a sense of security to allow clients to feel free to communicate and express themselves without worry (Luxton at el., 2011).

In our society adolescents have been very fortunate to have cell phones, computers, IPods, and tablets.. Many adolescents have smart phones instead of a basic cell phone. Smart phones are mobile telephones with computer functionality. This allows individuals to run software applications and connect to the internet. Many portable electronic devices and software have been utilized for health research, education, communication, reference, and patient care (Luxton at el., 2011). Apps are designed for self-assessment and can help clients assess and monitor symptoms. These assessments can be shared with treating and tracking. It can also be presented in a useful vision display to characterize treatment outcome (Luxton at el., 2011). Smartphone apps can also respond to critical items in self-assessments to auto-detect significant distress. There is an app called eMoods Bipolar Mood Tracker, which can track your daily input of subjective mood ratings in an electronic journal. The app also keeps track of hours of sleep, anxiety levels, and medication use.

There are also apps that can include virtual coaches. Virtual coaches can provide real-time audio and visual instruction while a client practices a skill. There is also a behavioral health app. This app can take advantage of the global positioning system (GPS) functionality of many smartphones that locates the device. This app may be useful for locating clients with dementia or who tend to wander away (Luxton at el., 2011). The new smartphones have cameras available with the phone. The video camera can provide synchronous and real time audio and video capabilities. The real time can provide communication between the client and counselor through videoconferencing.

The smartphone can also provide information and psychoeducation. The smartphone can provide clients with psychoeducation through text. Text messaging can be an effective way to disseminate behavioral health information. It is especially popular among adolescents. There are about 50% of adolescents with cell phones sending at least 50 text messages a day (Luxton at el., 2011). Text messaging is likely to continue to be popular despite the advance improvement of technology. Communication with clients using smartphones involves several ethical and policy issues. The use of text and e-mail between counselors and clients could create situations where therapeutic boundaries may seem blurred (Luxton at el., 2011).

Professor Scalzo uses technology as a Psychology professor and a bereavement counselor. Professor Scalzo works at the Maggie Rose Bereavement Center of Westchester. Her group only meets twice a month for an hour and a half. She mentions how it is very important to keep in contact in a time of need. Some of the ways she keeps in contact is through email, text messaging, telephone, and social media. Professor Scalzo has her on personal Facebook page and one with Maggie Rose. She encourages post and discusses on both Facebook pages. Her pages are private and you have to be invited or added with a friend request.

Professor Scalzo finds text messaging to be extremely convenient and useful. Text messaging helps her to reach out to her clients during the month and helps the clients to engage with others by reaching out to them as well (e-mail as well). One of her clients had to change jobs and was no longer able to make the group. The client would use text messaging when she need support or needed further explanation. It also helped Professor Scalzo if she felt like she had to end abruptly or wanted to further explain herself. She said, “text messaging serves as a great alternative and a means to stay engaged with her clients from a distance”.

The technological and functional advances of smartphones do not alleviate the need for providers to follow existing policy and local jurisdictional requirements. There is still a need to abide by the state licensure requirements set by state psychology licensing boards (Luxton at el., 2011). Licensure is dictated by the state in which the client is located and the counselor must be licensed in that state. State boards are pursuing up to date regulations that have to do with telehealth and smartphones.

As a counselor I would use the smartphones in my practice. I think smartphones can motivate and increase the client’s awareness. Adolescents are more likely to use smartphones and they seem to have a better handle on the use of apps. Some apps or software programs I would use is Behavior tracker pro, Life skills Winner pro, Dyslexia helper, Craving manager, 12 Steps AA Companion, Mood journal plus, Worry self-help, Eating disorder assessments, Stop Bulimia, and Healthful apps. The increasing mobile society will demand care delivery to expand beyond our traditional counseling.

The rooms of the counseling practice are extremely important as well. As a client you do not want to walk into a place that looks dark, gloomy or cluttered. I would want my practice to have windows and good lighting. I think the lighting can help with the client’s mood. I would also prefer to have books for children and adolescents to read in the waiting room I imagine a huge book shelf with tons of books. The waiting room should be a light welcoming color like blue with plenty of chairs. I would want the counselors to personalize their rooms with things the adolescents can respond too. The counseling rooms should have toys like building blocks, dolls (boys and girls), doll houses, puppets, white boards, coloring books, crayons, markers, paints, computers, and other toys. A couch can be used in the room along with chairs to see where they prefer to sit. I would not like a desk but a small table (coffee table) in the room. I would prefer not to limit the interaction between the client and myself. I want to allow that open space and I think the desk might represent more of an authoritative appearance to the adolescent.

As I grow as a person I believe I will grow as a counselor. I view life very differently now than I did before in my past. I have so many ideas that I would like to employ as a counselor and ideas about the type of counselor I would like to be. The truth is, I haven’t even started my internship yet. I believe my internship will open the door for new possibilities that I haven’t even thought of. The ideas I have now are based off of my classes and my prior experiences. I truly believe my ideas will change and they will grow in the next year. Even as a counselor I will continue my education and continue to learn how to be a more efficient counselor. My main goal as a counselor is to help individuals to the best of my ability. My ability has to be the best because I am working with individuals who are relying and trusting me with their feelings and emotions. I take being a counselor very seriously. I believe that I have chosen this profession because in my heart I believe I can help with change.

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