

Counseling and Guidance in VR

Southwest VA

February 15, 2024



Bio: Adrienne Robinson - Pronouns: She/Her/Hers

Creator of Good Vibes, Fashion/Shoe Lover, Redux Runner

Professional Background

- Vocational Rehabilitation (VR) Counselor
- VR Deputy Chief/Director (AR)
- Educator
- Vocational Expert

Education

- Licensed School Counselor (AR)
- Master's Degree – Rehabilitation Counseling (CRC)
- Doctorate-Higher Education Administration

Areas of Expertise

- Leadership/Administration
- Multiculturalism/Trauma
- Training/Education



Bio: Nichole Tichy - Pronouns: She/Her/Hers

CrossFit Enthusiast, Disney Adult, Millennial, Bookworm & Coffee Lover

Professional Background:

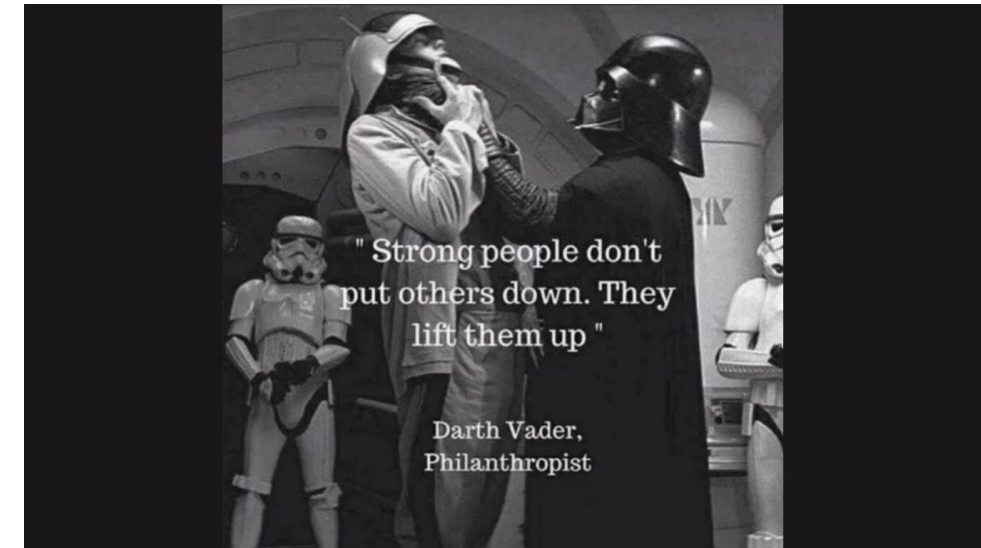
- Vocational Rehabilitation Counselor
- Director of Community Engagement and Outreach
- University Instructor

Education:

- Doctoral Candidate - Counselor Education and Supervision
- Master's Degree - Rehabilitation Counseling

Areas of Expertise:

- VR counselor identity and development
- Codes of Professional Ethics
- Long COVID and the impact on persons with disabilities
- Supported Employment
- CRP and VR Relationships



Bio: Sandi Miller - Pronouns: She/Her/Hers

Strength-Training Junkie, Outdoor Enthusiast, & Lover of Ted Lasso

Professional Background

- Vocational Rehabilitation (VR) Counselor
- VR Statewide Transition and Training Coordinator
- VR Blind Agency Director
- Technical Assistance - NTACT:C

Education

- Master's Degree - Rehabilitation Psychology

Areas of Expertise

- Pre-Employment Transition Services (Pre-ETS) and Transition
- Administration
- Working with individuals who are Blind or have low vision



Bio: DJ Ralston - Pronouns: They/Them/Theirs

Non-Binary, Queer, Geriatric Millennial, Foodie, & Muppet Fanatic

Professional Background

- Vocational Rehabilitation
- Public Workforce Development
- Technical Assistance – Disability and Employment

Education

- Certified (Partner) Work Incentive Coordinator
- Master's Degree – Rehabilitation Counseling
- Doctoral Candidate – Human and Organizational Learning

Areas of Expertise

- Social Social Security Work Incentives and Financial Empowerment
- Relationship Building, Partnership Development, and Training Development
- Integrated Resource Teams (IRT)



Agenda

01

Introduction

02

Objectives

Overview of goals of training and material being reviewed

03

Review of Therapy

- Person-Centered
- Cognitive-Behavior

04

**Break/Review of Therapy*

- Multicultural
- Choice/Reality

05

**Engagement Activity* VR Process of Counseling and Guidance

06

Writing Service Notes/Service Notes Activity

**Engagement Activity (if time permits)*

Objectives

Counseling Theories and Skills, Techniques, and Interventions (1.5 Hours)

By the end of this training, participants will be able to:

- Describe various counseling theories that are relevant to their individual belief systems and their overall work as a Vocational Rehabilitation Counselor.
- Identify appropriate counseling skills and/or techniques grounded in counseling theory to support individuals with disabilities seeking to obtain competitive integrated employment.
- Discuss strategies to implement counseling theory, counseling skills, and techniques into individual practices to support individuals with disabilities to explore career opportunities in competitive integrated employment.

VR Processes and the Use of Counseling and Guidance (1.5 Hours)

By the end of this training, participants will be able to:

- Explain the purpose of counseling and guidance as it pertains to the Vocational Rehabilitation process.
- Describe the purpose of writing case notes and identify key components that belong in case notes to ensure activities are being captured accurately.
- Discuss how to accurately capture key events that occur in counseling and guidance sessions with a client and how to write this information in a case note.



Cognitive-Behavioral Therapy



Before we cover CBT...

Cognitive Therapy

- CT is based on the rationale that the way people feel and behave is influenced by how they perceive and place meaning on their experience
- Generic Cognitive Model
 - A comprehensive framework for understanding psychological distress
 - Psychological distress can be thought of as an exaggeration of normal adaptive human functioning
 - Faulty information processing is a prime cause of exaggeration in adaptive emotional and behavioral reactions.
- Cognitive Triad – when people become depressed their thinking reflected negative views of self (self-criticism), the world (pessimism), and the future (hopelessness)

Behavior Therapy

- **Based in principles of behaviorism**
 - Focused on the idea that we learn from our environments
 - Suggests that just as behaviors are learned new behaviors can also be learned
- **Classical conditioning (Pavlov's Dogs)**
 - Three Different Phases: Phase 1 before conditioning, Phase 2 During conditioning Phase 3 after conditioning
- **Operant conditioning**
 - A type of learning in which behaviors are influenced mainly by the consequences that follow them.
 - Reinforcement and punishment techniques often observed in Behavior Analysis Applications

Cognitive-Behavioral Therapy (CBT)

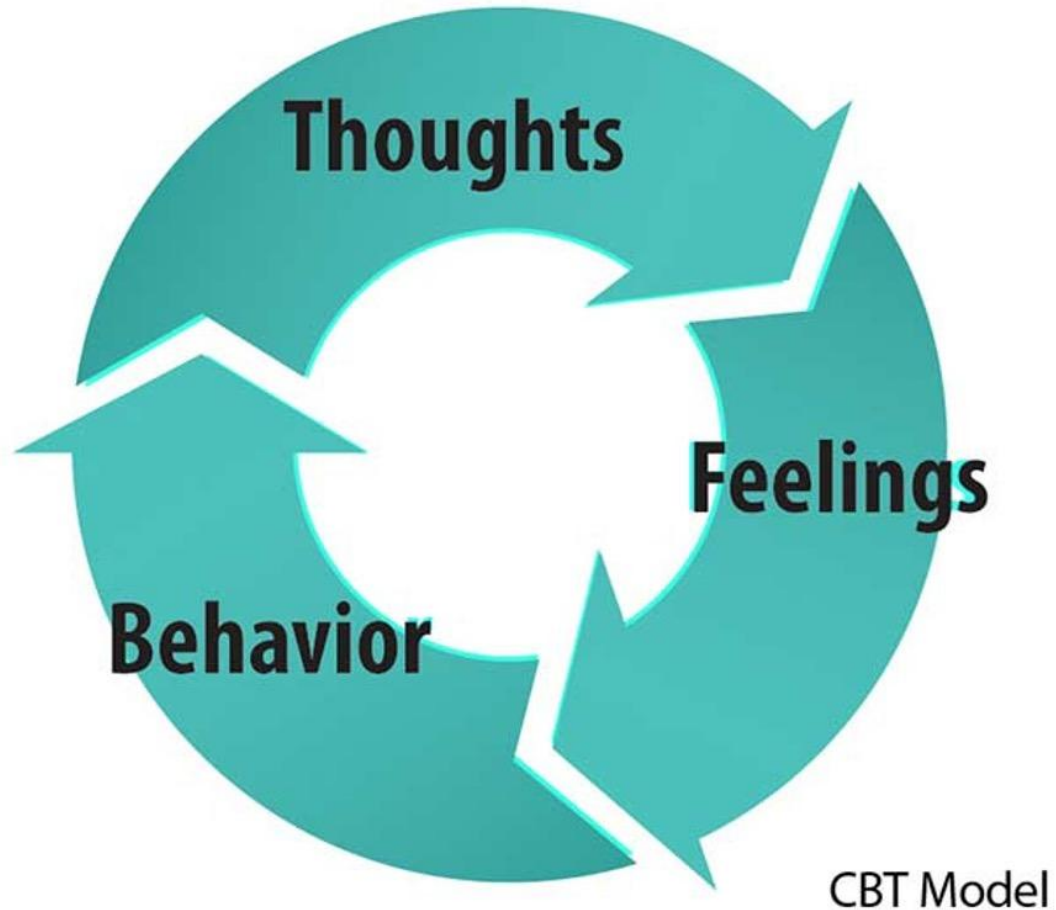
And while there are now several approaches within the scope of CBT, they all share the theoretical view that (modified from Dobson & Dozois, 2021, p. 6):

- Internal covert processes called thinking or cognition occur
- Cognition influences how a person feels and behaves
- That person can alter their cognition to mediate behavior change.

The cognitive-behavioral therapist endeavors to understand their clients' beliefs and behavioral patterns and then uses that knowledge to produce cognitive, emotional, and behavioral change by modifying their thinking and belief system (Beck, 2011).

Focused on present problems – past can be discussed (at the discretion of the counselor) but only to determine how and when (not why)

What Is Cognitive Behavioral Therapy?



CBT Model

- CBT is based on the idea that how we think (cognition), how we feel (emotion) and how we act (behavior) all interact together.
- Specifically, our thoughts determine our feelings and our behavior. Therefore, negative and unrealistic thoughts can cause us distress and result in problems.
- When a person suffers with psychological distress, the way in which they interpret situations becomes skewed, which in turn has a negative impact on the actions they take.

Therapeutic Relationship and Counseling Techniques

Major myth of CBT is the client-therapist relationship

Beck believed that it must contain empathy and sensitivity

Therapist acts as a catalyst

Collaborative, relies on trust, and openness

Use of specific measurable goals

Use of Psychoeducation and skill development

Homework is often used

Initially used to treat depression

Cognitive Techniques

- Focus on identifying and examining a client's beliefs
- Often use behavior techniques to assist in making alternative interpretations of events

Treatment approaches - mental health setting

- Typically lasts 16-20 sessions
- Mood Rating Scale (temperature check)
- Thought Records
- Action Plans
- Session number and structure dependent on presenting concerns

For your spare viewing

Effective Use of Humor in Psychotherapy

LIVE Cognitive Behavioral Therapy Session





Person-Centered Therapy

Introduction to Person-Centered

This approach **emphasizes** the following:

- Personal characteristics of the therapist
- Quality of the therapeutic relationship
- Person's capacity for self-directed growth if involved in a therapeutic relationship

Clients have the opportunity to explore their feelings, beliefs, behavior, and worldview.

Client may hope to find “the way” through the guidance of the therapist.

Therapy relationship provides a supportive structure within which clients' self-healing capacities are activated.

[Carl Rogers on Person-Centered Therapy](#)

[Carl Rogers Client Centered Therapy](#)

Skills and Techniques

This approach **challenges** the following:

- Assumption that “the counselor knows best”
- Validity of advice, suggestion, persuasion, teaching, diagnosis, and interpretation
- Belief that clients cannot resolve their own problems without help

Reflects emphasis on the client rather than nondirective methods

Counselor’s creation of a “growth-promoting” climate

The following are the three therapist attributes that create a growth-promoting climate:

Congruence: Genuineness or realness

Unconditional positive regard: Acceptance and caring

Accurate empathic understanding: The ability to deeply grasp the subjective world of another person

Clients have the opportunity to explore their feelings, beliefs, behavior, and worldview.

Client may hope to find “the way” through the guidance of the therapist.

Therapy relationship provides a supportive structure within which clients’ self-healing capacities are activated.

Emphasis on the Therapeutic Alliance

The following six conditions are necessary for positive change to occur:

1. Two persons are in psychological contact.
2. The first, the client, is experiencing incongruence.
3. The second person, the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard or real caring for the client.
5. The therapist experiences empathy for the client's internal frame of reference and endeavors to communicate this to the client.
6. The communication to the client is, to a minimal degree, achieved.

Is invested in developing his or her own life experiences to deepen self-knowledge and move toward self-actualization

Is genuine, integrated, and authentic

Can openly express feelings and attitudes that are present in the relationship with the client

Serves as a model of a human being struggling toward greater realness

Motivational Interviewing

A humanistic, client-centered, psychosocial, directive counseling approach developed by William R. Miller and Stephen Rollnick in the early 1980s

Applied to many clinical problems but was initially designed as a brief intervention for problem drinking

Both MI and person-centered practitioners believe in the client's abilities, strengths, resources, and competencies.

Therapists strive to experience the world from the client's perspective without judgment or criticism.

- Evoke and explore both discrepancies and ambivalence
- Reluctance to change is viewed and expected part of the therapeutic process
- Therapists support clients' self-efficacy
- Strengthening clients' commitment to change and assist them in implementing a change plan

MI Spirit

- Is deliberately directive and aimed at reducing client ambivalence about change and increasing intrinsic motivation
- Honoring the "MI Spirit" is essential
- Assisting clients to become their own advocates for change and primary agents of change
- Achieving successful outcomes as the specific theoretical model

For your spare viewing (2)

Carl Rogers on Empathy

The inner world of counseling with Carl
Rogers

How to apply Person-Centered Therapy



Family Systems Theory: A brief introduction

You can't choose
your family.
But you can
choose your
Therapist.



someecards
user card

Family Systems Perspective

Individuals are best understood through assessing the interactions between family members.

A family is an interactional unit.

Actions by an individual will influence all family members.

A systems orientation broadens the traditional emphasis on individual internal dynamics.

Family Therapist Breaks Down Encanto Family

Multicultural Therapy

Overview

Multicultural therapy is a form of therapy that aims to address the concerns of clients whose **race, ethnicity, religion, gender identity, sexual orientation, income, disability status**, or other social factor(s) falls outside of the majority or outside the dominant social group (i.e. age).

The approach centers on the idea that demographic factors such as *race, ethnicity, and gender identity* play a critical role in how an individual experiences the world and relates to others and attempts to factor those realities into their treatment. **Can and should be infused with any and all therapies*

Multicultural therapy also acknowledges that negative issues that arise for minority groups—such as *oppression, stereotyping, racism, and marginalization*—are relevant for mental health and illness. Counselors should practice awareness in counseling.

Fast Facts

Poverty/*SES and Disability

**Socioeconomic Status*

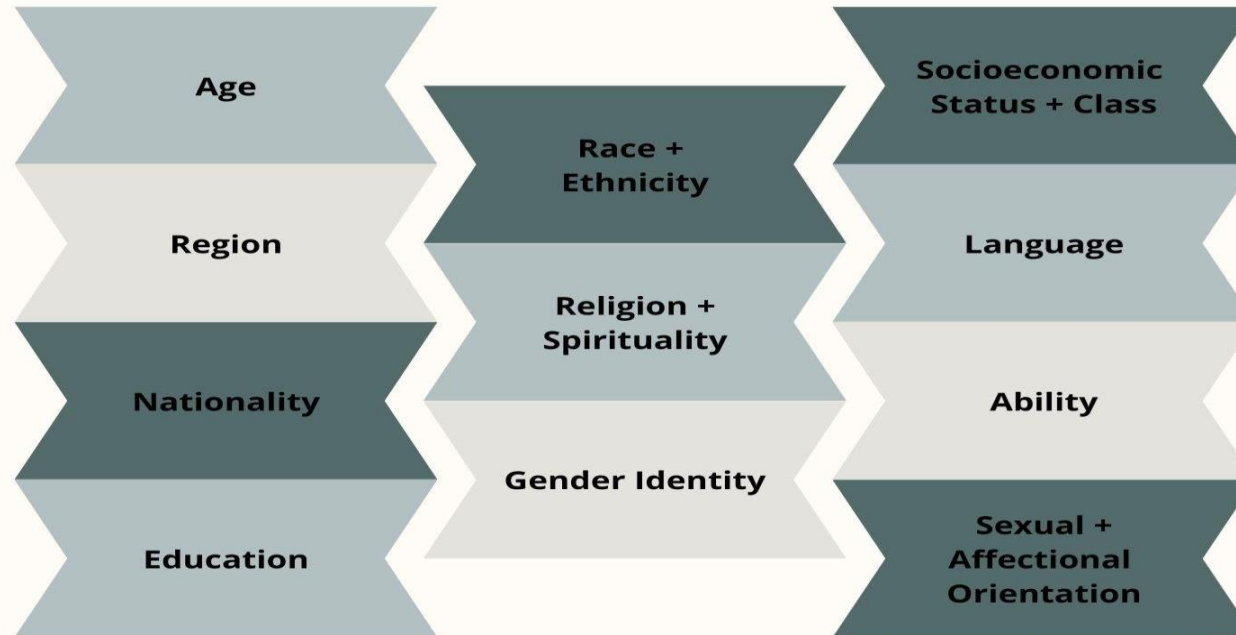
- **Poverty causes disability:** Children living in poverty are more likely to have asthma, chronic illness, environmental trauma.
 - People in more physically demanding jobs are also more likely to suffer workplace illnesses and injuries.
- **People in poverty are less able to treat disabling conditions and to mitigate their impact:** *Limited access* to high quality medical care and early intervention may mean that a condition goes untreated longer and has potentially more severe long-term effects.
- **Disability causes poverty:** Disability adversely affects *employment possibilities and earnings*.
 - It also can impose additional costs on families, such as medical bills, transportation, modifications to their home and personal assistants.

Race and Disability

- **Race is linked to poverty and disability in America:** African Americans as a **group** continue to have lower incomes and poorer health status.
- *Black (non-Hispanic) adults (31.8%). Those reporting ***Other or multiple-race non-Hispanic identity (42.9%)*** were among those with higher rates.
- *White alone non-Hispanic (27.4%), Hispanic (22.9%)
- *Asian (non-Hispanic) adults reported the lowest rates (17.2%) of disability-related health conditions

*Census reported in 2023 from *Survey of Income and Program Participation (SIPP)*

THE PIECES OF A CULTURAL IDENTITY



Multicultural Therapy Skills

- Cultural awareness (leads to cultural competency)/Utilize Inclusive language
- Recognize and understand that a client's identity is complex
- Affirming the identity
- Accessible space(broad)
- Practice self-awareness (counselor can hold biases)
 - Reflection
 - Genogram (relate to communicating with doctor about medical history)
 - Recognize cultural mistakes quickly/recover
 - Be willing to engage in difficult/ uncomfortable conversations (transparency)/safe environment

Video:

[Multicultural Therapy](#)

(about 2 minutes)

[Inviting Racial Conversations into Therapy](#)

(little over 2 minutes)

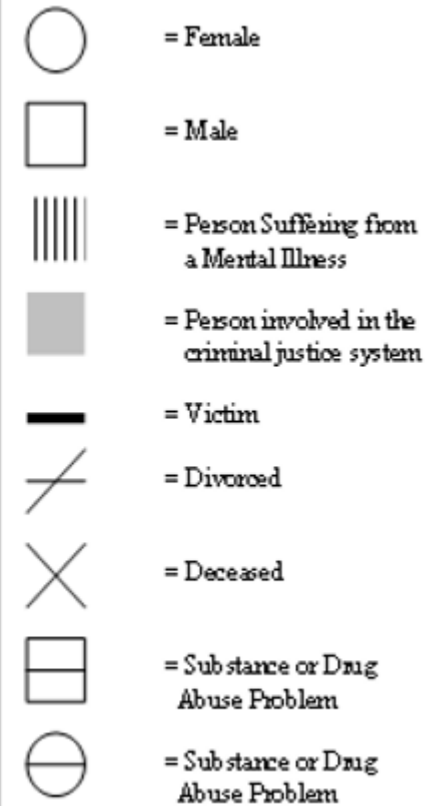
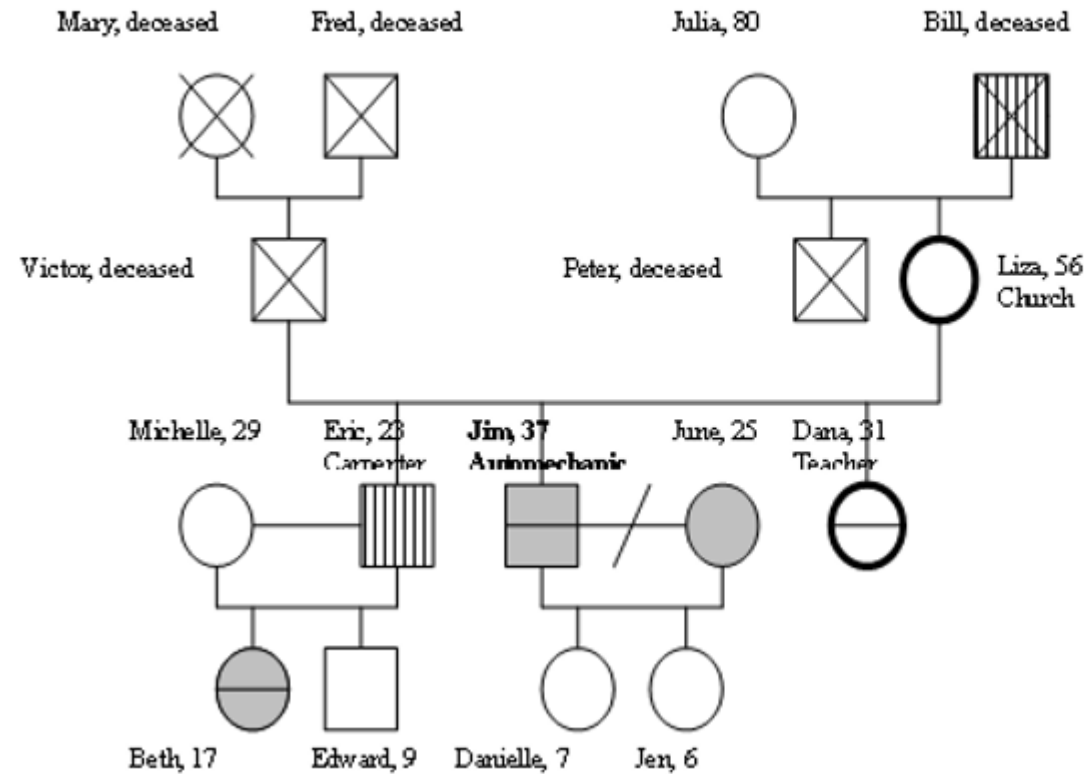


Genogram

Used to explore **family dynamics** and **relationships**, aid family counseling and therapy, and help people understand their **personal history, including the circumstances that might have led to their present circumstances.**

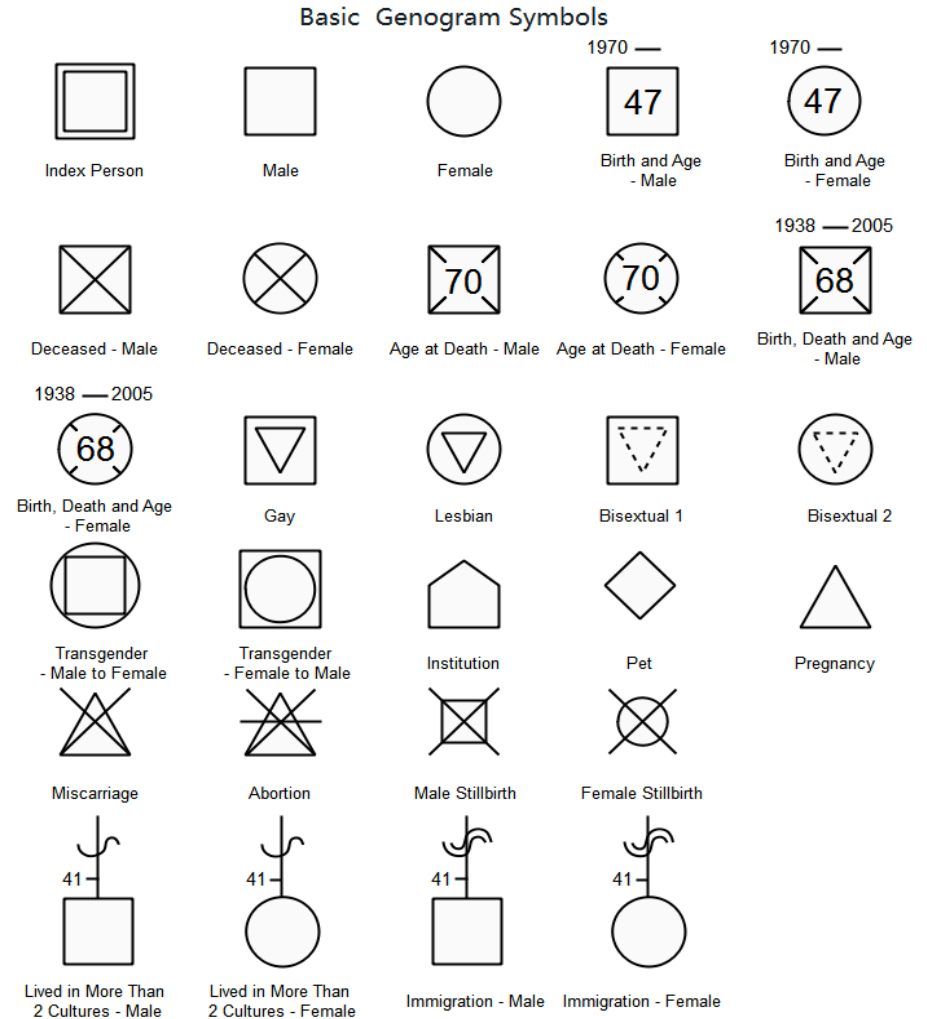
Includes the **impact of adverse experiences** on family functioning, as well as identifying relationships within the family system that are *resilient* and *supportive*.

Genograms



Genogram Basic Symbols

PSDP—Resources and Tools: Drawing a genogram



Prompt Questions (i.e., Genogram)

What occupational roles are valued and devalued?

If there is more than one cultural group in the family, how are differences negotiated?

What are some ideas about success and failure?

Genogram Activity

Goal

To help students/clients understand the influence that their family's education, *career choices*, and values can have on their postsecondary and career decisions.

Objective

Students/Clients will learn how to map out a genogram that focuses on their family's education, career choices, and values.

Instructions:

Create family and career genogram.

It can include the education and/or career choices of their parents, guardians, siblings, aunts, uncles, and grandparents.

Should focus on those individuals that are emotionally closest to them.

1. Do you notice a pattern of family structure?
2. Do you notice a pattern of level of education?
3. What are some of your relatives' jobs or careers?
4. Do you notice a pattern of careers?
5. Do you know why your parents choose the job or career they have?
6. Do you think that you are more likely to pursue a career that someone in your family already has? Is it because those are the careers you know most about? Why or why not?
7. Are there any careers that your family wishes you would pursue? Do you want to pursue those careers? What is their reasoning for this? How does it make you feel?
8. Think about your parents' attitudes/values towards education for a minute. Write them down on the back of your genogram.
9. Do you notice a pattern among the family values listed?
10. Do you know what career you would like to have?

Choice Theory/Reality Therapy

Reality therapy is an approach to psychotherapy that views **all** behaviors as choices (*so not all parts of reality therapy will be helpful for all clients*). According to the concepts of Choice Theory, all behavior is *purposeful*.

Reality Therapy and Choice Theory were developed as a way to help people take control of, and be responsible for, their behavior. The basic tenet of Choice Theory is to promote self-control so that individuals can *increase their ability to make and act on responsible choices*.

Reality therapy has proven to be super effective in groups since it emphasizes **accountability**.

Some of the tenets of reality therapy have proven most helpful in **school settings**. Will also see with clients suffering from PTSD (*think about virtual reality therapy*) and/or addiction (AA/NA, amends, choices).

Skills:

- *Practice* connecting/disconnecting relationship habits
- *Review* External vs. Internal Control

Decision fatigue:

It likely happens in the *midst of a difficult life situation, faced with uncertainty, perfectionist tendencies*, make a lot of decision everyday/*decisions impact other people (Counselors/Teachers)* Look at redesigning choice environment (i.e., time of day, pushed, hungry, support) *Obama/Zuckerberg

Video:

[Reality Therapy Techniques](#) (little over 3 minutes)

Relationship Habits

In order to have a healthy relationship, it is very important that you support, encourage, accept, trust, respect, and listen to each other and not try to control one another. Just as happiness is a choice, so is a happy relationship. The choice is made by the habits you use.

Connecting Habits

- Supporting
- Encouraging
- Listening
- Accepting
- Trusting
- Respecting
- Negotiating Differences



The concept of Choice Theory is to promote self-control so that individuals can increase their ability to make and act on responsible choices. The 7 Connecting Habits can be used to improve your relationships.

Disconnecting Habits

- Criticizing
- Blaming
- Complaining
- Nagging
- Threatening
- Punishing
- Bribing to Control



Individuals use these habits in an attempt to control another person, which leads to the breakdown of relationships. Utilizing the 7 Disconnecting Habits usually leads to misunderstandings and resentment.



GLASSER INSTITUTE
for CHOICE THEORY

www.wglasser.com



Engagement Activity

VR Processes and the Use of Counseling and Guidance

Vocational Rehabilitation (VR) **counseling** means assisting the eligible individual to address important issues or concerns *related to VR*, which differentiates it from other types of counseling routinely provided during the VR process.

Counseling techniques may vary based on the individual's needs and the Vocational Rehabilitation Counselor's approach.

Guidance means the Vocational Rehabilitation Counselor gives information and acts as a *coordinator, advocate or mediator*.

Establishment of a professional counseling relationship with the individual is the **foundation for providing the other services necessary to achieve a successful employment outcome**. *Regular counseling and guidance is crucial, especially if/when emerging problems need to be identified and resolved.*

Counseling and guidance services should **substantially** contribute to the individual's program and must be reflected in the individual's IPE.

VR Processes and the Use of Counseling and Guidance (2)

When/How should Counseling and Guidance (C&G) show up in VR:

- VR process; roles and responsibilities and expectations of individual/Vocational Rehabilitation Counselor
- Explanation of policies/procedures and decisions affecting the individual [such as Eligibility, Individual Plan for Employment (IPE), Informed Choice, individual rights and avenues of appeal, case closure
- Comparable benefits
- Assessment of the individual's disabilities, functional abilities and limitations (including education, work history and job skills), impediment to employment, **resources**, **family support**, VR services needed, job placement options, employer expectations/ salary expectations, and **attitudinal barriers, and other factors affecting the achievement of a successful employment outcome**
- Transportation (transportation), housing
- Availability of support services and referral to other agencies and programs
- **Self-advocacy**
- Understanding and following medical advice; and personal adjustment counseling.

**Not an exhaustive list-Can you think of any areas not listed?*



Writing (Complete) Service Notes

Clinical Documentation - What is it?

- The recording of work within the counseling relationship between the client and the counselor
- Methods of documentation can be written, digital, audio, or visual
- Used to remember client details and track progress
- Demonstrates competency
- If it wasn't documented, then it didn't happen
- Use of thorough documentation aides in decision making for clinical, ethical, and legal options
- Provides rationales for treatment options

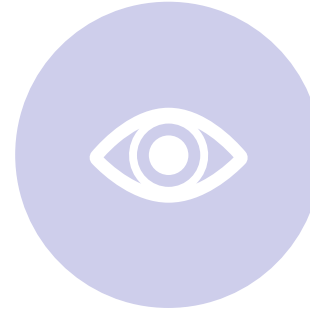
Plug for the Code of Ethics

- CRC Code of Ethics
- B.6.a – “Rehabilitation counselors include sufficient and timely documentation in the records of their clients to facilitate the delivery and continuity of needed services...make reasonable efforts to ensure that documentation in records accurately reflects progress and services provided to clients.

Document Format – Soap Note



S – Subjective or
Statements made by client



O – Objective or
observations made during
session



A – Assessment, those
used during the session or
those made by the clinician



P – Plan, what is the plan
for the next session?
Homework assigned?
When is it scheduled?

S – Subjective/Statements

- Presentation of information regarding individuals presenting concerns
- In some medical/more clinical settings – recollection of history
- Counseling focuses on contents occurred within the session
 - In medical settings, mnemonics such as “old charts” (**O**nset, **L**ocation, **D**uration, **C**haracter, **A**lleviating/**A**ggravating factors, **R**adiation, **T**emporal pattern, **S**everity)
- Use language such as “discussed,” “talked about,” “client reported,”
- It is recommended to use direct quotes from session

S – Subjective/Statements (2)

Case Example:

Ct reported feeling “super low” after learning that their employer is beginning to do cutbacks in their work department. Ct continued to describe their work history and explained “feeling on edge about having to job search again”. Ct also expressed concern about disappointing their family and friends.



O – Objective/Observations

- Contains factual information
- Objective details include – diagnosis, vital signs/symptoms, client's appearance, orientation, behavior, mood and affect.
- Often good practice to note orientation of individual (x4 - person, place, time, and situation/environment).
- Information about risk/ evidence of substance use/abuse
- Present information about individuals' non-verbal communication
- Overall, how is the client presenting themselves?
 - How does this change over time?



O – Objective/Observations (2)

Case Example:

Ct appeared appropriately dressed, aware, and responsive. Ct's speech grew rapid when discussing the potential loss of their job. Ct took long pauses between speaking when talking about their friends and family. Ct had inconsistent eye-contact throughout the session. Ct rhythmically and intensely wringed their hands for the majority of the session.

A - Assessment

- Document impressions and interpretation of information presented during session
 - How does it tie to previous sessions?
 - Conceptualize clients throughout sessions
- Record results of administered assessments
 - Briefly explain purpose of assessment and explanation of results
- What is YOUR (as the clinician or professional counselor) understanding of the individuals presenting concern
 - How does this session relate to previous sessions – beneficial for holistically understanding clients or tracking progress or patterns of behavior

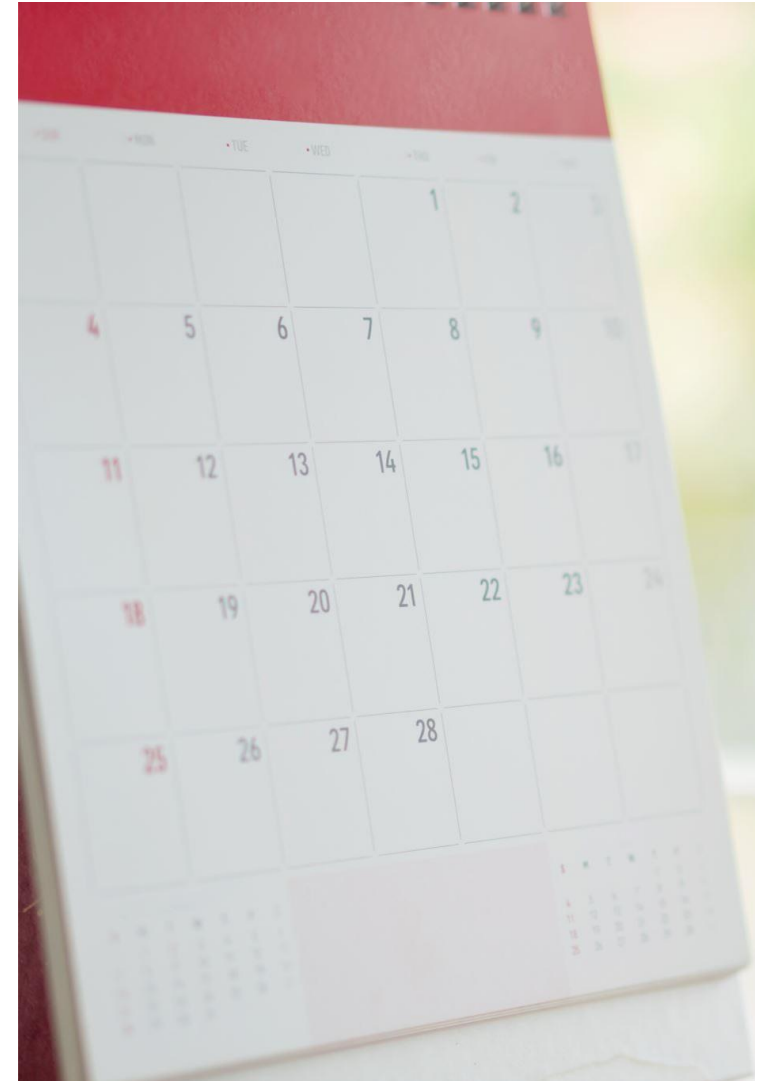
A – Assessment ⁽²⁾

Case Example:

Ct seemed to be distressed at the potential of losing their job and the impact the job loss may have on their relationships. Ct's fear seemed more noticeably fearful and nervous than past sessions involving anxiety-provoking events. Ct appeared to be more affected by the consequences of their employment and how they will be perceived.

P - Plan

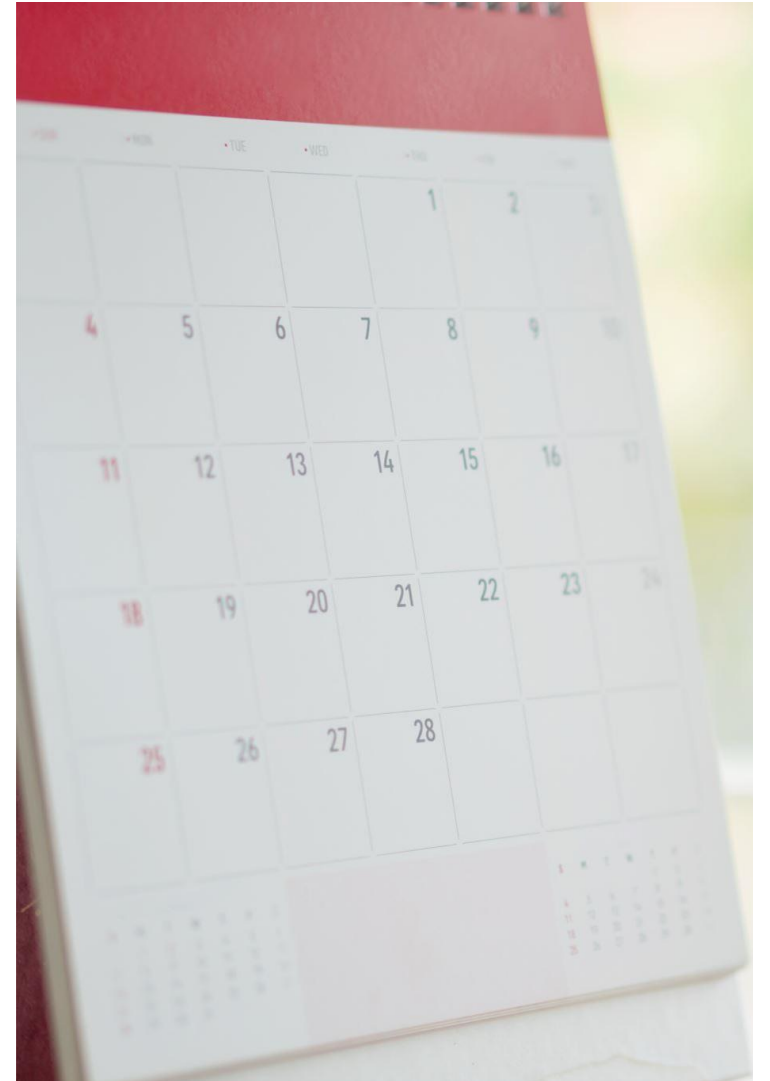
- Space to document intentions for next session
 - When is it scheduled?
 - Was the client assigned homework to complete?
 - Are there specific tasks that need follow – up (either by you or client) before next session
 - What are some of your goals for the next session
- The key component – ensure plan aligns with individual treatment plan or goals for counseling
- Great space in the overall note to keep track of thought process with client
 - Understanding where you want to go



P – Plan (2)

Case Example:

Next session with ct in one week. Ct indicated feeling comfortable discussing the concern of job loss further, focusing more on understanding the fear of disappointing others. Ct also has homework to track moods on mood log 1x/day for the week.



Overall Tips for Note Writing

- Use clear language
- Produce/Submit notes in a timely manner – typically 24-48 hours, although immediately after is best
 - Consult agency policy
- Write notes as if you would need to defend its contents
 - Think – what if this was subpoenaed?
 - What if a supervisor/colleague had to take your place?
- Avoid naming other individuals (other than client)

Putting It Into Practice

- Watch the video clip (scene from Grey's Anatomy)
 - Client focus: Dr. Miranda Bailey (she/her/hers)
 - [Bailey Breaks Down - Grey's Anatomy](#)
- Create a SOAP note for the given acted scene
 - Provide details around Subjective and Objective data
 - Assert conceptualization or Assessment of client (Miranda)
 - Propose a plan as if you were working with this client





Training Evaluation



References

- Leppert, Rebecca & Schaeffer, Katherine. (2023, July 24). *8 facts about Americans with disabilities*. Pew Research Center. Retrieved January 24, 2024, from <https://pewrsr.ch/3Qg5vLX>
- Steinweg, Amy. (2023, July 12). *Racial/Ethnic Disparities in Disability by Health Condition*. United States Census Bureau. Retrieved January 24, 2024, from <https://www.census.gov/library/stories/2023/07/disparities-in-disabilities.html>