

Original Paper

Developing a Clinical Counselor Identity: An Interview with

Courtnee Reis, MS, LPCC

Daniel Stewart^{1*}

¹ California State University, San Bernardino, California, USA

² Daniel Stewart, California State University, San Bernardino, California, USA

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Abstract

The role and function of a professional clinical counselor require a breadth of knowledge and skill. But it is more than just knowing a theory or how to implement an intervention; clinical counselors need to develop a counselor identity that is centered on cultural sensitivity, cultural humility, and social justice. Regardless of the types of services clinical counselors are offering, whether it's individual counseling, group counseling, art therapy, or psychosocial evaluations, who we are as a profession needs to be expressed in every aspect of our work. The guiding principle of ethical practice should be the platform on which our identity as counselors is built upon. I had the opportunity to interview Courtnee Reis, a Licensed Professional Clinical Counselor in California who provides services to clients from diverse backgrounds drawing upon post-modern narrative therapy and strengths-based practices. Her work demonstrates the ever-growing need to provide competent and ethical services while holding space for each of our clients to live a meaningful, productive, and beneficial life. The following is an account of our interview.

Keywords

counseling, cultural sensitivity, advocacy

1. Thanks for joining me today. Courtnee, can you tell me a bit about your clinical counseling educational background?

I attended California State University, San Bernardino's M.S. in Counseling and Guidance program. This was a three-year program, and at that time, it had a combined concentration in either school counseling or professional clinical counseling. Most of the program was school-based however there were a few clinical courses that caught my attention. The first class that really grasped my attention and solidified my interest in clinical counseling was the Diagnosis and Treatment Planning course.

Learning about all the diagnoses and how to effectively work with individuals who have mental health conditions was the spark I needed. Although I was exposed to a lot of courses about school counseling, the clinical courses reaffirmed that I wanted to do clinical counseling. I also had an ethics class that was absolutely amazing. I had a wonderful professor that made law and ethics interesting and applicable. Obviously, we learned things like don't have sex with clients, but even more, I was exposed to all the ethical obligations that we as professionals must abide by. I found it very interesting to learn all of that because a lot of the time it's stuff we don't immediately think about. Other courses that I found beneficial were the practical courses, where we were able to have real clients and practice some of the skills that we had been learning. Those were helpful as well. Getting the feedback, presenting videos, and having professors say "that's good" or "change this up" helped build my skills and confidence. It was always a very positive experience.

2. It is great to hear you had a wonderful graduate educational experience. Did you attend any workshops or training during your graduate program that supported your learning and skills?

Absolutely. I was a member of the Counseling Graduate Student Association (CGSA) at CSUSB and even held a board position. I essentially went to every training that was offered by CGSA. There were several really good trainings that I attended; there was one on Working with Victims of Sex Trafficking. I attended the Applied Suicide Intervention Skills Training (ASIST), which was beneficial in learning how to work with an individual that is actively suicidal. The workshop on Homelessness and Mental illness helped me have a better understanding of the conditions that individuals who are unsheltered face while also giving some great tools and resources to support and advocate on their behalf. I had training on Self-care & Self-Compassion, something I still have to remember to practice every day, but I do! Additionally, there were some amazing specialty topics on Cutting and Self-harm, Motivational Interviewing, and Dialectical Behavior Therapy. We also were able to attend the ACA Conference in San Francisco. By the way CGSA is an on-campus student organization that provides volunteer and community services throughout the CSUSB area and provides professional development for counselors in training. In addition, it provides several pre-training workshops to ensure we are prepared to counsel clients on a variety of issues, as well as be able to provide training to staff members on special topics.

3. These sound like some great trainings that were in addition to the education you were receiving. I imagine that you have been able to apply all of this learning to your clinical practice. What types of clinical counseling experience have you had that led up to you being licensed?

When I was still in grad school doing fieldwork/internships, I was working at middle and high schools providing social-emotional and wellness counseling. It was general counseling, not too in-depth, but was great practice. I also did the Restorative Youth Court of the San Bernardino Unified School District. The purpose of the Youth Court is to provide a community response to students who engage in

maladaptive behaviors like fighting in school. Instead of the student just “getting punished” they are encouraged to take up accountability for their actions through a positive social network of peer support. We would bring in a real judge or district attorney who would volunteer and preside over the courtroom proceedings identical to an adult court as you see on T.V. They would offer a perspective and say things like “hey if you continue on this path, continue acting up in school, you’re going to end up in a real courtroom, and real trouble”. In the Youth Court, the difference is that the jurors and the clerks are other students, their peers. Through discussions and questioning that are restorative in nature, the goal is to help the offending student take accountability, make amends, reintegrate, and complete a plan of rehabilitation. It was really inspirational to see the student be part of this community and for the offending student to want to regain the trust and support of their peers.

After graduation, I was hired at an Institution for Mental Disease (IMD), which is a fancy way of saying locked inpatient psychiatric facility. There I treated adults with Severe and Persistent Mental Illness (SPMI). They were inmates of Twin Towers LA County Jail and because they had been diagnosed with a mental health disorder, they were allowed to participate in a program that diverted them from the jail to the mental health facility for treatment so that they could be reintegrated into society at some point. I provided weekly sessions of individual therapy as well as led groups that focused on developing coping skills and how to manage their symptoms in the community. There was a big focus on providing independent living skills as well as psychoeducation on their diagnosis so that they could understand the symptoms that they were experiencing and how best to cope with them appropriately. Additionally, they had to take their medication which was managed and monitored by medical and nursing staff so that they could remain stable. I realized then that medication and therapy together can be a powerful force for recovery. While I saw a variety of different disorders such as bipolar disorder and schizoaffective disorder, schizophrenia was generally the most commonly diagnosed disorder.

I had learned so much and had great experiences at that facility, but I also wanted to have experience in an outpatient setting. After gaining about the first 1500 of my hours, I was hired at a large community mental health agency that provided services to children, transitional aged youth, adults, seniors, and families through outpatient services, full-service partnerships, and field-based services. The services are primarily for individuals who identify as low socioeconomic status. I worked with a wide range of mental health conditions from depression to anxiety and schizophrenia. I even diagnosed my first patient with a personality disorder, however looking back at my IMD experience, I realize that many of those clients probably had a personality disorder as well. As a therapist, I continued to teach and reinforce coping skills. I also worked alongside a psychiatrist which I found very collaborative and beneficial for the clients. I did find that sometimes clients would tell me one thing but tell their psychiatrist something completely different. By collaborating, we were able to put both of those pieces of information together to better create a solid treatment plan so that we could effectively treat the

client and support their healing.

Once I finished the remaining 1500 hours there, I was able to submit the paperwork to the BBS to take my licensing exam. As I continued to study for the clinical exam, I had an opportunity to work at a detention center. I had wanted to get back to the inpatient setting and this was a great opportunity. In January 2020 I started there and was able to learn a lot about the legal system, how the jail system worked, and how treatment looks different in a jail setting. It was also an interesting experience in that I saw a lot of manipulative behaviors by some of the inmates. Some individuals needed mental health but refused it, would not take their medication, and would not attend appointments. It was difficult to engage them. While others were very attention-seeking and attempted to manipulate the services, which I can understand since they are very restricted there and not many things to do. I thought, even if they were seeking services for the wrong reasons, hopefully, there's something I could do that would be of help to them. Much of the work I did was safety planning when the inmates were in crisis. Then shortly after I started COVID happened, protocols changed and so did the services. At the same time, I had just passed my exam and was fully licensed when another opportunity opened up that allowed me to provide services through telehealth, and I accepted it.

I now work at a large organization that provides complete telehealth and telemedicine services to individuals, and for that reason, I have clients all over California. The work I do is also collaborative as I work with psychiatrists and we develop treatment plans together and consult each other about diagnosis, interventions, and how best to support our clients together. Though there is a wide range of clientele and mental health conditions, the symptoms of our clients are mild to moderate. If they are presenting with more severe symptoms, we must refer them to hospitalization or to a residential setting that is more appropriate since telehealth can be limited in that sense. Our goal is to ensure that we are providing the best services possible and if it's not available through us, we connect them with providers that can deliver the necessary services.

4. I hear a wealth of experiences and it sounds like you might have a specialty, is that correct? And if so, how did you develop it?

Well, the population that I enjoy working with the most are those with severe and persistent mental illness, that's the title that the Department of Mental Health uses. I would say that when I graduated from school, I had an idea that I wanted to work with that population, so that's why I initially started working at the IMD. I enjoy providing services to this group because every individual's experiences are different. Many of the clients have a diagnosis under the schizophrenia spectrum and other psychotic disorders category, but their experiences are different. Sure, the DSM 5 provides us with the list of symptoms that individuals may experience, but every individual experience of hallucinations, delusions, and reality are different. I feel as if I can take the generic descriptions in the DSM 5, and then provide an individual approach that is specific to each of my clients. Many of my clients have expressed feeling

afraid because they don't know what's happening to them and it's difficult for people in their family to understand what they are going through. I provide a lot of psychoeducation, coping skills, and support. It is challenging work, every day it's challenging but rewarding. There was also a lot of learning on the job. I had a wonderful clinical supervisor at the IMD that taught me everything that I know. He not only taught me the clinical skills but also taught me compassion and understanding, these I still value and hold central to the work that I do today. Additionally, I completed lots of different trainings over the last several years specific to this population as well as reviewed articles and read books.

5. I appreciate that you use the DSM 5 as a resource for diagnosing but ensure that you're providing interventions and counseling specific to the needs of the individual. What types of psychotherapeutic approaches are you drawn to?

In my graduate program, I was taught postmodern narrative therapy. I like this approach because I can help individuals see problems outside of themselves. This theory has a mantra that states, the problem is the problem, the person is not the problem. I believe that and implement that with the work that I do. We call it externalizing and it's a wonderful way to ensure that clients don't allow their diagnosis to become part of their identity. Sometimes it can be very easy for our clients to allow their diagnosis to mask who they are and tell a negative, problem-saturated story about them. But I'm there and I say to them, so you're coming in with anxiety or depression but that doesn't mean that's who you are. I say, let's reauthor your story, let's change the way you see things, and let's change the way people see you.

6. What are some of the guiding principles that inform your work?

Cultural sensitivity is very important because everyone has different experiences, different backgrounds, and was brought up differently. I like to not only think about the cultural practices of my clients but also invite them to share those practices with me. I start with the stance that I don't know everything and just because I've spoken to my clients several times it doesn't mean that I know everything about their life or their background. I try to stay curious and open to listen and hear what it is that they need to express. There's no way for me to know everything about a culture and even if I did, I still must remember that there are just as many differences within a culture as there are between cultures. I don't make assumptions but make an effort to be culturally sensitive and begin every session with a sense of cultural humility. Reading some of your articles have taught me that. I think I learn just as much from my client as they learn from me, and I feel that this makes me a better clinician. I'm also drawn to this idea that we can live a meaningful life, and I believe that for my clients. Many times our clients come to us when they are at a low point in their life. Rarely do they come when things are going great. They may say literally, "I'm stuck! I need help!" My goal is to provide a space, one that they may not have experienced within their families or communities that allows them to explore the parts of their life that are not working for them or explore behaviors that are contrary to who they are and want to be. I often

express that if they are struggling, well that's what therapy is for, to support those that are struggling. And with COVID-19, therapy has become much more accessible through telehealth. Through this work, I hope to invite my client into a space where they can make life more purposeful and meaningful for them in whatever way that is most productive, healthy, and beneficial to their life.

7. How does the ACA Code of Ethics guide your work?

I live by the entire code! But one of the biggest is do no harm, which is such a huge part of the work that I do. Because the clients that I work for are vulnerable, I always want to make sure that I create a safe space for them and ensure that the things that I'm doing are not only beneficial but are not harmful. When I think about the code I think about the set of practices I wish to live up to and then I review the law to ensure that they agree. One area is providing services to clients in California. The law requires us to be licensed in California to provide services and we cannot provide services out of the state unless that state allows such services to be rendered. Since my clients are in California, I make it a point to reach out to them and follow up with them. Sometimes clients don't show up, and that happens, but I've learned to make a phone call or send a message much more than I did before. I believe this is not only good practice but an ethical practice to not just allow a client to terminate services through a series of no-shows without reaching out to them and attempting to engage them.

With that, I also think that social justice and advocacy are an essential part of the work that I do, and something that I recommend to all therapists. Sometimes social justice is a buzzword, but I believe it's something that should be put into action. There have been so many groups that are marginalized, and don't always have access to those services that we provide. I hope to always provide those services to all individuals which is why I've dedicated a large portion of my early career to work with clients who identify as diverse, marginalized, and of lower socioeconomic backgrounds. I don't think there's just one way to engage in social justice and advocacy, but I believe that it is our obligation as therapists to do so. This could be joining a march towards a cause or even working with an insurance company to ensure a client receives services or reimbursement. In whatever way, big or small, we must use the power that we have for the benefit of our clients and their communities.

8. I appreciate you talking about social justice and advocacy, I also believe that these are important and necessary parts of our function as clinical counselors. We're coming up on time. Its been a pleasure hearing about your experiences and perspectives. Before we end, could you share any advice or thoughts you have for trainees, graduates, associates, or newly licensed clinicians? And could you also talk about what you find most rewarding about the work that you do?

First, know that you don't know everything! I think if you begin with that perspective, you can stay curious and continue to learn and be open. This job, this profession, this work requires continuous

learning. It's great and amazing, but it does require work and persistence. Your graduate program can only provide you with the basic foundation of counseling skills and some counseling practice, the rest comes through on-the-job learning. Ask for help when you get stuck, either on a treatment plan or with a diagnosis or perhaps even with a difficult client. Don't just sit with it by yourself. This profession is welcoming and helpful. Talk to your supervisor, another colleague, or therapist to bounce ideas off. We can always consult as long as we are HIPAA compliant and protect the client's confidentiality, but we can consult and seek that necessary guidance. As I mentioned before, clients often come to us at the lowest parts of their life, they often are confused, frustrated, and don't have anywhere else to turn. The most rewarding times for me are when they have breakthrough moments, those aha moments when they realize that something they've been doing, thinking, or believing can be changed and affect their lives positively. Just being part of the journey and experiencing the healing process with them is rewarding for me, and it's topped off with those moments when I can see that they want to change and are putting in the work.

Acknowledgement

Thank you Courtnee for your time and consideration to do this interview for future and current clinicians. I think there is much that we can learn from your responses and your experiences. I am touched by your focus on cultural sensitivity, social justice, and advocacy and believe these are very necessary parts of the work that we do and hope that we can continue to encourage our fellow colleagues to do the same.