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Theoretical Orientation

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Theoretical Orientation and Future Clinical Practice

Introduction

As I approach the culmination of my journey toward becoming a Licensed Professional Counselor, I have spent intentional time reflecting on the theoretical orientation that most resonates with my personal values, strengths, and the needs of my future clients. After thorough study and personal exploration, I have chosen an integrative framework primarily rooted in Cognitive Behavioral Therapy (CBT), enriched by Dialectical Behavior Therapy (DBT), Attachment-Based Therapy, and Trauma-Informed Care. I plan to apply this orientation in a private practice or school-based counseling setting, working with adolescents struggling with depression, self-harm ideation, anxiety, low self-worth, and social difficulties. This integrative approach reflects both evidence-based effectiveness and deep personal alignment with how I believe healing and transformation occur.

Theoretical Orientation

While I appreciate the depth of multiple counseling theories, I most strongly identify with an integrative approach that begins with Cognitive Behavioral Therapy as its core. CBT is structured, goal-oriented, and supported by extensive empirical research for the treatment of anxiety, depression, and self-harming behaviors (Beck, 2011; NICE, 2020). CBT allows clients to identify distorted cognitions, reframe negative beliefs, and develop healthier behaviors. Adolescents in particular benefit from CBT's practical skills-building focus and ability to provide immediate, tangible relief.

However, cognitive restructuring alone may not meet the needs of adolescents with complex emotional regulation issues. To address this, I plan to incorporate DBT techniques.

DBT, originally developed for individuals with chronic suicidal ideation and emotional dysregulation, emphasizes mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation (Miller, Rathus, & Linehan, 2007). For adolescents, DBT has been shown to significantly reduce self-injurious behaviors and enhance emotional control (Karagiorgou et al., 2022).

Alongside CBT and DBT, I will also integrate Attachment-Based Therapy. Many adolescents who struggle with emotional and behavioral health challenges have experienced disruptions in their early attachment relationships. Bowlby (1988) and subsequent scholars like Diamond et al. (2014) emphasize the role of secure therapeutic relationships in rebuilding internal working models of self-worth, safety, and connection. This perspective will help me frame client experiences in a relational context, allowing me to explore family dynamics and foster relational repair.

Finally, all of my work will be grounded in a trauma-informed approach. Trauma-informed care is not a specific theory but a lens through which all interactions are viewed, one that prioritizes safety, choice, collaboration, and empowerment (SAMHSA, 2014). Considering that many adolescents who engage in self-harm or experience chronic anxiety and depression have trauma histories, this sensitivity is essential. It also complements the other modalities by creating a framework of care that avoids re-traumatization and builds on protective factors.

Preferred Setting and Population

I am most drawn to working in either a private practice or school-based counseling setting, where I can provide consistent support to adolescents navigating complex emotional landscapes. My desire to work with adolescents stems from both professional experience and

personal connection. This age group is navigating identity formation, increased autonomy, peer relationships, and academic pressure, all while often lacking the coping skills to manage intense emotions.

I believe I will be particularly effective with clients who are experiencing symptoms of depression, anxiety, self-harm ideation, bullying trauma, and low self-esteem. Many of these adolescents are in survival mode, using maladaptive coping mechanisms not because they want to harm themselves, but because they have not yet learned how to regulate and express pain. My integrative approach offers both the structure and safety they need, teaching skills through CBT/DBT, providing emotional attunement through attachment work, and ensuring emotional safety through trauma-informed care.

Research supports the integration of these modalities in school and outpatient settings. For example, Stallard (2002) emphasized the success of CBT-based interventions for school-aged youth, and Miller et al. (2007) found that DBT programs in adolescent populations yielded significant improvements in emotional regulation and reduced crisis incidents. Moreover, trauma-informed frameworks are increasingly recognized as critical for youth-serving settings (SAMHSA, 2014).

Personal Value Proposition

As I step into the counseling profession, I bring with me a blend of lived experience, empathic attunement, and a deep passion for adolescent mental health. My strengths include a natural ability to build rapport, trauma sensitivity, and a deep commitment to ongoing learning. I am creative in my interventions, attuned to developmental needs, and grounded in compassion. My own journey through hardship has instilled in me the belief that every young person deserves to be seen, heard, and valued.

Areas for growth include continued supervision around diagnostic accuracy, navigating complex family dynamics, and maintaining energetic boundaries in emotionally demanding sessions. I am committed to continued training, consultation, and reflective practice to ensure I evolve in these areas.

Conclusion

In summary, I have chosen to adopt an integrative theoretical orientation rooted in CBT and supplemented by DBT, Attachment-Based Therapy, and trauma-informed principles. This framework aligns with the emotional, developmental, and relational needs of the adolescent population I hope to serve. I believe this orientation offers the balance of structure and empathy, insight and action, that will empower young clients to heal, grow, and reclaim their voices. I am deeply excited and honored to step into this next chapter as a licensed professional counselor and advocate for adolescent mental health.

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