

## What new EBP/EBT have you learned and implemented while on internship?

### Have you discovered your theoretical orientation, are you?

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Most of the NPTC Great Lakes Region interns are graduate students from PsyD programs that focus primarily on practice. A few interns, including myself, are graduate students from Ph.D. programs that focus primarily on clinical science research and the quantification of a wide range of clinical presentations across the lifespan. Notwithstanding some differences, when it comes to EBP/EBTs, intervention skills, and/or techniques, Great Lakes interns will agree that we typically began our internship with some clinical theories in common: **1. Cognitive Behavioral Therapy (CBT)** typically sprinkled with elements of, **2. Dialectical Behavior Therapy (DBT)**, and/or **3. Acceptance and Commitment Therapy (ACT)**.

However, when it comes to selecting, combining, and implementing EBPs and EBTs, the Great Lakes interns would like to provide readers with some self-reflection and insight about our theoretical orientation which informs: (a) the type(s) of practice/techniques we came into our internship with, (b) our thoughts about the importance of having a variety of clinical theories and models to draw from, (c) any new EBTs we have learned and implemented into our training so far, and (d) how our orientation growth have changed or improved our theoretical choices, which in turn (e) facilitate and/or address our client's needs and goals for therapy.

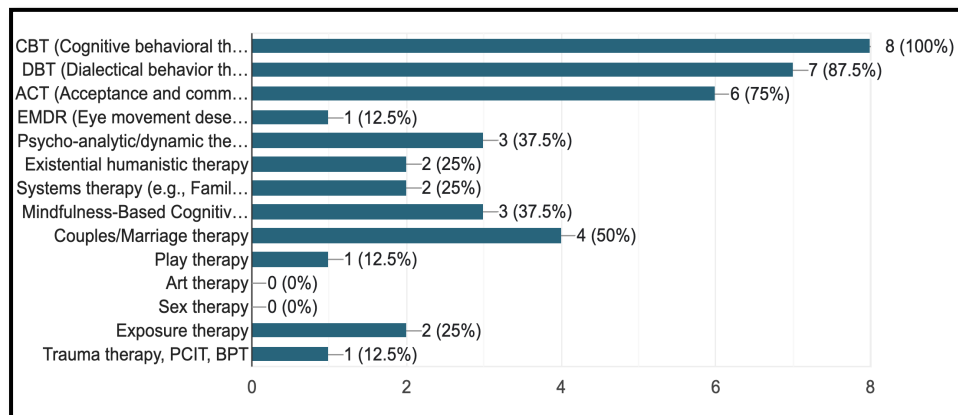
While there are six major theories (i.e., cognitive, behavioral, humanistic, psychodynamic, psychoanalytic, constructionist, systemic) in our line of work and research, I can identify approximately **261** varieties of these theories integrated into specific theoretical frameworks, and treatment approaches.

By the way, if you're still unsure of who you are in the role as an emerging clinician, the Theoretical Orientation Scale (TOS: Smith, 2010) or the Theoretical Evaluation Self-Test (TEST: Coleman, 2004) might come in handy. These exemplified theoretical self-assessment tests were devised to help clinicians and mental health specialists determine their theoretical orientation in counseling theories. The TOS is not scientific, and the author is not claiming any psychometric properties attached to this survey. The [Coleman TEST](#) is scientific and is found in the peer-reviewed literature. The primary purpose of the TOS and the TEST is to assist in one's self-discovery. The Great Lakes interns were also asked to complete the TEST.

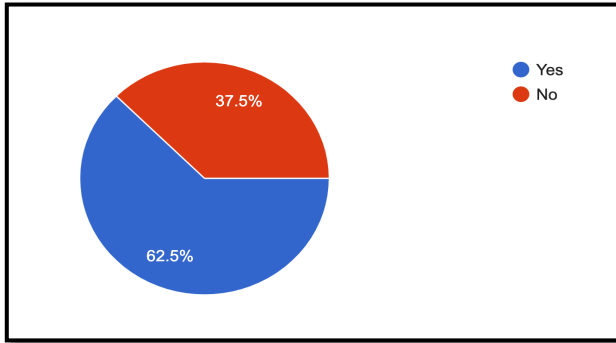
As a result, 20 Great Lakes interns were asked: What is your psychotherapy practice or theoretical orientation? The question aims to determine what my fellow interns already knew when they entered this internship and what they have learned so far. There were 8 responses (including myself) to a brief survey.

### **Results from 2 PhDs and 6 PsyDs from four Great Lakes sites**

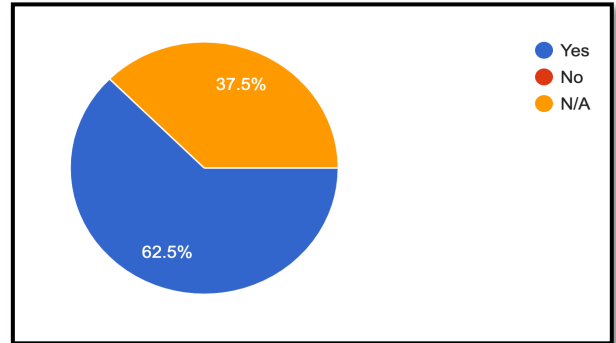
**Question 1** – What EBP/EBT intervention skills and/or techniques have you learned and implemented before entering this internship? (Please select all that apply to you).



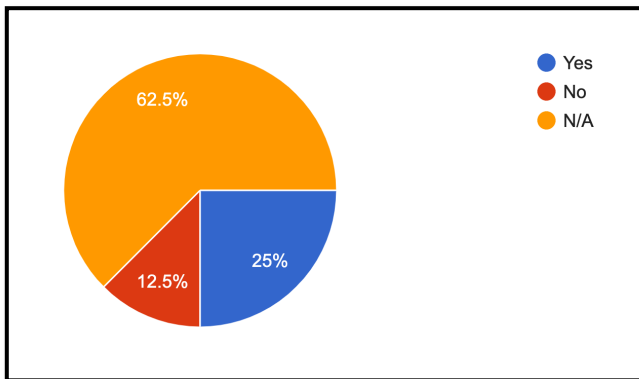
**Question 2** – At the start of this internship, could you honestly say you knew what your theoretical orientation was?



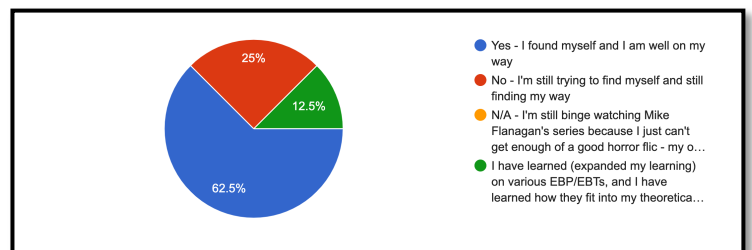
**Question 3** – At the start of this internship, could you honestly say you knew what your theoretical orientation was?



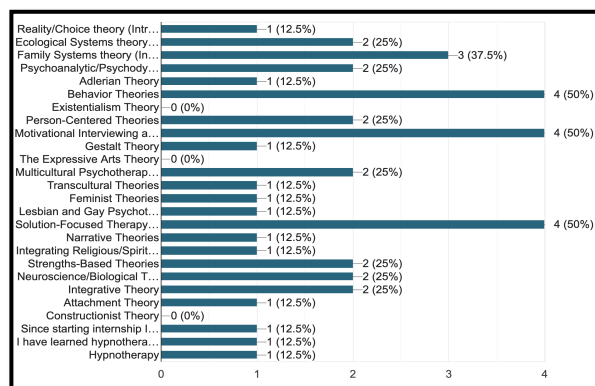
**Question 4** – If you selected “No”, do you now feel as though you have connected with or found a theoretical orientation/perspective since the start of your internship?



**Question 5** – Regardless of your Yes/No selection above, have you learned any new EBP & EBT intervention skill(s) or technique(s) since you entered your internship that really defines your clinical orientation?



**Question 6** – Which new EBP & EPT theories, intervention skill(s)/technique(s) have you learned and implemented since starting this internship?



Finally, for **Question 7**, Great Lakes interns were asked about their **theoretical orientation**. Perhaps, like me, at the start of their internship, I thought my fellow interns might not have even been too sure. For me, the fear of not knowing was short-lived because, after all of my onboarding, I was lucky to meet a senior master's level therapist who helped me find and define my professional theoretical orientation as an emerging clinician. Tova Wiegand was my 4C Rochester therapist shadow, and she introduced me to the [TEST](#). I must say, the results were spot on.

Here's what some of we Great Lakes interns discovered after completing the [TEST](#).

#### **Intern 1** (me)

*“My theoretical orientation TEST results identified Pragmatic Psychodynamic, Ecosystems, and Family Systems. I have always felt connected to the psychodynamic theoretical orientation and was pleasantly surprised to learn about Eco and Family Systems because, after some reading, I agree these theories/perspectives are a good fit for me and the way I like to work with clients and families. I also identify with something called Reality Therapy which is a client-centered form of CBT.”*

#### **Intern 2**

*“Psychodynamic, Cognitive, and Systems. I agree with the results. I have spent a lot of time in self-reflection, and I am fairly confident in my theoretical orientation. When I reflect on my APPIC essay, I highlighted all three of these orientations and I still feel like I subscribe to them now. I have just expanded my repertoire of interventions and have a better understanding of how those interventions fit with how I prefer to practice.”*

#### **Intern 3**

*“Adlerian Theory. I was surprised at the result as I've not heard about this theory since undergrad. However, looking into how the theory is applied I realized the approach to conceptualization mirrored my own and provided a structure for how I approach understanding my clients. I am interested in practicing applying the approach to sessions and treatment planning. However, something I've noticed while working in community mental health is that it is very challenging to engage in a deeper level of orientation application and practice due to the high need. There are so many clients and too little time to dedicate adequate treatment planning for every client.”*

#### **Intern 4**

*“Cognitive, psychodynamic, and humanistic which aligns well with what skills I offer to clients, how I formulate their cases, and how I approach interactions, respectively.”*

#### **Intern 5**

*“Integrative, but most specifically CBT based models like DBT & ACT.”*

#### **Intern 6**

*“CBT.”*

#### **Intern 7**

*“I use the approach that works best for the client and that was reflected in my results. The top TEST scores were in cognitive, psychodynamic, humanistic, and biological. I would say whatever my approach, it is always trauma informed. I pay attention to the patient's stage of change, and I keep in mind interpersonal neurobiology and how all of those things integrate to provide a safe environment for the patient. I believe this basically describes Interpersonal Therapy.”*

### **References and additional resources**

Coleman, D. (2004). The Theoretical Evaluation Self-Test (TEST): A Preliminary Validation Study. *Social Work Research*, 28(2), 117-128. <http://doi:10.1093/swr/28.2.117> - <https://web.pdx.edu/~dcoleman/test.html>

Theories of Counseling - <https://study.sagepub.com/jonessmith2e>

Podcast - <https://therapyreimagined.com/modern-therapist-podcast/which-theoretical-orientation-should-you-choose/>