

Part 1 - Ethical Self Reflection

Frances Romero Thomas

Counseling Student, Chadron State College

COUN 533: Counseling Ethics and Professional Identity

Dr. Branis Knezevic

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1. Creating Your Own Professional Path:

My name is Frances Romero Thomas. In the year 2048, I will 85 years old and will have been a Licensed Mental Health Practitioner for approximately 20 years. That may seem unusual, but I will be 60 years old when I complete a master's degree in mental health counseling. I feel that I will have to overcome the discomfort I currently feel about technology because it will likely be an even larger part of the counseling process in 2048. We might have little "R2D2" (Star Wars, n.d.) robots running around our homes and virtual counseling taking place in 3D and full-body view. I will definitely have to address the lower half of my body then instead of just appearing for a videoconference with a dressy blouse.

I chose the path of counseling after retiring from State Probation where I worked with high-risk youth and the courts. My entire life prior to entering the counseling field has been dedicated to human service work which I feel has prepared me for counseling. Not because I think I've been there, done that, and now know it all, but because the experience of guiding others to meet their own goals has allowed me to gain a greater sense of self-awareness and developed understanding in helping others.

I always wanted to be helpful to others that had negative life experiences such as I had. I have since learned that it is necessary for a helper to know themselves and even more important for a counselor. "Without a high level of self-awareness, mental health professionals can obstruct the progress of their clients as the focus of therapy shifts from meeting the client's needs to dealing with the inadequacies of the therapist." (Corey et al., 2019, p. 2-2). I feel that early on my work in human services was more about my fixing my own issues than helping others. I saw a great deal of change and improvement in clients when I focused more on the client's needs instead of worrying about my job performance or how I would look to others.

Entering the counseling field, I continue to have concerns about how my own experiences will come into play. I plan to continue to see my own therapist throughout for my own support. I will also use the insight gained from past experiences to keep myself in check and focus on the client's needs as we work together in diagnosing their mental health, developing their treatment plan, and in the process of counseling itself. I am hopeful that I can always keep my clients' well-being first. I have learned to question my own intentions, but I also know I am not exempt from falling into old habits so I will make sure to continue to confide my feelings and concerns about a client in my supervisor or a colleague whom I trust will help me work through my concerns as they come up. My hope is that when I look back on my life and career, I see that I was able to provide ethical, knowledgeable, and professional services to clients of various cultural and demographic differences. I hope that when I am 85 years old I can state with certainty that I gave each client I worked with individualized, fully focused, and minimally biased attention from the start. I would have liked to say 'unbiased', but I know one thing for certain, I am not perfect now nor will I ever be.

I also recognize that at times I become overly sensitive and stressed. I have a tendency to develop "empathy fatigue ... [and I have experienced] burnout. ... If you fail to recognize the sources of stress that are an inevitable part of helping, you will not have developed effective strategies to combat these stresses." (Corey et al., 2019, p. 2-6c). I currently exercise regularly, eat healthily most of the time, and enjoy laughter at every opportunity. I also see my own therapist for support which I plan to continue to do. "In a meta-analysis, more than three-quarters of therapists across multiple studies believed that their personal therapy had a strong positive influence on their development as clinicians." (Corey et al., 2019, p. 2-3c). These healthy habits are things I plan to do throughout my life for work and my own enjoyment of life and family.

2. Countertransference:

As I noted previously, I recognize that I am overly sensitive about some subjects. I recognize that I empathize and can relate to some clients more than others because I identify with their experiences. I was raised in a rural community with strict parents and my father was an alcoholic. I am also bilingual, English-Spanish, and have a cultural history based on Hispanic and Native American traditions. I feel that my own personal experiences unintentionally lay the groundwork for possible countertransference in the counseling process. “Countertransference [refers] to all of the therapist’s reactions, not only to the client’s transference reactions. . . . Countertransference involves the therapist’s total emotional response to a client including feelings, associations, fantasies, and fleeting images.” I feel that when it comes to children of alcoholics as I provide counseling services to this particular clientele I need to discuss my own feelings with a colleague to ensure that I address any concerns of countertransference which may occur. I do not want a lack of attention to the possible presence of countertransference to result in causing harm to the client by my giving advice based on my own set of values. However, I also understand that countertransference does not always have to result in a negative. “A therapist’s countertransference may illuminate some significant dynamics of a client. . . . The key here is how the therapist responds.” I may be able to identify alternative ways of helping because of my past experiences, and reviewing the situation with a colleague can help me keep it in perspective. I know that countertransference is likely to happen within my scope of practice at some point in time. My focus then should always be the best interests of the client. To that end, I need to remember to work within my capabilities and what I am trained in and ask for help when I don’t know. Humility and a willingness to accept and apply feedback will be necessary for me as I aim to grow and be a support for someone else. (Corey et al., 2019, p. 2-4b).

3. Self-Care:

The necessity of taking care of myself is something I learned when I went through a divorce. I was married for 11 years and have now been divorced for 23 years. I learned that my mental state affected my physical state. “Wellness is the complete integration of body, mind, and spirit – the realization that everything we do, think, feel, and believe has an effect on our state of well-being.” (Anderson, 2023). “Stress is an event or a series of events that leads to strain, which can result in physical and psychological health problems.” (Corey et al., 2019, p. 2-6b).

When I divorced, I worried about everything, especially my children. I seemed unable to sleep and felt constantly attacked and offended by others. I cried constantly and felt that I could not do anything right. Through that experience, I learned that one of the early signs of stress for me is a lack of sleep. When I am stressed I spend too much time thinking about that thing day and night. Early signs of burnout, which I have experienced as well, were similar to my experiences with stress. I struggled with sleep. What helped me most to work through feelings of stress and burnout was to stay active, to unload my concerns on another soul, and to plan for a better outcome. Staying active and having a daily plan for exercise, fun, and laughter, and a good dietary plan help me to stay in tune with myself for my own personal well-being which helps in combatting the stresses that come daily. I walk daily, between 7-12,000 steps according to my Fitbit. I also play with my dogs; I have three funny oddballs that I love very much. I have two adult children who call frequently and make me laugh. I have friends and family with whom I visit and laugh. I have not always been the best at eating healthy foods, but I am working on it and have improved tremendously. My daughter shares healthy recipes with me and checks on me to make sure I am following through. It’s funny how roles change as we get older. All these

activities help me alleviate daily stressors. However, sometimes drastic changes or experiences come, and working with others through their struggles brings me vicarious stress and trauma as well; I'm sure it will be even more so with counseling clients. I have had to make myself aware of the debilitating effects of these experiences in human service work and take time to de-stress.

If I am able to identify the early signs of burnout at work, I feel I can, to an extent, jump ahead to make a plan for a better outcome. What I mean in plan for a better outcome is that knowing what is coming allows me the advantage of seeking counsel and planning for an alternative measure to address the problem before it is a problem. I can't, however, always identify the early signs of burnout which is why having someone on whom to unload concerns regularly is extremely helpful. They see what I don't see, and I trust them to point it out. I learned a long time ago that others learn more from what we do than what we say. Clients seeing us do well to take care of ourselves, can, in turn, encourage them to do their own self-care. While I would not want to impose my values on a client, I would very much like to set a positive example.

4. Dealing with a Value Conflict:

Overall, I feel I am an open-minded person and although some lifestyles are not for me, I don't generally feel a reason to oppose them. I feel people should do what is right for them as long as it is not hurting others, especially innocents. However, I feel strongly about family, and I have observed that for many, family is not a primary value. I feel that counseling excluding the effects that family has on a person could inhibit many from reaching their full potential in settling the concerns in their mind. It is nothing new to learn of how the family experience has had a negative effect on many, but addressing those concerns and rebuilding relationships could be of great benefit to the majority of persons that distance themselves from their family because of something that happened. People are not perfect, and they make mistakes, sometimes horrible ones; however, many times people can recover. Nevertheless, as a counselor, I need to understand and accept that the client's needs come first, and their values are to be respected. I also need to be able to learn to work with them no matter their beliefs and refer them only when I truly cannot serve them. "Regardless of what the value conflict is, the counselor should be willing to learn to work with a wide range of clients". (Corey et al., 2019 p. 3-5a). Sometimes we may think that referring someone to another counselor would be in the best interests of the client when in truth it may be that we are making a decision to make it easier on ourselves which would be unethical. However, keeping a client and then trying to impose our own values on that client would be unethical as well. Counseling others is not an easy task and we, therefore, have a tremendous responsibility in ensuring we are competent when providing the service. There are common themes in the Code of Ethics and one main one is "avoiding harm and exploitation." (Corey et al., 2019 p. 1-3a). For me, this would require that I remain aware of my own values and perspectives so that I practice knowledgeably and ethically and always put the client first.

5. Ethics in Multicultural Practice:

What is the hardest part of working with diverse clients?

The ability to not only acknowledge but understand and incorporate perspectives and thinking considerably different from my own is likely to be the most challenging issue I will encounter regarding working with diverse clients. In my work in human services, some of the issues that arose were communication, cultural misunderstandings, and most often inequitable inclusion in the process. I simply told them what to do. I am bilingual in English and Spanish, but simply knowing how to speak a language is not enough to provide equitable service to individuals. Neither is relying on agency policies or ethics codes although many do address diversity. People are, many times, culturally different even if they are perceived to be from the same ethnicity, gender, race, sexual orientation, religion, disability, etc. At the forefront of counseling practice, respect and understanding of a person's culture are very important aspects of the counseling code of ethics. Intending to be culturally diverse, respectful of the differences, and including cultural perspectives in the counseling process doesn't mean that I actually do it. In general, we practice what we know, and what we know is based on theories of practice that were largely developed and are grounded on western beliefs. Therefore, it will take hard work, introspection, and dedication for me to provide equitable treatment to all clients. Listening skills are one of the most primary tools to use in communication and the counseling process. "The ability to pay attention to and effectively interpret what other people are saying" (Language Data, 2023) is the definition of listening skills. Before I can use any evidence-based practice in treatment I have to listen and understand the perspective of the individual client. The second thing is to challenge my own thoughts about what I am hearing. Then decide honestly what the best thing I can do for this client is.

6. Informed Consent:

Informed consent is a clear statement of what the counseling process is, and its limitations presented to the prospective client so that the client can make an informed decision about whether or not they want to participate in counseling. It is important that the client sign the informed consent form and understand that I, as the counselor, will be documenting throughout the process. Through the process of informed consent, I will explain to the client:

- Who I am as a counselor, my education, and what counseling processes I am trained in.
- My intentions and responsibilities in the process of counseling the client.
- The pros and cons of counseling because there are some and the client needs to be aware of what they can do if counseling isn't working for them or if they prefer to work with someone else.
- What their responsibilities in the counseling process are to, not only, meet their own expectations, but also what they will need to do to be able to continue to meet with me and to meet their insurance requirements.
- Confidentiality of what the client shares and when I, as the counselor, would have to share information about the client with someone other than the client.
- When and how they can make complaints if they are not satisfied with me, the process, or any other aspect of counseling.

In the initial meeting for informed consent, I will make sure to cover all the noted subjects with the client, allowing them to ask questions, and ask them to sign the informed consent form. I will share a copy of the informed consent and remind the client that, I will bring up informed consent periodically as the client shares on different subjects to make sure they understand the process of informed consent and remind them they can ask questions at any time as well.

7. Malpractice:

To reduce the risk of malpractice suits my plan is to set firm boundaries with clients and with others to protect the client's confidentiality and limit boundary crossing. I also feel that if I try to think ahead to specific circumstances where I am most vulnerable to mistakes, I can create a process to evaluate and review my perspectives with a supervisor or trusted colleague before proceeding when those situations arise. This, I feel, will also help me keep my thought processes more ethically in tune. Another endeavor to help me maintain an ethical and client-focused perspective is to include clients in the discussion when concerns that arise might affect them.

In diagnosing or counseling a client I will want to make sure to get a clear history, their symptoms, previous therapy, overall health, and the mental health history of the client and family. I will also utilize the Diagnostic and Statistical Manual of Mental Disorders (DSM) frequently both in diagnosing and treating a client. The DSM provides guidance on medical standards to follow as well as diagnosis identification. Reasons for a diagnosis require a clear explanation and the diagnosis throughout treatment will require my constant attention as it may reveal something new or a change in diagnosis as the client goes through the counseling process.

I will take detailed notes on each client and their progress and document the type of treatment, changes in treatment, medications, reports of suicidal ideation, suicide attempts, threats made, client contacts, etc. I will never offer to provide treatment that I have not been trained in. If I am ill-equipped to provide treatment or a different treatment model is needed, I will discuss it with a colleague and then make a referral if necessary. I will participate in ongoing education to be as well-equipped as possible so that I refer minimally. The documentation I take will be kept confidential and when I need to discuss a client with my supervisor or a colleague for guidance, I will maintain the anonymity of the client in my

descriptions to protect the client. I will avoid discussing client particulars outside of the professional guidance setting and never acknowledge that I know a client to anyone who would ask. I will also make sure to clearly explain informed consent to the client and ensure that my agency has a signed copy of informed consent prior to starting treatment. I will review informed consent throughout the counseling process with the client to make sure they understand what is in the informed consent and how it can affect them such as when I have the duty to report on something that they share.

I will avoid sharing about myself. I will keep the focus on the client's circumstances and experiences, not my own. And definitely, I will never share my own problems with a client, unless I have a flat tire and have to explain rescheduling an appointment or similar.

I will maintain a professional relationship with clients. If I need to see the client outside of the counseling setting for a professional reason, where they work, etc. I will maintain a professional relationship and address them as I would any other professional in their work setting. I will make a plan for chance meetings at the start of counseling with a client. Generally, I will suggest a respectful greeting as I would share with any other person and then move on. I will also document all my client meetings, professional, chance or otherwise, in the client's file to ensure clarification of the counselor-client relationship.

Although lawsuits cannot always be avoided, I feel that I can greatly reduce my risk of a lawsuit or reduce the risk of losing a case by planning ahead, discussing my perspectives with a trusted colleague, documenting meticulously, respecting the client, and including them in the counseling process and keeping their best interests at the forefront, following the rules of confidentiality, following the DSM objectives in treatments and visiting the ACA Code of Ethics regularly to stay well-informed of "ethical behavior and responsibility." (ACA, 2023, p.3).

8b. Duty to Warn and to Protect:

For the purpose of this scenario, we will call the mother Elinor and the daughter Merida. Merida has been attending counseling with me for approximately 6 months due to her struggles with school. Merida is 11 years old and had been struggling with school since the COVID restrictions were lifted. Most recently school concerns escalated, and Merida has been refusing to attend school. Elinor has enforced school attendance so Merida's behavior at home has also escalated. Merida's counseling appointments with me are scheduled for Wednesdays at 3:30 pm. Elinor moved up Merida's counseling appointment to today, Monday, noting a critical need, and escorted Merida into my office for her counseling appointment. To start, Elinor asked to speak to me alone first. According to Elinor, last evening Merida attempted to hang herself. Merida disclosed her failed attempt to kill herself to Elinor who contacted her neighbor for guidance about what to do. Elinor's neighbor, a mental health counseling student, advised her to take Merida to the Emergency Room (ER) immediately which Elinor did. Elinor stated the ER, after evaluating Merida, wanted to refer Merida to a therapist at which time Elinor stated Merida was already seeing me for counseling. ER personnel asked Elinor to make sure she shared Merida's suicide attempt with me, her therapist, as soon as possible which is why she requested Merida's appointment be moved to today. Elinor went on to state that she felt Merida is struggling with school and needs an IEP (Individual Education Plan) which the school has, to date, refused to allow her. She stated that an IEP will likely get Merida the educational help she needs so she doesn't feel so frustrated that she wants to hurt herself. Elinor stated she felt nothing further needed to be done about the suicide attempt Merida made last evening as Elinor does not believe that Merida actually wanted to kill herself, only to express her frustration. Elinor felt that giving any further attention to the suicide attempt would be embarrassing and limiting to Merida. Elinor

added that she was also concerned if I, as Merida's therapist, gave the suicide attempt too much attention Merida would try to do it again. Elinor then asked that I not discuss it any further with Merida and return to counseling as usual.

I explained to Elinor that I understand her concerns and as I strive to work ethically, I do my work in such a way as to protect the privacy of each individual I work with including Merida, and will continue to do so, but I cannot ignore her suicide attempt. I explained to Elinor that there are two issues we need to address at this time. One is Merida's suicide attempt and the second is her counseling. My duty is to attend to both with a focus on keeping Merida safe. Elinor again expressed her concern about anyone else knowing about Merida's suicide attempt. I told Elinor that I will keep her and Merida's confidence in this case as long as Merida's life is not in danger. I then took a copy of the confidentiality statement she and Merida signed and reviewed it with Elinor. I explained that working with Merida to address the suicidal thoughts she is having will allow me to work on a safety plan that can be utilized at home and at school to ensure that Merida continues to be safe. Elinor stated she did not want the school involved and insisted that nothing further needed to be done. I then explained the legal implications of this situation for her, as Merida's mother, and for me as Merida's therapist if we don't do all that we can to ensure Merida's safety and well-being. Legally we both have a duty to report the threat of suicide to a third party. In this particular case, I explained to Elinor she did well in taking Merida to the ER and following through with their recommendations by moving up Merida's counseling appointment to today and explaining to me the events that occurred last evening. I have had the responsibility to counsel Merida since she first entered my office, but now I also have the responsibility to counsel her on her suicide attempt and to ensure that Elinor is addressing Merida's safety outside my office as well. I shared with Elinor that I will continue to

inform her of Merida's progress as I address the suicide attempt and any ongoing or additional concerns about suicide if they persist as well. Elinor agreed she needed to be informed about Merida's state of mind and agreed to have me counsel Merida on the suicide attempt. She also agreed that having a safety plan would be good, but objected to involving the school as she did not want Merida's teachers to know anything about the suicide attempt. Since Merida will be taking a couple of days off from school, I asked Elinor to let me consult with my colleague on how to best address the issue of school in this situation and we could follow up with an update to the safety plan on Wednesday when we meet again. Elinor agreed.

I contacted my colleague who has had extensive experience with suicidal clients and I asked for guidance regarding a client and their mother. My colleague asked me what my own thoughts were about how to proceed, and I stated that I would prefer to increase the social supports for my client which would include school personnel. My colleague stated that if the mother, legal guardian, refuses to allow others to know about the client's suicide attempt, but is complying with counseling for the child, and is observing a safety plan then that has to be respected and confidentiality maintained. My colleague went on to guide me on how to create a safety plan that could encompass school support without revealing the actual suicide attempt.

I met with Elinor and Merida on Wednesday and reviewed the updates to the safety plan which included more supervision at school and a request for the school to take another look at the possibility of an IEP or at least a 504-Plan for Merida based on her need for emotional support. Elinor was satisfied with the changes and approved the new safety plan vowing to take it to the school. Elinor stated she was comfortable with the school knowing Merida needed emotional support and noted she appreciated support in the request for an IEP.

9. Select a Case and Analyze:

I have chosen to analyze the case of Cynthia in chapter four of Issues and Ethics in the Helping Professions, page 4-5.

(1) Cynthia is a wife and mother struggling with finding meaning in her life. She is feeling depressed and trapped by the needs of her husband and children. She would like to return to school and work toward a career she would enjoy, but her husband threatened to divorce her if she did. Cynthia sought counsel from her pastor who conveyed to her that he believes that her family obligations outweigh her own desires. Cynthia then sought therapeutic counsel and again she was told that her needs are outweighed by her family's needs.

The problem here is an ethical one. Both the pastor and counselor told Cynthia what to do focused on their own value system without allowing her to explore her thoughts and feelings.

(2) The issue involved in this case is that of telling the client what to do and giving advice based on the counselor's own value system rather than allowing the client room to explore her thoughts and feelings. The client has a life very different from both the pastor and the counselor. She is female, a mother, and a wife. The counselor like the pastor has strong patriarchal values and he allowed his own personal values to rule the counseling process, imposing his own personal values and influencing Cynthia into a decision that was satisfactory to him not her.

(3) The counselor's actions in the counseling process were an ethical violation. The ACA Code of Conduct notes ethical principles which are the "fundamental principles of professional ethical behavior." (ACA, 2023, Preamble). As noted in the ACA Code of Conduct the client has the right to autonomy, and she was not given the opportunity to make the decision based on her own values and interests.

(4) Although what this counselor did may not result in legal action if the client follows the counselor's advice, it may, however, set precedent for a slippery slope issue for the counselor. He might come to think that he is ok to continue to practice in this manner, imposing his own value system on his clients by giving advice or telling them what they should do. If the client, however, decided to go against the advice given and the counselor disagreed and chose to refer her to someone else at this point or terminate counseling services he could then, at that point, become subject to a lawsuit because it would appear that his decision to do so was based on his own values.

(5) I have strong personal values and they include the value of independence as well as family. I feel that I would need to consult someone on a case such as this. I would want Cynthia to explore her options including the effects it would have on her family. I had my own struggles with pursuing higher education at what, to others, appeared to be the expense of my children. My children learned a lot about the rigors of higher education by seeing my own struggles to complete my schoolwork and be their parent. I remember my son sleeping on a blanket by my chair many nights when I stayed up late to complete an assignment. Both my children chose to address higher education right out of high school while they were still only responsible for themselves which, I think, was ideal and worked out well for them. I feel that their experience with me working full-time, parenting, and attending college contributed to that decision. Higher education while parenting can still be done, and I believe, the parent can be effective in both their parenting and their college courses. Lots of lessons can be learned by all through this process. My concern would be countertransference because of my own experiences.

(6) The first and most ethical thing the counselor, in this case, could do is allow Cynthia to explore her thoughts freely and just help her talk through them, reflecting her thoughts back to

her to help her clarify what she is thinking and the effects, positive and negative, could have on her and her family. b. The counselor could refer her to a college counselor so that she could learn more about what pursuing a college degree would entail. c. If the counselor could not work through his conflict, then he could refer her to someone else that would be better equipped to guide her.

(7) If she chooses to pursue an education and subsequent career it could cost Cynthia her family if her husband followed through with his threats and that is a whole other conflict that would need resolution. If she chose not to pursue an education and instead submit herself to her husband's and her faith's tenets she could become more depressed which could affect her and her family in an even more negative manner. The decision on what to do clearly has to be her own. The counselor's part is to make sure she looks at all aspects of her decision to make an informed and best possible choice from her perspective.

(8) I think the best thing to do in this case would be for Cynthia to explore her thoughts freely without the counselor encouraging or discouraging any choices. To refrain from imposing my own thoughts I would explore my own values with a senior counselor. I would encourage her to talk to a college advisor as well so that she could understand how college classes would affect her daily life. I would then ask her to plan how to proceed. If she still wants higher education knowing all the aspects of what would be required, I would ask her how she wants to address this with her husband. I would suggest inviting him to a counseling session if he is willing, and there she could articulate her desire and how she would address her school and family responsibilities. I would encourage him to share his concerns as well and then, if it goes well, suggest to Cynthia that she invite him to her sessions periodically as she feels the need or suggest a referral to a marriage counselor if they express the need to explore their marriage more.

10. Self-Evaluation:

My name is Frances Romero Thomas, and I have to say I am pretty proud and mildly surprised by my ability to learn the lessons in this class so far. I am almost 60 years old, and I was more than a little apprehensive about returning to the classroom. The syllabus noted that we should spend at least 9 hours per week to complete the lessons outlined; I feel I need more time than the average person as I spend at least 15. I try to put my personal reflections and observations in the lessons and responses in my posts, I try to assess how my perspectives would affect future clients, and how I would manage the stresses that I would experience because of work. It has been my experience that no one really leaves work at work; it is a part of our life, and it swims in there all the time in different ways.

My strengths, I believe, are that I have pretty good emotional control, and I am punctual, observant, flexible, and creative. The way I operate daily is based on these strengths. I am not quick to get upset, excited, or surprised. I usually tolerate short-notice changes well and am able to focus on the situation rather than the panic that sometimes ensues when a short-notice work event comes up. I get up early every day, am rarely late to work, and rarely miss work unexpectedly. I take care to plan ahead to avoid illnesses, when possible, and to take care of personal needs. I am also a quiet person and as such, I spend a lot of time observing others. I feel this gives me good insight. I adapt easily to changes in schedules and can think quickly about how to adjust. I also enjoy drawing, painting, and refinishing furniture at every opportunity. I make sure to make time for things I enjoy daily even if it's only a short walk with the dogs or a happy phone call with family.

Things I need to work on are my perception of myself, being too blunt, and technology. I have had a hard time seeing myself as an older person. I don't really feel older until I look in the

mirror or my knees don't want to help me get back up when I kneel. I think I have come to focus too much on my age lately and my perception of myself has affected how I feel I can contribute to the work setting. I have felt some level of age discrimination, but I don't know if it is actually occurring or if it is in my mind. To add more concern to my age perception is my inability to learn technology quickly. To be honest, I hate it. I have always been able to learn things pretty quickly, but the use of technology is challenging for me, especially new processes. I am grateful that my son and daughter and their significant others are very well in tune with technology and are patient and willing to help me learn.

I am also blunt, I always have been. I have a soft voice and a caring nature, but I am direct and to the point in my communications. When I worked for the state I was concerned about my bluntness, but came to learn that the people I worked with appreciated my honesty. They liked knowing the truth about their situation and they never felt blindsided when they went to court. There were a few, however, that would rather everything be blurred a bit. I think I have improved in my delivery, but I cannot bring myself to blur truths regardless of whom I might upset. I will say this if I am not directly involved, I try to just stay quiet.

I was concerned about returning to college after such a long break, but I am elated that I have done so. I stopped when I did because the issues surrounding my divorce left me dazed and unable to concentrate. I was not doing well when I stopped, but I am now and I am extremely excited to plan for completing my master's degree. I feel I am giving my all to my college classes because they mean so very much to me. I give them the attention that they deserve, and I focus on doing my very best in each lesson. I would give myself a 96.3% on participation and effort due to the limitations I have from work and family that sometimes get in the way of my ability to focus fully on what I am learning.

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