Theory And Practice Of Counseling (PSY632)

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LESSON 01

INTRODUCTION

Counseling is a distinct profession that has developed in a variety of ways in 20th century. It is a very useful area; on one end it will equip the students with basic theoretical and practical knowledge about the subject, on the other end it will teach how to understand and improve oneself, and also how to maintain good interpersonal relationships. Also it teaches how to develop good communication and relationship skills.

Course Content

The main sections of the course are as under:

Part I: Introduction to foundation and historical background

Part II: Counseling process and methods

Part III: Theories of counseling and interventions

Part IV: Assessment in counseling

Part V: Counseling situations

Course Objectives

The goal of this course is to present a comprehensive overview of counseling profession. This course has been developed carefully to provide students with a thorough overview to the discipline of counseling. A few objectives of this course are described below:

- To understand theoretical foundations of counseling psychology: Each theory is addressed from the perspective of background, human nature, major constructs, applications, the process of change, and intervention strategies, evaluation.
- To critically examine the major theories of therapy in the framework of one's own background, values and professional goals.
- To indulge in self-assessment – one's own needs and motivations, and personal characteristics that will either help or hinder one in becoming a professional in human services.
- To understand basic counseling skills as practiced by an effective counselor.
- To discuss special settings and populations where counseling could be effectively used.
- To explore ethical and legal issues for the practice of counseling profession.

Reference List

- Gladding, S.T. (2003). *Counseling: A Comprehensive Profession* (5th ed..). Prentice-Hall Career & Technology.
- Corey, G. (2004). *Theory and Practice of Counseling and Psychotherapy* (7th ed.). Wadsworth Publishing.
- George, R.L. (1986). *Counseling Theory and Practice.* New Jersey: Prentice-Hall.

Counseling Journals

- Counseling (by British Association for Counseling)
- British Journal of Guidance & Counseling
- The Counseling Psychologist (by American Psychological Associaton)
- Psychodynamic Counseling
- International Journal of Psychotherapy
- European Journal of Psychotherapy, Counseling and Health

Main Features of this Course

- *Classroom Activities:* The counseling will provide actual demonstrations of different counseling skills and other practical aspects of the course will relate theory to practice of counseling. At the same time, it will also clear up students' misconceptions about how a therapy actually works.
- *Case Approach:* Case study consistent with the theoretical model under discussion will be presented to further clarify the theoretical concepts. The case approach to counseling emphasizes the use of demonstrations and attempts to bridge the gap between the theory and practice of counseling.
- *Counseling Journal:* Students will be expected to write their experiences regarding practice of different counseling skills.

Students' Learning

At the end of this course, the students shall be able to:

- Demonstrate foundational knowledge in counseling psychology (concepts, theories, ethical issues, basic skills, etc.).
- Apply this knowledge in improving one's own life as well as to understand others in a better way.
- Use basic counseling skills (attending and listening skill) in improving their relationships.

Definitions of Counseling

As a profession counseling is relatively new. It grew out of guidance movement, in opposition to traditional psychotherapy. A few definitions described below will illustrate the meaning and process of counseling profession:

- "An effort to help the client engage in those types of behavior which will lead to a resolution of the client's problems" (Krumboltz, 1965).
- "Counseling denotes a professional relationship between a trained counselor and a client. Relationship is usually person-to-person, and is designed to help clients to understand and clarify their views of their lifespace, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problem" (Burks & Stefflre, 1979, p. 14)
- "An interaction in which the counselor offers another person the time, attention, and respect necessary to explore, discover and clarify ways of living more resourcefully, and to his or her greater well-being" (The BAC, 1999)

These definitions indicate that counseling as defined by different people have few common components, as described below:

- "Counseling is aimed at helping people make choices and act on them"
- Counselors are the people who listen to others and help resolve difficulties
- **A relationship:** Counselor develops a relationship which is based on unconditional positive regard and trust.
- **A process:** Counseling is a process in which the counselor and the clients involve themselves in a psychological process to solve problems.
- The counseling is designed to help people make choices and solve problems.
- The counseling helps in recognizing one's potential and to use this potential in an effective way.

Counseling as a Helping Relationship

Counseling shares many characteristics of other helping professions. People working in these professions are expected to help others, e.g., medical doctors, psychotherapists, nurses, paramedics, school counselors, etc. According to Rogers (1961, p. 40), helping relationship is defined as:

- "Helping relationship is the one in which at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning, improved coping with life of the other".

This definition describes various interpersonal relationships in social settings, e.g., mother-child, teacher-student and many other relationships where people interact with each other and their interactions affect behaviors and attitudes of others. However, counselor-client relationship affects in a unique way, different from other interactions.

In the following, certain characteristics of helping professions are described. All of these are also found in client-counselor relationship.

Characteristics:

Affectiveness: Helping relationships is more affective (with feelings and emotions) than cognitive.

Intensity: Counselor and client are expected to share openly their perceptions and reactions to each other and to the process.

Growth: The relationship is dynamic. As the client grows and changes, so does the relationship. Counseling is a unique and dynamic process in which, from counselor and client, one assists the other. The counselor helps the client to grow in a positive direction and actualizing his own resources to grow.

Privacy: During or after the counseling session all client disclosures are confidential.

Support: Counselors, through counseling relationship, offer the client a system of support that often provides the necessary stability for taking risks and changing behavior.

Honesty: The helping relationships is based on honesty and open and direct communication between the counselor and the client.
The above characteristics indicate that the counselor will provide support to the client. However, counseling relationship is not befriending, as in friendship both people share with each other but in counseling sharing is one-sided. However the supporting elements are strong in both friendship and counseling relationships.

Is Counselor Simply a Helper?
The helping relationship is the cornerstone on which counseling profession rests. This topic has been studied at length by various authors. The word helper is used as a short-hand term to describe both; both counselors and informal helpers use helping skills, e.g., plumber, electrician, guide, student counselors, etc. However, counseling is a help provided in a professional and ethical way. Egan (1994) mentions the term *skilled helper* to define a professional counselor.

Nelson-Jones (1997) differentiates both in the following way:
- Anyone who provides a service could be regarded as a helper but not counselor.
- The word helper has connotations of placing recipients of help in dependent position and the helper does things for the person rather than with him or her (which counselor is supposed to do.
- The word help obscures the idea of self-help. The purpose of counseling to help people is to become their own helpers, so both helpers and recipient of help ultimately become helpers. The point is that when both are ultimately able to provide help, how the term of helper can be employed for just one (counselor) of the two persons.

Characteristics of Counseling

Counseling as a Relationship
Counseling is sufficient for constructive changes to occur in clients (Rogers, 1957). The counseling relationship is characterized by core conditions namely empathy, unconditioned positive regard, and genuineness.

Counseling as a Repertoire of Interventions
In counseling several questions (like which, when, and with what client) are answered and while interventions are decided an attempt is made to have a match between the client and the counselor.

Counseling as a Psychological Process
- Goals of counseling have a *mind* component
- Process is psychological
- Underlying *theories* are psychological: Some psychologists like Rogers, Albert Ellis and psychiatrists like Berne and Beck have contributed enormously to counseling theories. For example, information about human nature has been derived from psychological theories. Some people argue that counseling is not a profession as it is used in so many disciplines in so many sphere of life, e.g., loan counselors, business counselor, etc., but the difference is that professional counselors work according to some theoretical model.
- Psychological research contributes both to creating counseling theories and to evaluate counseling process.

Guidance & Counseling
- Guidance has been flip-flopped with counseling for over 50 years. The word guidance has historical significance in the history of counseling, although not much in use now.
- Guidance is an umbrella term that includes such a constellation of services aimed at personal and career development and school adjustment. Guidance also describes the overall school/ college program and implies personal assistance to students, teachers, parents and administrators.
- Guidance is a relationship between the unequal. While counseling has been perceived as a process in which someone who has a problem receives personal assistance, usually through private discussion.
- Guidance focuses on helping individuals choose what they value most; counseling focuses on helping them make changes. Counseling has been perceived as a process in which someone who has a problem receives personal assistance, usually through private discussion. The term "counseling" not used exclusively by school counselors or other professional counselors, is used by people in the counseling profession to describe a special type of helping process.

Distinctions between Counseling & Psychotherapy
Hahn (1953) writes, "I know few counselors or psychotherapists who are completely satisfied that clear distinctions have been made". Hahn goes on to point out that the most complete agreements are that counseling and psychotherapy cannot be clearly distinguished; counselors practice what psychotherapists consider psychotherapy, and psychotherapists practice what counselors consider to be counseling, and despite the above they are different.

Blocher (1966) distinguishes between counseling and psychotherapy by pointing out that the goals of counseling are ordinarily developmental-educative-preventive, and the goals of psychotherapy are generally remediative-adjustive-therapeutic. He describes that five basic assumptions about client and counselor differentiate both:

- Counseling clients are not considered to be "mentally ill", but they are viewed as being capable of choosing goals, making decisions, and generally assuming responsibility for their own behavior and future development.
- Counseling focuses on present and future.
- The client is a client, not a patient. The counselor is not an authority figure but is essentially a teacher and partner of the client as they move towards mutually defined goals.
- The counselor is not morally neutral or amoral but has values, feelings, and standards of his/her own. Although the counselor does not necessarily impose these on clients, he or she does not attempt to hide them.
- Counselor focuses on changing behavior, not just creating insight.

Brammer & Shostrom (1982) indicate that while the two activities may overlap, counseling in general can be characterized by such terms as "educational, vocational, supportive, situational, problem-solving, conscious awareness, normal, present time, and short-term"; psychotherapy can be characterized by such terms as "supportive (in a crisis setting), reconstructive, depth emphasis, analytical, focus on the past, emphasis on 'neurotic' or other severe emotional, and long-term problems.

Counseling & Psychotherapy: Differences
- Differences in origins
- Differences in goals
- Differences in process
- Differences in issues/ settings
- Differences in clients
- Differences in training & orientation

Differences in Origins
Counseling evolved from the human potential movements of late 1950s and 1960s; many of the psychotherapies have their roots in psychoanalysis although many schools evolved and have broken away. The goals of psychotherapy are more likely to involve a quite complete change of basic character structure, and reconstructive. In contrast, counseling is directed toward aiding growth.

Differences in Goals
In psychotherapy the goal is to change the personality while counseling deals with the goal of helping people to utilize existing resources for coping with life better.

The goal of counseling is to help individuals deal with the developmental tasks appropriate to their age. The adolescent who is being helped with problems of sexual definition, emotional independence from parents, career decision making and preparation , and the other tasks typical of that age in different cultures would be receiving counseling. Similarly, a middle-aged person grappling with stresses of his age would seek the help of a counselor. However, more emotional and severe problems will be under the domain of a psychotherapist.

The goals of psychotherapy are more likely to involve a quite complete change of basic character structure; the goal of counseling are apt to be more limited, more directed towards aiding growth, more concerned with the immediate situations, and aimed at helping the individual function adequately in appropriate roles.

Differences in Process
In the process of psychotherapy emphasis is on the past while the process of counseling emphasize on the present.

The purpose of the process of psychotherapy is treatment of the patient but counseling proceeds with the purpose of the growth of the client.

Psychotherapy and counseling also differ in frequency and depth of work. In psychotherapy usually there will be 20-40 sessions over the period of 6 months to 2 years, while in counseling sessions will be limited, i.e., 6-12 sessions and the duration shall be usually less than 6 months

Differences in issues/ setting
Psychotherapists are more apt to work in hospital settings or in private practice; counselors are more apt to work in educational settings. A wide range of settings/ issues for counselors are self awareness, relationship difficulties, abuse, anxiety, self-harming, vocational problems, lack of assertiveness, career transitions, etc.

Suitable clients: Similarities & Differences
The counselor deals with normal persons and the psychotherapist deals with neurotic or psychotic persons. Such a distinction, of course, has many of the same built-in problems in the definition of "normal" as are involved in the distinction between counseling and psychotherapy.

Both counseling and psychotherapy utilize a common base of knowledge and a common set of techniques. Both involve a psychotherapeutic process but they differ in terms of the severity of the client's situation, in terms of the client's level of problem and/or functioning. Since the process does not change-only the situation or the client's concern may-we use the term interchangeably.
There are also few similarities in clients and patients of counseling and psychotherapy, for example both are:
- Articulate
- Motivated
- Committed

Apart from similarities, both disciplines share many differences as well, for example, psychotherapy patients could have personality disorders, at risk of breakdown or mental illness, and thus might require an access to a consultant psychiatrist. As compared to that, counseling clients require more insight so that they could be able to take responsibility for their emotions and decisions.

Differences in Training & Orientation
Some practitioners of counseling may be trained at the doctoral level with a supervised internship, as psychotherapists are. But many counselors have less training, with relatively little psychology and little or no formal supervised internship. More objective observers distinguish between counseling and psychotherapy on the basis of the extent of training in personality theory, research methods, and formal internship.

HISTORICAL BACKGROUND
COUNSELING & PSYCHOTHERAPY

Similarities between Counseling & Psychotherapy

Counseling and psychotherapy are similar in many procedures and concepts. Some of them are given below:

- Both have the same seating arrangements and directions during the process of conducting sessions.
- In both psychotherapy and counseling special relationship is built and both value clients.
- Psychotherapists and counselors use the same theoretical models.
- Counseling skills are used by those practicing psychotherapy and counseling.
- Both psychotherapy and counseling have same ethical and professional boundaries like confidentiality, time limits, payments, ethical issues.

Similarities in the process of both disciplines are shown in Figure 1.

Figure 1: Process in Counseling & Psychotherapy
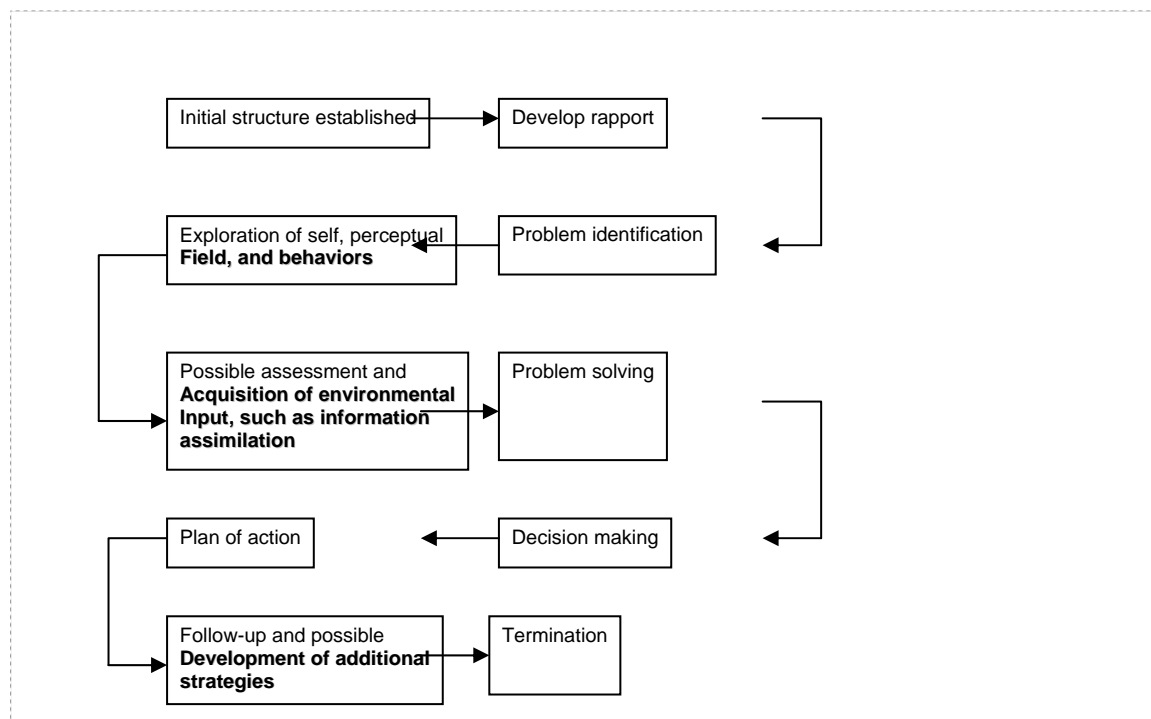
Historical Development of the Counseling Profession

Counseling as a distinct profession has developed in a variety of ways during the 20th century. Counseling has emerged and developed largely as an American product in the 20th century. Its acceptance and widespread use in the USA far exceeds that of other countries. The development in counseling profession can be roughly divided into two broad categories:

Our heritage from the past: Before 20th Century

- **20th century- To date:**
  The development in 20th century and later years is largely attributed to following landmark events/ factors:

- Vocational Guidance Movement
- Mental Health Movement
- Standardized testing
- Licensure and legislation

Our Heritage from the Past: Before 20th Century

Primitive Times

- Primitive societies shared fundamental economic enterprises, that is why no elaborates career guidance was required at that time. Most of the career-related conflicts of present-day society were absent in early primitive life. It is quite possible that the earliest (although unconfirmed) occasion in which humans sought a counselor was when Adam reaped the consequences of his eating the apple in the Garden of Eden. An abundance of evidence suggests that persons throughout the ages have sought the advice and counsel of others believed to possess superior knowledge, insight, or experience. Perhaps the first counterparts of the present-day counselor were the chieftains and elders of the ancient tribal societies.

- Later, as skills became more recognizable and important to societies, occupational trades began to passed down, mostly within families. However, no elaborates career guidance programs were developed or needed because occupational limitations were usually determined by two criteria: age and sex. Thus, potters passed on the secrets and skills of their trade to their sons, as did the smiths and carpenters. Women passed on their skills to their daughters. Anyway, the occupational opportunities were limited in those times.

- A study of early primitive life can lead one to conclude that most of the conflicts existing in present-day society regarding career decision making were absent.

Early Greek Counselors

In the early civilizations, the philosophers priests, or other representatives of the gods and religions assumed the function of advising and offering counsel. The historic origins of the concept of developing one's potential may be identified in the early Grecian societies.

Plato:

Plato is generally recognized as one of the first to organize psychological insight into a systematic theory. *Belkin (1975)* noted Plato's varied interests: Education, persuasion, and most   importantly a method to deal with these questions (through real human interactions). Dramatic method: through the dynamics of real human interaction in which characters are as important as the things they say)

Aristotle He studied how people interact with their environment and others.

Hippocrates:

He indicated that mental disorders were diseases due to natural causes. In 4th century BC, he suggested that the disturbance of four humours in body causes different behavioural problems. He in fact provided the first medical model of behaviour problems.

Early Hebrew, Christian and Islamic Teachings emphasized the rights of individuals and humanistic ideals. Many contributions of that time can be similar to what was later to develop in the field of psychology. The primary concepts of all religions later in 20th century provided basics to democratic societies and counseling movements.

Middle Ages (10th – 15th Century)

During middle ages, attempts at counseling increasingly came under the control of church. At that time education was also largely under church jurisdiction. By the early middle ages, the duty of advising and directing youth had become centered in the parish priest.

A few important characteristics of middle ages are as under:

- Return to demonological explanations.
- Church became the primary social and legal institution in Europe. Physicians became the doctors to treat the mentally ill.
- Exorcism again was practised.
- Priests diagnosed people by looking for signs of the devil, e.g., rashes and dead skin spots (by pricking)

Muslim Traditions in Counseling & Psychotherapy

Dark ages were not dark for Muslims. While demonology persisted in the Western world, Muslim civilization was at its peak. Al-Razi, Al-Ghazali, Ibn-e-Miskwayh, Ashraf Ali Thanvi laid great emphasis on the development of the whole man; common therapeutic goals are changing man's relationship to God as well as to society. They put forward a radical humanistic approach by giving respect to individuals. They held that man has the potential to grow by using his inner resources. They also believed that ignorance was disease and knowledge was cure.

16th Century

Philosophers and educators, such as Luis Vives (1492-1540) recognized the need to guide persons according to their aptitudes.

17th Century

Books like "*Tom of All Trades: Or the plain pathway to preferment*" (Powell, 1631) aimed at helping youths choose an occupation. Also during this time, Rene Descartes (1596-1650) and others began to study human body as an organism that reacted or behaved to various stimuli. These studies were to be forerunners for later more accurate and scientific studies.

18th Century:

In the 18th century Jean-Jacques Rousseau (1712-1778) suggested that the growing individual can best learn when free to develop according to his or her natural impulses. He advocated permissiveness in learning and learning through doing.

The famous Swiss educator Johann Pestalozzi (1746-1827) expressed the belief that society could be reformed only to the extent that the individual in that society was helped to develop.

19th Century

US Educator *Horace Mann* in his 12th Annual Review stressed on main-stream schools and that the objective of education should be to reform society. Mann reported that "in teaching the blind and the deaf and dumb, in kindling the latent spark of intelligence that lurks in an idiot's mind and in the more holy work of reforming abandoned and outcast children, education has proved what it can do by glorious experiments. Mann also believed that education should have as one of its objectives the reform of society.

The biologist Herbert Spencer (1820-1903) set forth his concept of adjustment. This biological concept held that forms of life that do not adapt their environment eventually become extinct. From this, Spencer concluded that perfect life consisted of perfect adjustment. In other words, biological adjustment is criterion of life. Adaptive behavior is that which maintains life.

By the end of 19th century, several influential figures contributed to the field of Psychology, e.g., William James, Wilhelm Wundt, Albert Ellis, Perls, etc. The work of some psychiatrists also influenced the field of counseling. For example, Sigmund Freud's psychoanalysis influenced later prominent theorists of Perls, Ellis, and Adler. Similarly, Dorothy Dix advocated organic than moral treatment (prevalent at that time) at least for seriously mentally ill.

20th Century – To date

1900-1909: Vocational Guidance Movement
In 20th century, when society was growing more complex, and finding one's appropriate place in society became increasingly complicated, it seemed a ripe time for a genuinely scientific approach to meeting many human needs. The time had come for the development of counseling to meet these needs. However, no single date can mark the beginning of counseling.

The counseling profession entered the schoolhouse in the early 20th century. Three persons emerged as leaders in the development of counseling:
- Jesse B. Davis
- Frank Parsons
- Clifford Beers

Jesse B. Davis
Counseling may well have begun in 1898 when Jesse B. Davis advocated that students should be preached to about the moral value of hard work. He was known as a broad scholar, writer and a tireless activist. He introduced "vocational and moral guidance" as a curriculum into an English language composition course. Davis worked for educational and vocational problems of students; a clear illustration of the early ties of counseling to vocational guidance. He suggested that a good character shall be considered an asset to any person who decides to enter the business work. He suggested that there shall be a guidance lecture once a week in schools with the goal of building character. This was the first systematic guidance program in public schools and can be considered a forerunner of counseling.

Frank Parsons - the Father of Guidance
Parson founded a vocation bureau in 1908 in Boston, eventually led to the National Vocational Guidance Association in 1913. In 1909, he wrote the book, *Choosing a Vocation,* which was divided into 3 areas:
- Personal investigation
- Industrial investigation
- Organization and the work

Parson's work had significant impact on the vocational guidance movement. His bureau established a direct connection with the Boston schools.

He suggested that the following three factors are important for the wise selection of a vocation:
- Extensive self-study on a "Schedule of personal data"
- A knowledge of requirements and conditions
- True reasoning on the relations of these two

He introduced an unusual feature of the intake interview "the observation". This approach would get clues to possible flaws in the client, such as slow auditory reactions, defective verbal memory, etc. The counselor would observe shape and size of head, enthusiasm, vitality, features, etc. and then would have some idea about the appropriateness of that person for some particular job. He offered a method to match a person's personal

characteristics with an occupation. He also recommended the client about methods that could be used for self-improvement, like reading good suitable books to develop analytical thinking. Biographies were suggested for finding commonalities and get inspiration. Counselor would then fill in the details by reading between the lines and would make a detailed analysis of industrial job opportunities, work conditions, pay, demands, etc.

LESSON 03

HISTORICAL BACKGROUND
1900-1909

Frank Parson

Frank Parson is known as a broad scholar, a persuasive writer, a tireless activist, and a great intellect. He is rightly called the "father of guidance" and is best known for founding Boston's Vocational Bureau in 1908. He initiated vocational guidance movement, but he would not have envisioned the growth of the movement from the several dozen, he trained, to 115,000 school counselors by 1994.

Parson (1909) believed that the vocational counselor should have the following traits:

- A practical working knowledge of psychology
- An experience involving sufficient human contact
- An ability to deal with young people
- A knowledge of requirements and conditions of success
- Information about courses and means of preparation
- Scientific method analysis

Frank Parson's work on vocational guidance classified the facts, identified the causes, and drew the conclusions about several issues pertaining to suitability of people for different work environments.

Clifford Beers: Mental Health Movement

During the same period (1900-1909), other professional developments evolved independently and merged to help form the modern approach to counseling. Mental health movement, like vocational guidance movement, owes much to the efforts of one person. Clifford Beers, a former Yale student, was hospitalized for mental illness several times during his life. He found conditions in mental institutions deplorable and exposed them in a book, *A Mind That Found Itself* (1908), which became very popular. Beers advocated better mental health facilities and reforms in the treatment of the mentally ill. His work had an especially powerful influence on the fields of psychiatry and psychology, where many of these people referred to what they were doing as counseling. Beers was the impetus for the mental health movement in the United States, and his work was a forerunner of mental health counseling.

He noted abuse of *weak* and *violent* patients. Weak patients and violent patients were abused the first day they would admit into a hospital because of the helplessness of the later and aggressive behaviors of the former. This procedure seemed to be a part of established code of dishonor. His descriptions aroused public to humanitarian movements. During 798 days of depression in hospital, he said that he draw countless incorrect deductions.
These and similar descriptions aroused the public to initiate
> 1. Humanitarian reforms
> 2. Scientific inquiry into the problems of mental illness and its treatment.

With the help of a few psychologists of the time, Such as William James and Adolph Meyer, the mental hygiene movement was launched to educate the general people. Mental Hygiene movement was responsible for legislative reforms, aftercare, and free clinics for the mentally ill. In 1909 Beers supplied the leadership for National Committee for Mental Hygiene.

Psychopathic Hospitals

Viewpoint that individuals are products of both their environment and heredity gave rise to new type of institutions called *"Psychopathic Hospitals"*. *Psychopathic Hospitals* located in communities became the forerunner of modern day community mental health centers. In these hospitals outpatient treatment was

preferred rather than custodial care. They improved standards of treatment, though controversial, and provided base for establishing local clinics for disturbed children.

Other Early Leaders in Guidance Movement

The work of Jesse Davis, Eli Weaver, and Frank Parsons and a host of other pioneers created momentum for the development of a school counseling profession.

Anna Reed:

Developed guidance programs to judge a person's worth by his/her employability. Reed was an admirer of the prevailing concepts of the business world. She believed that guidance services are important for developing best educational products. Contrary to today's philosophy, she placed the business needs above those of the individual.

Eli Weaver:

Eli Weaver established teacher guidance committees in every high school in New York to help youths discover their capabilities for the most appropriate employment

Davis S. Hill:

Davis S. Hill advocated and worked for a diversified curriculum complemented by vocational guidance.

1910s: Standardized Testing

- Prior to World War I human assessments were made on the basis of individual differences on a variety of tasks. The French psychologist Alfred Binet and his associate Theodore Simon introduced the first general intelligence test in 1905. In 1916, a translated and revised version was introduced in the United States by Lewis M. Terman and his colleagues at Stanford University, and it enjoyed widespread popularity in the schools. Prior to World War I technical efforts to human assessment were limited to the work of individual researchers attempting to measure individual differences on a variety of tasks like reaction time and sensorimotor abilities.

- World War I was the third important event of the decade. To screen its personnel, the U.S. Army commissioned the development of numerous psychological instruments, among the *Army Alpha and Army Beta* intelligence tests. Several of the army's screening devices were employed in civilian populations after the war. These were based on group testing.

- The first standardized achievement and aptitude tests were constructed at that time. Testing of special aptitudes in music, mechanics, and arts was also started.
- In 1915, the first guidance journal "Vocational Guidance" was published.
- The first standardized achievement tests predicted success in areas such as academic performance.
- Robert Yerks, APA president, headed a committee of psychologists to develop IQ and other measures.
- In many ways developments in mental measurements and other types of human assessment formed the basis for the early technology of counseling practice

1920s

- The 1920s were relatively quiet for the development of guidance profession.
- A notable event was the certification of counselors in Boston and New York in the mid-1920s.
- Another turning point was the development of the first standards for the preparation and evaluation of occupational materials. Certification in guidance profession started in mid-twenties.
- Along with these standards came the publication of new psychological instruments such as Edward Strong's *Strong Vocational Interest Inventory* (SVII) in 1928, which set the stage for future directions.

- In 1921, Cattel founded Psychological corporation to sell tests
- First centre of Marriage and family counseling by Abraham & Hannah (1929) marked the beginning of the subspecialty.
- This decade not only stimulated the development and usage of standardized tests, but also was significant to the development of one of the early specializations in counseling: rehabilitation counseling. Vocational rehabilitation services were initiated for veterans.
- In 1921 Rorschach's very popular inkblot test, Psychodiagnostic, was developed.

Child Guidance Movement:

Child Guidance Movement was primarily initiated as the result of the work of G. Stanley Hall.

Hall was also influenced by Freud, and introduced his ideas in USA. He studied different phases of mental life in all ages.

Child-study movement was fourfold:

- Individual as the focal point of study
- Importance of the formative years
- Need for reliable, factual knowledge about children
- More accurate methods of child study

Child study centers were designed to promote the well-being of children

The first child guidance clinic was founded in Chicago in 1909 by an English psychiatrist, William Halley, who worked on children delinquency and misbehaviour.

<u>**1930s**</u>

Williamson's Trait-Factor Approach:

Highlight of this decade is the development of first counseling theory by Williamson et al. Williamson used this theory to work with students and unemployed. His theory is a trait-factor, directive, and counselor centered approach. His approach is also considered the Williamson modified Parsons's theory. He emphasized traits (aptitudes, interests, personalities, and achievements) of the counselor for the effectiveness of counseling. His pragmatic approach emphasized the teaching, mentoring, and influential skills of the counselor. His theory dominated counseling for the next 2 decades. It was based on a scientific, problem solving, and empirical method that was individually tailored to each client in order to help him stop his nonproductive thinking.

John Brewer:

John Brewer helped broaden counseling beyond occupational concerns. He emphasized this change and published a book "*Education as Guidance*" He maintained that every teacher be a counselor and that guidance be incorporated into school curriculum. The purpose is to teach the student to live outside the school.

Influence of World War I:

World War I resulted in two significant acts:

1. Civilian Vocational Rehabilitation Act
2. Veteran's bureau

Other Important Developments:

- The term of Rehabilitation Counselor appeared in late 1930.

- By the 1930s 50 psychological clinics and 12 child guidance clinics were formed.
- In 1939, Wechseller Adult Intelligence Scale was introduced
- Establishment of US Employment Service, published the first edition of *Dictionary of Occupational Titles* in 1939. DOT was used as the major source of career information for guidance specialists working with students and unemployed.
- New measures of personality, interests, abilities, emotions and traits were constructed.

1940s
- By 1940 over 500 psychological tests appeared.
- A Measurement Year Book was constructed to catalogue tests

During this decade, three major events radically shaped the practice of counseling:
1. The theory of Carl Rogers: Client Centered Approach
2. World war II
3. Govt.'s involvement in counseling

Carl Rogers
Carl Rogers rose to prominence in 1942 with the publication of *counseling and psychotherapy*.

More than any other person, Rogers influenced the way American counselors interact with clients.

Client centered approach maintained that counselor serve as a mirror, reflecting the verbal and emotional manifestations of the clients.

He emphasized in his two books: "counseling and psychotherapy" "client centered therapy" that the client assumes the major responsibility for solving his/her problems. His nondirective approach was opposite of traditional method of counselor being the focus of attention. This approach was different from the trait approach of Williamson. After continued research and application efforts, this was a semantic change from nondirective to client-centered approach.

Often it is stated that his contribution to counseling is analogous to Henry Ford's contribution to the development of automotive industry.

Aubery (1977) noted that before Rogers the literature in counseling was very practical, e.g., a lot of testing, maintaining cumulative records, vocational and placement functions, etc. Rogers emphasized a new approach focusing on techniques of counseling, training of counselor, and research. Due to Rogers' influence guidance for all intents and purposes suddenly disappeared.

World war II & Govt.'s (US) Involvement
- After World War II, counseling and guidance movement appeared to be taking a new vitality and focus. Involvement of psychology in World War II was far greater than World War I.
- There was a postwar explosion effect, e.g., funding as well as stipend and paid internships were available to students.
- In 1944 alone over 60 million tests were administered to 20 million soldiers and civilians and Veterans Administration (VA) established centers to provide counseling
- VA coined the term *Counseling psychologist* and funded the training of counselors and psychologists
- About 1500 psychologists served in war
- Wider range of military-oriented tests including *Army General Classification* for groups was created.
- Brief measures of TAT and Rorschach appeared.

- By 1960 many people had become highly critical of the practice of using such tests for educational and job selection. The criticism was that these tests are penalizing minority groups who score low on these tests not because of their lack of abilities but due to less equal opportunity.

LESSON 04

HISTORICAL BACKGROUND

1950s: Mid Century Legislations

If one decade in history has to be singled out for the most profound impact on counselors, it would be 1950s (Aubery). Major highlights of this decade are given below:

- *American Personnel & Guidance* association was formed in 1952. It was concerned with vocational, educational and other personnel activities.

- Division 17 of Counseling Psychology, separate from guidance, was established. Previous division was guidance and counseling and this new division was established to distinguish it from clinical psychology division. This separation was partly affected by Veterans Administration and was influenced more by the desire of APA members to work with normal people.

- National Defense Education Act (NDEA) of 1958 provided funds to strengthen school guidance programs and train school counselors.

- At that time the most popular theories were psychoanalysis and insight oriented theories, trait-factor, and client centered theories. This decade is also important for the development of new theories, such as Behavioral, Cognitive and Learning theories.

- Extension of the earlier Vocational Rehabilitation Legislation acts 1954 is another important feature of this decade. Other notable legislations include the Vocational Education Act of 1963, the 1968 amendments, and subsequent amendments.

- Rehabilitation acts helped provide financial support for an extensive program to educate rehabilitation counselors specialized in assisting the disabled. Since its inception, it has provided training to several thousand counselors.

1960s:

- The initial focus was on counseling as a developmental profession. Gilbert Wrenn set the tone for the decade and became one of the strongest counseling advocates. He wrote the widely influencing book The *Counselor in a Changing World* and worked to resolve developmental needs.

- This impact gradually declined as the decade continued because of 3 events:
    - Vietnam War
    - Civil right movement
    - Women's movement

- Each event pointed out needs within society and the main focus of that time was on crises counseling and other short-term interventions.

- Powerful influences of Humanistic theories of Maslow and Jourard.

- The period after World War II also saw a rapid expansion of community mental health services. The 1963 Community Mental Health Centers Act authorized establishment of such centers. About two thousand centers were expected to provide 5 essential services:
    - Inpatients
    - Outpatient
    - Partial hospitalization
    - Emergency care
    - Consultation

- In 1955 US Congress passed a Mental Health Study Act which opened opportunities for counselors outside education. This study resulted in a report "Action for Mental Health" in 1961.

- Requirements of a comprehensive center:
    - Diagnosis
    - Rehabilitation

- o   Pre-care and aftercare
- o   Training
- o   Research & evaluation
- The first decline in the number of patients in state mental hospitals was seen in 1955, despite an increase in the number of admissions, and it was steady over the next 20 years. A minimum of 5 services were required for establishment of such centers, while 5 optional services were required to a mandated set of 12.
- The Community Mental Health Centers Amendments of 1975: Further amendments in 1978 set new criteria for the establishment of such centre. It was essential to satisfy 6 initial services (follow up service was added to previous 5), then over 3 years these centers could phase in gradually.
    - o   Special services for children
    - o   Special services for the elderly
    - o   Preinstitutional screening & alternative treatment
    - o   Follow-up for discharged persons
    - o   Transitional living for discharged persons
    - o   Alcoholism services
    - o   Drug abuse services
- In 1996, the US Congress passed the Mental Health Insurance Parity Act.

1970s:

- Diversification in counseling settings: Before this time almost all counselors had been employed in educational settings, usually in public schools. Now they were hired in community mental health centers. Rate of growth of school counselors declined from 6-10% (1960s) to 1-3% (1960-70s).
- Community counselor could work in any setting, e.g., in child abuse centers, hospitals, organizations, etc.
- Consistent with this, there was an increase in counselor education programs. Counselor programs increased from 327 in 1964 to about 475 by 1980.
- Lewis and Lewis (1977) coined the term *community counselor*.
- Helping-skills programs: Helping-skills programs concentrated on communication and relationship skills, and the emphasis was humanistic and eclectic.
- Guidelines for Master's (1973) and doctorate (1978) degrees in counseling were outlined.

1980s:

- Counselor Licensure Movement was initiated for official approval of the profession and also to maintain standards of education in graduate degree programs.
- The National Board for Certified Counselors (NBCC) was formed in 1983. The NBCC developed a standardized test and defined 8 major areas of knowledge:
    - o   Professional identity
    - o   Social and cultural diversity
    - o   Human growth and development
    - o   Career development
    - o   Helping relationships
    - o   Group work
    - o   Assessment
    - o   Research and program evaluation
- By the end of the decade, there were approximately 17,000 professionals.
- By the years 2000, there were 31,342 nations (US) certified counselors.

- By 2001, 46 US states had passed legislation to license counselors. A register was maintained of trained counselors.

Counseling as a Recognized Field of Psychology
- Word Counseling was rarely used during early years of 20th century, as the label guidance was broadly applied to all educational activities including educational guidance and career choices.
- In 1960 this concern was still expressed about the interchangeability of these terms.
- The reversal in that trend was noted later by Hoyt (1993) who stated that "Guidance is not a dirty word".
- A profession is characterized by its "role statements, codes of ethics, accreditation, licensure, etc. Perhaps the first delineation of counseling was expressed with the publication of *Workbook in Vocations* by Proctor, Benefield, and Wrenn (1931).
- There was a growing awareness among APGA members that the words personnel and guidance no longer described the work of its members. After considerable debate, American Personnel and Guidance Association (APGA) changed its name to the American Association for Counseling and Development (AACD).
- By 1989, over 58,000 individuals had become members of AACD, an increase of more than 18,000 members in 10 years.
- *Diversification*: Adult Development and Aging (ADAA, 1987) and the International Association for Marriage and Family Counselors (IAMFC, 1990) were chartered as divisions of AACD.

1990s:
- In 1992, AACD changed its name to American Counseling Association (ACA) with 16 subdivisions. The changed name better reflected the work of the members.
- Increased attention to counseling within a pluralistic society: Multicultural issues were given due attention in a pluralistic society.
- There was a renowned interest within counseling on addressing issues related to the whole person. Counselors became more aware of social and environmental factors important to the development and maintenance of mental disorders and health. There was a gradual trend that there are several factors which are important to the development of human beings, e.g., spiritual, socio-economic, family, etc.

Recent Trends in Counseling
In 21st century, the counseling profession is impacted by globalization and technology.
In the late 1980s and early 1990s, counseling extended to various new directions:
- Outreach services for the poor & homeless
- Outplacement services or middle-aged workers and senior executives
- Prevention and early intervention programs for alcohol and drug abusers
- Emerging concerns with retirees
- Stress management
- Sports & leisure counseling
- Multi-cultural counseling
- Globalization and technology

Future Challenges to Counseling
The future challenges are not only remedial but preventive efforts are considered more important. People still face significant societal problems that affect millions of citizens. There is a realization that only

treatment can not solve societal problems. Only prevention has the prospect for diminishing the number of potential victims of nearly all those socially ill.

New trends evolve according to the needs of mankind. According to the rapidly changing societies they need to be adopted for counseling to remain the helping profession.

- Ever-increasing AIDS epidemic
- The continuing addiction of millions to drugs & alcohol
- The alarming number of abused children & spouse
- Suicides
- Criminal activities among teenagers
- The persistent school drop-outs
- The disgraceful numbers of homeless
- The resurfacing of various forms of prejudice
- A bankruptcy of values in all areas ranging from the political to the private sector

GOALS & ACTIVITIES
GOALS OF COUNSELING

This section will elaborate on the expected results or goals from counseling. The ultimate decision about the goals must rest with the client and counselor as a team.

Criteria for Judging Goals

Krumboltz (1966) identifies the following criteria for judging the effectiveness of counseling goals:

- Goals capable of being stated differently for each client
- Compatible with values of the counselor
- The degree of attainment of goals should be observable

A few important goals of counseling are as under:

- Facilitating behavior change
- Enhancing coping skills
- Promoting decision making
- Improving relationships
- Facilitating the client's potential

Facilitating Behavior Change

- Rogers (1961) sees behavior change as a necessary result of counseling process, although specific behaviors receive little emphasis during the counseling experience.
- Dustin and George (1971), on the other hand, suggest that the counselor must establish specific counseling goals.
- Almost all theorists agree to bring about a change in behavior enabling the client to live a more productive and satisfying life. They believe that the specific goals make both understand the specific change.

Enhancing Coping Skills

- Few people completely achieve developmental tasks.
- Inconsistency of significant others can result in ineffective learning in children.
- New interpersonal or occupational role demands may create an overload and excessive anxiety.
- Counselor helps individuals to cope effectively.

Promoting Decision Making

- Counselor just promotes not makes decisions. Counselor provides information, clarifies and sorts out personal characteristics and emotions, and even attitudes affecting decision making.
- The client learns to estimate the probable consequences in personal sacrifice, time, energy, money, risk, and the like.
- One question emerges from the points discussed above that if client has the major responsibility of improving himself/ herself, then where does the counselor fit in? The answer to this question is that client works as a facilitator for the client and provides a safe and comfortable environment where the client will perceive the counselor as a trustworthy person and will be able to share his problems with the counselor. In this kind of therapeutic atmosphere, the client will be able to find the solutions of his problems himself/herself.

Improving Relationships

- Many people have problems relating to others as much of our life is spent in social interactions. Bowlby's attachment theory states that children of insecure and rejecting parents establish their adult relationships differently than those of secure and understanding parents.
- This problem can be due to "poor self image", "unstable self-esteem", or "inadequate social skills"
- Counselor strives to helps improve quality of relationships. Sometimes counselor improves relationships by improving client counselor relationship.

Facilitating the Client's Potential

- The counselor attempts to promote the client's growth by improving personal effectiveness and skills like interpersonal relationships and problematic behaviors like smoking, eating, drinking, shyness, anxiety, and depression.
- *Blocher (1966)* suggests that:
  - First counselor maximizes an individual's possible freedom within limitations.
  - Second, counselor seeks to maximize a client's effectiveness promoted by giving him control over the environment.

Qualification & Training of Counselor

- *Three levels of training:*
  - First: Appropriate educational and/ or experience background.
  - Second: Master's degree: According to the British Association for Counselors, Master's different learning modules should be two third of the course, whereas rest of the part can be dissertation, usually of 20,000 words.
  - Third: Doctorate degree (180 training institutions in US and Canada).

- Core areas of study in counseling are:
  - Professional identity
  - Social and cultural diversity
  - Human growth and development
  - Career development
  - Helping relationships
  - Group work
  - Assessment
  - Research and program evaluation

- Accreditation is a part of the process of post-training of counseling. The Official approval is taken by different professional bodies, e.g., BAC, APA, and ACA.
- BAC requires 450 hours supervised client work: 200 hours of skill development and 250 hours of theory.
- A license to practice is to ensure the accountability (referral & consultation) and is usually the requirement of different organizations seeking counselors' services.

Work Activities of Counselors

Certain activities have evolved for counselors across all settings. First 5 are traditional or basic activities, later these were expanded to referral, etc. The rest of the activities were added to the list later.

- Individual assessment
- Individual counseling
- Group counseling and guidance

- Career Assistance
- Placement and follow up
- Referral
- Consultation
- Research
- Evaluation
- Accountability
- Prevention

Individual Assessment & Counseling

- Individual assessment and counselling is considered as a primary skill of the counsellor. It seeks, systematically, to identify the characteristics and potential of every client by using standardized tests, observation and self-reporting techniques like autobiography. Sometime a counselor can also consult other professionals in this field like psychometrics, etc.
- Individual counseling is the core activity through which all the other activities become meaningful with counseling being one-to-one helping relationship. It is a client-centred approach that demands confidentiality and it is initiated when a relationship is established between the counselor and the client.

Effective counseling requires:
1. Training and skills,
2. Certain personality traits,
3. Counseling will suffer from credibility unless counselor exhibits core traits.

Group Counseling and Guidance

- Groups have become popular for providing organized assistance to individuals for a wide range of needs e.g., to drug abuse, to families for understanding and coping. They may include task groups or psycho educational groups.

Group Counseling:
- Focuses on assisting counselees to cope with their day-to-day adjustment and developmental concerns.
- More popular in agency and institutional settings.

Group Guidance:
- The activities of group guidance are educational, vocational, career, personal, or social.
- Groups are designed with a goal of providing students and employees the accurate information.
- More likely to be found in schools/colleges to provide information for career or educational understanding for personal and social growth, adjustment and development, personal relationship skills, etc.

Career Assistance

- Providing career assistance to clients with dramatic changes taking place in the world of work.
- Providing counselling not at selected stages in life's development, but across the entire life span.
- Technological advancements impact the ways counsellors provide career assistance and information to their clients.

- Moreover, criteria of promotions and selections do vary with the passage of time, for example, in Pakistan promotion is now contingent on person's work, qualification and research. Hence, the counsellor shall be aware of these changes so rapidly taking place in the work environment.
- Counselling profession is called upon to renew and update its efforts in one of its traditional areas of service by paying attention to latest changes like internet use, computer based assessment tools, programs, distance learning, and interactive learning systems.

Placement & Follow-up
- Educational placement in courses and programs has been a traditional service of school counselling. The concerns for youth employment in 1990 in USA resulted in increased attention to second placement service and to match students with type of work, seeking part time or full time jobs.
- Follow-up activities are a way to assess the effectiveness of a program's placement activities.

Referral
   The counsellor also refers clients to appropriate counsellors or agencies if required.

Consultation
   It is a process for helping a client through a third party or helping a system improves its services to its clientele. Counsellors are used as a consultant to teachers and parents. They are also consulted to prevent severe mental illness, mostly in agency settings.

Research
   Research is necessary for the advancement of counselling profession. It can provide empirically based data relevant to different goals of counselling.

Evaluation
   Evaluation is the process for assessing the effectiveness of counsellor's activities.

Prevention
- It is the most attractive alternative to traditional mental health practices and seeks to prevent the occurrence of the disorder in the first place. Home and school are the first social institutions that shape early adaptation and influence early human development. Accordingly, primary intervention strategies can be initiated to educate parents and teachers. The counsellors also work in close alliance with medical doctors to promote both physical and mental well-being.
- The current trends are to focus on the holistic approach to counselling which embodies the dimensions of body, mind, spirit and emotions.

Where Counsellors Work?
- Educational institutions: At the turn of 20th century, there were no counsellors in US schools. However, after more than 100 years, more than 125,000 school counselors are now working in USA.
- Rehabilitation centres, e.g., working with disabled; the rehabilitation counselors are specialized in dealing with developmental issues.
- Industry
- Community or various agency settings
- Rehabilitation centres
- Private practice

- Marriage and family counseling centres

LESSON 06
ETHICAL & LEGAL ISSUES IN COUNSELING

- Counselors, like all professionals, have ethical responsibilities and obligations. The principal rule supporting ethical obligations is that the counselor must act with full recognition of the importance of client's rights, the ethics of the profession.

- Counseling is not a value-free or neutral activity (Grant, 1992).

- "It is a profession based on values, which are orienting beliefs about what is good…and how that good should be achieved" (Bergin, 1985), the relationship of moral standards and values, individual or cultural, in the life of that client.

Ethical Codes

- Ethics are suggested standards of conduct based on a consensus value set.

- Ethical standards are generally formalized in terms of a code of ethics. As the group emerges in its development toward professionalism, it requires formulation of code of ethics for safe practice of the profession. Professional bodies of counseling have developed ethical standards which they have made available to the practitioners.

- Professional organizations for practicing counseling and psychotherapy are:
  American Psychological Association (APA)
  British Association for Counseling (BAC)
  American Counseling Association (ACA)

  In each case, members who were directly involved in writing the code reviewed and examined a wide range of ethical behavior and problems of professional practice that were of concern to a broadly based membership. All codes stress adherence to rigorous professional standards and to exemplary behavior, integrity, and objectivity toward clients.

Development of Codes

- APA Code: Two codes of ethics guide counselors for the practice of ethical counseling:
  - General Code of Ethics, "Ethical Principles of Psychologists", can also be applied to the practice of counseling. On violation appropriate action is taken, which includes dismissal from the membership.
  - In the "Specialty Guidelines for the Delivery of Services by Counseling Psychologists", APA has printed a casebook for the service providers.

- ACA Code: Codes of Ethics & Standard of Practice
  ACA also provide a casebook containing 8 major sections.
  - Based its first standards on APA code of ethics, this code does not contain any classification of misbehavior nor does it attach penalties to the violation of the standards.
  - Initiated by Donald Super and approved in 1961.
  - These standards focus on guidelines for professional conduct.
  - The fundamental rule is that the human being must be respected and protected at all times, which can be done only by counselors who manifest honesty, integrity, and objectivity in their behavior toward their clients. Unethical behavior usually occurs when the counselor communicates in a way that establishes one set of expectations and then behaves in a way that is inconsistent with those expectations. For example, the counselor structures the counseling situation verbally or nonverbally to imply mutual trust, concern, and confidentiality. The counselor then behaves in a way that upsets these expectations because the counselor then assigns greater value to another societal role.

Reasons for Ethical Codes

- Help professionalize and protect an association by government and promote stability within the profession.

- Help control internal disagreement.
- Protect practitioners from the public.
- Protect clients from incompetent counselors especially in malpractice issues. Clients can also use codes to evaluate questionable treatment from the counselor.

Unethical Behavior

Unethical behavior can take many forms:

- Violation of confidentiality.
- Exceeding one's level of professional competence: Competence refers to the ability to perform effectively. Therapists must limit their service to their training and experience. Claiming expertise one does not possess relates to the violation of this ethical standard.
- Imposing one's values on a client.
- Creating dependency in a client.
- Certain conflicts of interest: No multiple or dual relationships are allowed, for example it is unethical for a therapist to have a sexual or business relationship with the patient outside the therapeutic relationship.
- Questionable financial arrangements such as drawing excessive fees.
- Improper advertising regarding one's potentials or credentials.

Client Rights: Informed Consent

- Involves the rights of clients to be informed about what their relationships with the counselor will entail and to make autonomous decisions.
- Starts with intake interview and continues for the duration of the relationship.
- Usually comprehensive written statements are used (ACA Code of Ethics).

Client Rights: Confidentiality

- Confidentiality is considered as a central concept in the client-helper relationship. The greatest single source of ethical dilemma in counseling results from questions of confidentiality.
- Confidentiality needs to be discussed with clients from the onset of the relationship.
- Minor or incompetent clients: Counselors act in the best interest of those unable to give voluntary consent.
- Records:
  - Provide access to records when requested by clients
  - Disclosure of transfer
  - Permission to record
- Anonymity in research
- Respect for privacy in consultation

Principles Govern Confidentiality

Schneiders *(1963)* terms the information revealed in counseling an "entrusted secret"

He provided seven general principles governing confidentiality and communication:

- Obligation of confidentiality is relative rather than absolute since there are conditions which can alter it.
- Confidentiality depends on the nature of the material.
- Harmless material does not bind the counselor to confidentiality.
- Material necessary for a counselor/agency to function effectively is often released from the bonds of confidentiality.

- Intrinsic right of the counselee to his integrity and reputation: Confidentiality is always conditioned by the intrinsic right of the counselee to his integrity and reputation, to the secret, and to resist aggression. Such rights can be protected by the counselor even against the law.
- Confidentiality is also limited by the rights of the counselor to preserve his own reputation and integrity, to resist harm or aggression, and to preserve privileged communication.
- Limited by the rights of an innocent third party/community.

Limitations of Confidentiality:
a. Suspected child abuse must be reported.
b. Threats to harm others must be reported.

Rationale for Confidentiality:
Need for balance between the rights of the individual and the safety of society (Denkowski & Denkowski, 1982) with specific attention to the importance of counselors keeping up-to-date with the legal status of confidentiality.

- In special circumstances, it is the "Duty to warn whenever the counselor has reasonable knowledge that a client's conduct may be harmful to self or to another (Gehring, 1982).)
- Professionals inform clients of the limits of confidentiality prior to the onset of helping relationship (National Organization for Human Service Education, 1995).

Obligations to Warn & Protect
In the case of special circumstances, it is the obligation of the counselor to warn the related people/ family members. A few examples are given below:

- Incest and Child abuse
- Serious danger to others: e.g., in case of HIV-positive client. This as a new standard was added in 1995 in ACA code of ethics. The case of *Tarasoff v. Board of Regents of the University of California (*1969) is a famous example when the California Supreme Court ruled that the University and its employees acted in an irresponsible manner when they failed to notify an intended victim of a threat, resulting in the victim's murder.
- Runaway plan of a child client must be reported to the parents.
- Students' violation of confidentiality.
- Harm-to-self:
  - Most suicides can be prevented if we learn to recognize, evaluate, and intervene effectively in crises situations (Fujimura et al., 1985).
  - Wubbolding (1996) suggests a few questions to identify danger, for example, usually suicidal look hopeless; this knowledge can be used to detect such cases.

Client Rights: Respecting the Client's Autonomy and Diversity
Following problems can occur, if client's rights for freedom are not respected:

- Fostering dependence in clients
- Counselor having a hard time terminating a case
- Challenging clients to do for themselves what they are unable to do
- Keeping helping process mysterious
- Discrimination

ETHICAL & LEGAL ISSUES IN COUNSELING

Two important ethical issues in the practice of counseling are described below:

a) Keeping Relationships Professional

- Dual relationships
- Bartering
- Multiple clients

b) Professional Responsibility

- Advertising & Soliciting Clients
- Credentials
- Evaluation, Assessment and Interpretation

Keeping Relationships Professional

Dual Relationships:

• Dual relationship refers to professional's assuming two or more roles simultaneously or sequentially with the person seeking help, such as friendship and business deals. Judgment is likely to be affected, impaired, as the relationship of counselors and clients in power and status are unequal, thus exploitation may occur.

- Emerged from debates in the 1980s in the nature of client-counselor sexual relations.

- Questions were raised about other types of relationships in 1990s.

- Conflict of interest and exploitation can occur even in harmless relations. Such relationships are inherently exploitive as reciprocity element applies here that we desire to return the favour because human relationships are assumed to be reciprocal.

- Counseling is also avoided in Superior/ subordinate relationships because of unequal status of both.

• Studies about time limit for establishing relationships with current and former clients were conducted. In this reference, Salisbury & Kinnier (1996) surveyed 500 therapists. A minority (33%) of counselors surveyed and believed that sexual relationships with former clients might be acceptable after 5 years, while the majority (70%) accepted such a relationship after 2 years. In another study, majority did not hold the opinion of "once a client, always a client" in nonsexual relations with the former clients.

• Although apparently it appears that the rates of sexual relationships are declining with the passage of time, obtaining accurate data on prevalence of such an issue is difficult.

Bartering

- The practice of counseling for goods or other services, cleaning house, secretarial service, etc.:
- This is an accepted practice in some cultures and subcultures.
- Even if the helper's intention is good it has the potential for conflicts.
- Case example: An unemployed client offers counselor's car service. Car's engine fails due to chance or inferior work of the client, what will happen to helping relationship?
- Though some behaviors have potential are not by themselves dual relationships, e.g., accepting an invitation, accepting a small gift, engaging in nonerotic touch when appropriate during counseling. Such behaviors will be the boundary *crossing* rather than *violation* – boundary crossing is departure from standard practice, while violation is a serious breach that causes harm to the clients.

Although there is a considerable disagreement on this issue, blending of relationships is not recommended by most of the professional agencies. Recent codes of ethics (APA, ACA) deal more specifically with setting appropriate boundaries. However, in small communities helpers are more likely to be involved in multiple relationships like the local pharmacist, physician, carpenter, or beautician might be the clients. Thus dual relationships are inevitable.

Research on Dual Relationships

Herlihy and Corey's decision-making model:

Herlihy and Corey have suggested a few guidelines to deal with dual relationship issues:

- Secure informed consent of clients
- Seek consultation
- Document and monitor this practice
- Obtain supervision

Borys & Pope (1989):

Borys and Pope described in *Professional Psychology: Research and Practice* the results of a survey of 4800 psychologists, psychiatrists and social workers. That survey was conducted to understand the beliefs and behaviors of mental health professionals about dual relationships. The results are described below:

1= no client, 2 = few clients, 3= some clients, 4 = most clients, 5 = all clients

Accepted a client's invitation to a special occasion

1	2	3	4	5
64.0	28.0	3.3	2.4	1.4

Accepted a service or product as payment for therapy

| 82.6 | 13.9 | 2.8 | 0.2 | 0.1 |

Became friends with a client after termination

| 69.0 | 26.5 | 3.2 | 0.2 | 0.3 |

Provided therapy to an employee

| 87.5 | 9.3 | 1.7 | 0.3 | 0.2 |

1	2	3	4

Engaged in sexual activity with a client after termination

| 95.3 | 3.9 | 0.0 | 0.0 |

Went out to eat with a client after a session

| 87.4 | 10.5 | 0.9 | .2 |

Disclosed details of current personal stresses to a client

| 60.1 | 30.7 | 7.4 | .2 |

Bought goods or services from a client

| 77.6 | 20.5 | 1.1 | 0.1 |

Provided individual therapy to a relative, friend, or lover of an ongoing client

| 38.0 | 36.0 | 21.6 | 2.1 |

Multiple Clients:

Marital and family therapy

When the counselor is seeing multiple relatives in a family, he should clarify his relationship with each member. He should also be clear how to deal with disclosure by a family relative. For example, if husband has AIDS, it is essential that the wife is informed about that fact. Similarly, if an adolescent son is taking drugs and he confides in the counselor, it is pertinent for the counselor to inform the parents about his drug-taking because of the likely serious consequences. Some counselors believe that secrets within a family are counterproductive, while others do believe that the information should be kept private and confidential. The decision really depends on the gravity of the situation and the likely consequences of confidentiality.

Group work

When the counselor is working in a group, he/she should clearly inform the group members to respect confidentiality of each other and to maintain group-ground rules. On the first place, the counselor should select group members with compatible needs and goals. He must also ensure that reasonable precautions are taken to protect the clients from any physical or psychological trauma from other members of the group.

Legal Recognition of Counseling

Counseling gained professional recognition and acceptance through the legal system. As early as 1960, counseling did not have enough identity as a profession to be recognized legally.

In 1960 a debate on legal issues started on the decision of a judge that a PhD counselor can not be held responsible for a client's suicide if trained in a Department of Education. The 1974's definition of counseling stated it to be different from psychology and it was basically a process through which a trained counsellor assists an individual or group to make satisfactory decisions concerning personal, educational, and career development. A restriction on practice of counseling for all except doctoral level psychologists has been imposed in some states of USA. However, according to Swarson (1983), counseling is often seen as a generic profession, which may be adopted by people working in health settings after obtaining some theoretical and practical training.

Professional Responsibility

Knowledge of Standards

Counselors practicing the profession should have knowledge about the following:
- Knowledge about standards code of ethics.
- Professional competence: The counselor should have professional competence to practice the profession. Following competencies are required in this respect:
  - Boundaries of competence: A counselor should work within boundaries of his/her competencies, i.e., education, experience, personal awareness, skills, specialty areas, etc.
  - Seek out peer supervision to evaluate their efficacy.
  - Monitor effectiveness: seek out peer supervision to evaluate their efficacy.
  - Continuing education is essential to get oneself up-dated in the field.
  - Impairment: refrain from professional service when their problems (emotional, unfinished business) could harm the clients.

Advertising & Soliciting Clients
- Accurate advertising
- Testimonials: Advertising should accurately state one's educational background and experiences.

- Statements by others if quoted somewhere should be realistic and accurate to one's credentials.
- Products and training advertisements should be clearly stated and advertised to potential clients.
- Professional association involvement: The counselor should have a membership of professional associations and also advertise it correctly.

Credentials

Inspection
An agency periodically examines the practice of profession.

Registration
Submission of information to the concerned authority is required for getting oneself registered as a practising counsellor.

Certification
Last two of the credential requirements (certification and licensure) have considerable prestige. The person meets the minimum skills necessary to engage in that profession. To get a certificate in counseling, a person has to usually pass a competency test and also submit some letters of reference. Minimum of 48 semester hours of graduate study from an accredited institution is usually required, in which a person has to usually study the following courses: growth, group work, research, theories, ethics, etc. Moreover, minimum of two academic terms' supervised experience is required. It may consist on 100 hours of face to face supervision plus 3000 client contact hours.

Licensure
Licensure is required for title protection. This requires similar educational and practical experiences as described above for certification. A person must get license for practicing legally once licensure requirements are established. This is usually required by some agencies or organizations in which a person desires to practice.

In Pakistan, so far not any specialized courses or trainings are available in counseling. Counseling as a subject is taught at M.Sc. and M.Phil. levels, however no legal criteria have been established for the practice of this profession.

Evaluation, Assessment & Interpretation
- Competence to use and interpret tests.
- Explanations to clients: If the counselor will be well aware about the important tests used in counseling, he/ she will be able to explain and thus satisfy their clients.
- Diagnosis of mental disorders
- Test selection
- Knowledge about diversity in testing is required. Moreover one needs to have sufficient knowledge regarding use of psychological tests across cultures.
- Test scoring and interpretation

Teaching, Supervision & Research

Teaching and Supervision:
- Relationship boundaries: Boundaries with students and supervisors should be well-understood and respected.

- Contributions to research: Give credit to students for participating in research
- Close relatives: Do not accept close relatives as students.
- Serve as role model for ethical behavior.

Research and Publication:

- Use of human subjects: Fulfill all the legal and ethical requirements (e.g., informed consent, confidentiality, etc.) while working with human clients and research participants.
- Principal researcher responsibility: Principal researcher has the responsibility to be very careful regarding all legal and ethical issues, e.g., Informed consent, voluntary participation, deception, confidentiality, minor or incompetent participants, etc.
- Informed consent & related issues
- Reporting results: One must report results of research to scientific community through conference presentations, publications, etc.
- Duplicate submission: Avoid Duplicate submission of research.

Guidelines for Acting Ethically (Swanson, 1983)

- Personal & professional honesty.
- Acting in the best interest of clients (Evaluation, Assessment, and Interpretation).
- Act without malice or personal gain.
- Action based on best judgment of what should be done based upon the current state of the profession.

LESSON 08

EFFECTIVE COUNSELOR

Early Experiences of Effective Counselors:
Gerald Corey has spent 30 years in the field as a professor of human services and counseling at California State University. He is a licensed psychologist and a fellow of APA Counseling division. He has received the outstanding professor award in 1991.

He has described his early experiences and how he felt at various stages of his life when he aimed and desired to be a helper, and then when he finally became a psychologist.

- "When I was in college, I wanted to help others, and it was important for me to change the world. As a child and adolescent I did not feel that my presence made that much difference. In college years I experienced some success and found some positive routes to being recognized. Later, when I began my teaching career, I began to see that I could make a difference. I also got personal satisfaction from knowing that I was a useful person. In fact, I think that I depended (and still do) to a large extent on my professional accomplishments for my sense of identity".

When he entered into counseling practice, how did he feel and behave. Some description about how he felt is given below:

- "In the beginning of my career, I did not feel confident, and I often wondered whether I was suitable for the field. I felt incompetent and inexperienced next to my co-leader".

- "When I began as practicing counselor….I remember progress being very slow, and it seemed that I needed an inordinate amount of immediate and positive feedback. When after several weeks a client was still talking about feeling anxious or depressed, I immediately felt my own incompetence as a helper. I did not know what to say or do in front of my so effective supervisor".

- "I had no idea of what …my clients were getting from our sessions…What I did not know at the time was that clients need to struggle as a part of finding their own answers. My expectation was that they should feel better quickly. I also did not appreciate that clients often began to feel worse as they give up their defenses and open themselves to pain"

- "I was more inclined to accept clients who were bright, verbal, attractive, and willing to talk about their problems than clients who seemed depressed or unmotivated to change…I learned in my supervision that working with depressed patients was difficult for me because of my own reluctance to deal with my own fears of depression. This experience taught me the important lesson that I could not take clients in any direction that I had not been willing to explore in my own life"

This description shows how personal experiences help a person's capabilities and his relatedness to other people. Also this shows that the beginning counselors may have many apprehensions because of their own perceptions.

In this lecture, we will discuss that what makes an effective counselor. Researchers have highlighted the importance of personal, psychological and multidimensional aspects of an effective counselor. First of all, there shall be a discussion about the personal characteristics of an effective counselor.

Personal Characteristics Model
Counseling differs from most other occupations in that the tools are people who use various people skills to help people to help themselves. The person-centered school (Rogers, 1957) identifies the following as necessary and sufficient conditions for therapeutic change:

  i)   Empathy
  ii)   Positive regard
  iii)   Genuineness

i) Empathy

- Empathy is one of the most extensively studied personal characteristics in process-outcome research. According to Rogers, empathy and unconditioned positive regard are the most important personal characteristics for the effectiveness of therapy. If these conditions are fulfilled in the counseling practice, perhaps no other conditions are necessary.

- Empathy has been described as seeing the world through another's eyes, hearing as clients might hear, and feeling and experiencing their internal world. It is often described as the capacity to view and understand the world through another person's frame of reference. Native American Indians call this "walking in another's moccasins".

- Despite having an empathic attitude, the counselor remains separate (remain true to your beliefs) from the client. Do not involve mixing your thoughts and feelings with those of others.

- Empathy is different from sympathy, as in sympathy we feel sorry for the sufferer, whereas in empathy, the counselor perceives the individual as having full strengths for the personality development.

- Rogers' landmark paper (1957) "*The necessary and scientific conditions of therapeutic personality change*" explains that empathy and related constructs are all that is needed to produce change in a client. Rogers considers empathy beyond an attitude. He considers it as specific actions and skills required for an empathic attitude.

- In the landmark series of studies by Fiedler on empathy (1950, 1951), Fiedler suggests that the expert therapists from various theoretical orientation share the element of empathy.

- Successful patients in behavioral and other therapies rated their personal interaction with the therapist as the single most important part of treatment (Sloane & Staples, 1984). They accepted empathy as a generic approach to the helping process.

- Review by Lambert & Bergin (1994): Trust, warmth, acceptance and human wisdom can help in distress and viable relationships.

Exercise: Acceptance as the Foundation of Empathy

- Recall a time when you felt accepted by someone else just as you are or were. Remember the situation in your mind. Can you locate a specific place in your body for your feelings? Use all senses/ words.

- How do you imagine yourself if you were to work with a bully or an abuser? How do you feel? Can you locate a specific place in your body for your feelings?

Hint: *We need not accept the behavior, but at some level we must accept the person.*

By doing this exercise you can explore your ability to accept. This example also shows the challenge of empathy.

ii) Positive Regard

Positive regard can be defined as "being able to recognize values and strengths in clients even when client holds widely different attitudes".

"The initial stages of therapy include a process that might be called *exploration of resources*….already existing that may be enlarged once their existence is recognized" (Lena Tyler, 1961). Lena, in her classic counseling text, *minimum change therapy,* suggests that people needs to stay most persistent in trying to locate ways of coping with stress. She suggests that the counselor should pay attention to already existing resources, and little attention be paid to weaknesses.

Fostering Positive Regard

- Resource development
- Encouragement and strength assessment

- Resources, strengths & the positive asset search by specific actions

Activity: Building Empathy on Strengths

- Discuss with the client possible areas of strengths in present-day life or the past, e.g., present & past successes, supportive relations, spirituality, and love of nature.
- Draw out from the client a personal narrative or story that concentrates the positive strengths. Note how the client's body may shift to a less tense situation. These positives may provide ideas for full or partial solutions to many current client issues.

Positive Regard Facilitated through Respect

- Respect can be communicated either nonverbally or verbally through the language of respect. It's very close to positive regard.

Examples: "you express your opinion well"; "good insight"

- The counselor does not have to support or respect the behavior to respect the client.
- Respect and warmth present a powerful combination.

Example: Nonverbal communication: smile as well as open gestures communicates warmth. Smile adds power to counselor's comments.

Challenges to respect?

Antisocial or borderline personalities have history of abuse, hence with their attitude, such people can offer a challenge to respect.

iii) Congruence or Genuineness

Genuineness—defined as consistency in values, attitudes, and behaviors on the part of the counselor or therapist—is also the focus of therapeutic process research and is generally related positively to therapeutic outcomes. Effective counselors are able to allow themselves to be seen by others as they actually are. Person who conducts a counseling interview should be authentic and real (Rogers, 1957). Being yourself, freely and deeply, is opposite to presenting a façade.

At times complete openness and spontaneity of expression may be damaging to the client.

There is some evidence that sometime conservative, who developed relationships more slowly, may bring less harm to the therapy. Yalom & Miller's Study (1972) showed that "*open and authentic*" leaders produced more casualties than did more conservative counselors.

LESSON 09

EFFECTIVE COUNSELOR

Example of Congruence

Client: "My parents do not understand me. When I want to communicate my viewpoint to them, they think I am being disrespectful. They don't understand that disagreeing does not mean being rude"

Counselor: "These kinds of communication gaps can sometime exist between parents and their children. When I was a teenager I often thought that it was difficult to make my parents understand what I felt".

Meta Analysis of Combs et al. (1969)

Major differences between effective and ineffective counselors were their personal beliefs and traits. Roger maintained that counselor's theory and methods were far less important than the client's perception of the counselor's attitude. The personal characteristics model for addressing the health and wellness of the counselor or therapist has been discussed from perspectives other than that of Carl Rogers:

Combs and his colleagues (1969) conducted a series of studies resulting in the conclusion that the personal beliefs and traits of the counselor or therapist differentiated between effective and ineffective helping. Some of these traits are as under:

- Effective helpers seem to perceive others as able, rather than unable, to solve their own problems and manage their own lives. Effective helpers also perceive others as dependable, friendly, worthy, able to cope, and able to be communicative and self-disclosing.
- In general, effective helpers maintain a positive view of human nature and approach. Family, friends, colleagues, and clients in a trusting, affirming way.
- The major technique of counseling was the "*self as instrument*"
- Effective counselors perceived other people as *able* rather than unable to solve their own problems. Moreover they perceive people as dependable, friendly and worthy.
- More likely to identify with people rather than things

Meier and Davis (2001):

Helpers who are the most effective strive to apply the four following principles to assess characteristics and traits that impact their own ability to assist others and may reflect their own level of health and wellness:

- Become aware of your personal issues
- Be open to supervision
- Avoid hiding behind the use of too many tests
- Consult when presented with an ethical dilemma.

Other Personal Characteristics of an Effective Counselor

- Motives
- Emotional Responsiveness
- Sense of Worth & Anxieties
- Sex-Role Identity and Expectations
- Values
- Cultural Bias

Counselor's Motives to Enter the Profession: Beneficial Motives

Humanism

- Humanism (commitment to create a better world) involves empowering others by fostering their personal development. Humanism allows counselors to commit themselves to the struggle to make themselves and others better people for the sake of a better world.

People Orientation

- Holland's theory of personality types asserts that the special heredity and experiences of people lead to the characteristics of six main personality types realistic, investigative, artistic, social, enterprising and conventional. The social personality type in particular is found in the helping professions. Illustrative characteristics of the social personality type are responsible, helpful, friendly, idealistic, feminine, insightful and kind.

Intellectual Curiosity

- Effective counselors tend to enjoy the challenge of making and testing hypotheses about human behavior. They are in a constant process of revising their models of the person and of counseling practice

Worked-through Emotional Pain

- Counselors who have worked through their pain and attained some distance from it may have extra sensitivity to the needs of others.

Commitment to Competence

- Effective counselors like to do things well and are prepared to work at it. There are many dimensions of competence: like honestly evaluating counseling process, keep well studied, prepared to work on professional issues, learning from supervisor, and professional integrity.

Counselor's Motives to Enter the Profession: Harmful Motives

Unresolved Emotional Pain

Counselors who have unresolved emotional pain, their underlying agenda may be to seek help rather than to provide it. Their attraction to nurturing others stems from their own need to be nurtured.

Do-Gooding

These counselors may wish to take charge and, by so doing, treat clients as objects and infantilize them. Do-gooders may overly concern themselves with obtaining clients' approval and appreciation for their good works.

Seeking Intimacy

Some people are attracted to counseling because it provides opportunities for psychological closeness they find difficult to obtain otherwise. This way of gaining emotional closeness was one of Carl Rogers's motivations for becoming a counselor (Rogers, 1980).

True Blieverism

True-believerism implies lack of openness to conflicting evidence and to the specific needs of individual clients. For example, true believers in the rights of minority groups, believers in term of theoretical positions: for example, hard line rational emotive behavior therapy or gestalt therapy advocates.

Emotional Responsiveness

You bring to counseling your capacity to experience your feelings. Many reasons exist why it is important for counselors to be responsive to their flow of feeling. These reasons include being genuine, spontaneous and able to resonate and appropriately to respond to clients' feelings. Your feelings are good guide to issues in your relationships with clients.

Inability and Repressing Feelings

As you grew up you learned, in varying degrees, that it is unsafe to acknowledge, experience and express all feelings. For example, if in adolescent, someone is told that it is sin to think about opposite sex. The person as adult may feel anxious when is having intimacy with his or her spouse in adult life. Consequently, some people find it difficult to express any feelings. They are emotionally flat and lifeless. Different families may inhibit or dilute the experiencing of specific emotions like sensuality, anger, sadness or death anxiety. Moreover, families vary in the extent to which they encourage children to experience and show altruistic feelings. Differences also exist across cultural, gender and social class groups. For example, the 'strong, silent' type is a male stereotype. It may be that because of this gender stereotype, as compared to women men often find it difficult to be empathic and emotionally responsive.

Internalize others' feeling as if your own

The main thrust of Rogers's person-centered therapy is to assist clients to experience their own inner valuing process rather than to deny and distort their feelings. Counselors learn to internalize the feelings of significant others in their past as if they were their own.

Transferring unfinished business

Both counselors and clients can distort their perceptions and feelings towards one another by transferring perceptions from past relationships. Transferred feelings can be either positive or negative.

Counselor's Sense of worth & Anxieties

Sense of worth

Insecurities and fears, if not confronted and managed, can be the breeding ground for distorted communication. This is also determined by one's relationships with parents. For example, members of facilitative families help each other to become a mentally healthy person. Parents of retarding families feel insecure and they transmit their insecurity to their children. Counselor's resulting lack of sense of worth as a consequence of their own insecurities can hinder the counseling relationship.

Meaninglessness and Alienation

Rollo May talked about modern individual's isolation from the environment. Similarly, Carl Jung and Victor Frankl (Viennese psychiatrist) maintained that sense of meaning keeps us alive. Sullivan maintained that 90% of human communication is specially designed not to communicate. There is a close connection between your (counselor's) sense of worth and feelings of anxiety:

- Insecurity manifests and engenders anxiety. People who feel worthwhile are relatively free from debilitating anxieties.
- Counselor anxiety may be facilitating, debilitating or both. For example, a little anxiety will increase the counselor's sensitivity to feel the client's problems. However, it may also make the counselor more anxious or defensive. For example, the rule 'I must always have my clients' approval' leads to over-sensitivity to cues of rejection.

Fears and Anxieties

Positive Consequences
- Sensitivity to clients' anxieties
- Necessary to tone counselors up

Negative Consequences
- May cease to listen accurately
- May perceive and relate to clients in terms of their own needs
- Assuming too much responsibility

Results of excessive anxiety

Specific behaviors that may result from excessive counselor anxiety include:
- Asking too many questions.
- Offering superficial reassurance and being too directive in telling clients how to behave.

Sex-Role Identity and Expectations
- Certain psychological characteristics have been traditionally viewed as either 'feminine' or 'masculine'. Feminine characteristics have included being affectionate, gentle, sensitive to the need of others, tender and warm. Masculine characteristics have included being aggressive, ambitious, assertive, analytical and dominant.
- Sex-role identity develops due to the socialization process. The books we read show boys and girls in different roles, as did the films and television programs we watch. Similarly, both male and female children are exposed to different treatments in schools, for example, the subjects they were encouraged to study and the occupations thought appropriate for them varied by sex.
- The androgynous male or female 'is flexible masculine or feminine as circumstances warrant' (Bem, 1981, p.362).
- Our current sex-role identity is the internalized sum of individual differences, personal situational factors and cultural, social and environmental influences. The traditional feminine sex role has created problems for many women in such areas as expressing anger, being autonomous and obtaining power and status. The traditional masculine role has created problems for many men through excessive concern with success, power and competition, being emotionally inexpressive and restricting affectionate behavior between men.
- Counselor may assess clients differently according to whether or not they fit into traditional sex roles. Thus, females and males can be brought up with the capacity to express a range of characteristics independently of whether they have traditionally been viewed as 'masculine' or 'feminine'. For instance, men can be tender and women assertive.
- As long as males and females adopt the strengths rather than the deficits of the other sex's gender characteristics, androgyny is helpful for enriching people's lives.
- The counselor may engage in simplistic over-generalizations about the characteristics of males and females and insufficiently acknowledge within-group differences.

Activity 1: My Sex-Role Identity and Expectations
- Did you get different toys on account of your sex?
- Did you get different clothes including their colour, on account of your sex?
- What roles your mother and father play in caring for you as a child?
- Who does/did the following tasks in your family: *dusting, shopping for food, ironing, washing clothes, cooking, mending clothes, looking after the car, fixing machinery, changing a fuse, decorating house, etc.*

Activity 2: Learning Psychological Characteristics

Which of the following psychological characteristics do you consider each of your parents either encouraged you or discouraged you to show?

Gentleness, ambitiousness, feeling of vulnerability, sensitivity, competitiveness, career orientation, dominance, concern with your clothes, being nurturing, home orientation.

LESSON 10
EFFECTIVE COUNSELOR

As described below, this lecture will focus on personal characteristics, daily stresses, and psychological health of an effective counselor.

- **Personal characteristics**
  - Values
  - Cultural biases
- **Daily world of a practitioner**
- **Psychological Health Model**

Personal Characteristics Model

Influence of Counselor's Values on Client's Values

Values are principles that guide our life. Counselors' values influence how they work with clients and bring their value conflicts to counseling. Counselors must understand their own values and the values of others. In fact, no one set of values is superior to others. Every person has a set of beliefs that determines the decisions they make, their ability to appreciate the things around them, their consciences, and their perceptions of others. Values serve as reference points for individuals. They provide a basis for determining which course of action an individual should take, e.g., respecting elders. Counselor's conflict with certain values can also cause relationship difficulties with the clients. For religious counselors, issues of contraception, abortion, divorce and intentional single parenting create value conflicts.

Using the Schwartz Universal Values Questionnaire (Schwartz, 1992), Kelly (1995) surveyed a national sample of nearly 500 American counselors. The prevalence of values as reported by the counselors were as under: benevolence, 5.27; self-direction, 5.08; universalism, 4.89; achievement, 4.63; hedonism, 4.14; security, 4.07; stimulation, 3.59; tradition, 3.17; power, 2.09 .

Some counselors recommend neutrality in counselor so that clients move from an external to an internal locus of control

Williamson (1958) called for an abandonment of neutral position by suggesting that this could easily lead the client to believe that the counselor can accept unlawful behavior. Some maintain that the counselor should remain neutral while counseling and communicate no value orientation to the client. In such circumstances, a counselor or therapist would strive to appear nonmoralizing, ethically neutral, and focused on the client's values. If topics such as pro-choice versus pro-life, religion, euthanasia, or gay, lesbian, and bisexual orientation were to arise during the counseling or psychotherapy process, the counselor or therapist would not take a position. Such a situation could lead to the client's feeling that the counselor supported behavior that is completely unacceptable by any social, moral, or legal standards. The reason for such neutrality is the belief that it is important for clients to move from an external to an internal locus of control during the counseling or psychotherapy process. Values introduced by the counselor or therapist would be detrimental to such an objective.

Patterson (1958) points out that the counselor's values definitely influence those of the client, affect ethics of the counseling relationships, the goals of counseling, and the methods employed in counseling. Patterson cites evidence for the assertion that, no matter how passive and valueless the counselor appears, the client's value system is influenced and gradually becomes more similar to the counselor's value system. However,

Patterson suggests, counselors are not justified in consciously and directly imposing their values on their clients.

In an experiment using the *Study of Values* test, Cook (1966) found that in 3 value-similarity groups, medium similarity group improved more than those in either high similarity or low similarity groups. He found that differences in the counselors' and clients' value systems affected counseling outcome. He found that when clients were grouped by how similar their values were to the values of the counselor, clients who were in a medium similarity group improved more than those in either high similarity or low similarity groups. These findings suggest that when the counselor or client perceives his world as being too similar to or too different from that of the other, it has an adverse effect upon their interactions.

Belkin (1984) suggests that the primary value to which counselors must commit themselves is freedom. Freedom is an ideal that propels the individual to certain types of actions. Freedom allows the individual to determine what direction in which to move. It allows the individual to be creative, to make choices and be responsible for them. Freedom also commits the client to assuming responsibility for his action and its consequences. He suggests that the primary value to which counselors must commit themselves is freedom.

Research indicates that social class bias influenced psychiatric residents' diagnosis of patients (Lee, 1968; Fitzgibbons & Shearn, 1972). The professional background of the therapist had an important influence on whether the therapist judged a patient schizophrenic or not (Fitzgibbons & Shearn, 1972).

Cultural Bias in Theory and Practice

It is widely acknowledged that current theories are derivatives of Western culture and are not universally applicable to cross-cultural counseling situations (Corey, 2001; Schmidt, 2002).

Examples of cultural differences are abundant (Argyle, 1985). This is manifested in different behaviors of people, for example, calling others by first name, direct or indirect gaze, etc. Christopher (1996) addresses diversity issues through the concept of moral visions. Argyle studied 22 social relationships in 4 cultures: Britain, Italy, Hong Kong, and Japan. Addressing the other person by first name was highly endorsed in only three Japanese relationships, a much lower figure than in the other three cultures. Looking the other person in the eye during conversation was highly endorsed in virtually all British and Italian relationships, but in under half of Japanese and Hong Kong relationships. Christopher points out those different cultures provide different moral visions. The ideal person in traditional Confucian China was first and foremost characterized by absolute loyalty and being a dutiful son or daughter. In contrast, in the American culture, attributes such as authenticity and autonomy are reinforced.

Most Western counseling or psychotherapy theories are moral visions that presuppose the importance of individualism. For example, behaviorist, cognitive-behavioral, and reality theories emphasize utilitarian individualism. They stress rationality, control over emotions, enhanced human liberty, the importance of achieving self-defined goals, and opposition to irrational authority. Humanistic theories, such as person-centered and Gestalt theories, promote the importance of turning inward, of making contact with inner experiencing, and of identifying and expressing feelings. Such emphases may not be congruent with the moral visions of clients from other cultures. Eye contact by young people is a sign of disrespect among some Native American Groups (Ivey, 1994).

Current theories are derivatives of Western culture and are not universally applicable; they emphasize autonomy; and turning inward. Western values include emphasis on youth, assertiveness, independence and competition, whereas the corresponding Eastern values emphasize maturity, compliance, interdependence and cooperation.

Awareness of cultural differences and the ability to build bridges across them are important counseling skills. Income, educational attainment and occupational status are currently three of the main measures of

social class; you bring your skills at understanding people from different social classes and of forming counseling relationships with them. One skill may be handling resistances and messages resulting from clients' social class insecurities.

Usher (1989) provided some helpful guidelines for assessing the cultural bias inherent in theories of counseling and psychotherapy:

- **Assumptions about Normal Behavior**

- **Person-centered and REBT's emphasis on Individualism and independence:**
  - o Pedersen (1987) argued that "what is considered normal behavior will change according to the situation, the cultural background of a person or persons being judged, and the time during which a behavior is being displayed or observed". A number of theories (e.g., person-centered and rational-emotive behavior theory) emphasize the welfare and centrality of the individual and deemphasize the importance of obligation and duty to family, organizations, and society.

- **Dependence on Abstract Words:**
  - o Would all clients understand the concepts of self-actualization or fictional finalism? Many clients are not receptive to abstractions or conceptualizations.

- **Neglect of Client Support Systems:**
  - o In some cultures, talking with family members or friends may be more acceptable than talking with a trainee professional who is usually a total stranger.

- **Focus on Changing the Individual:**
  - o Linear thinking emphasizes cause-and-effect relationships, whereas the nonlinear or circular thinking characteristic of some cultures does not separate cause and effect counselors and therapists who use Western theory as the sole basis for practice assume that their role is to make the client more congruent with the system. Such a role can be quite problematic when Western culture-bound paradigms, such as the DSM, are used to assess the behavior of clients who are culturally different. Their current problems cannot be fully understood without consideration of their history.

The Daily World of the Practitioner

- A complex relationship exists between elements of the therapeutic process and the demands experienced by the counselor on a daily basis (Moursund & Kenny, 2002).

- The demands inherent in just about any work environment are tremendous. Concerns about having enough clients, students, supervisees, research funds, publications, involvements in professional and community organizations, collected fees, malpractice, and liability insurance are just a few examples of the kinds of demands that converge on counselors and therapists, e.g., school, college, university, mental health center, hospital, private practice, rehabilitation clinic, etc.)

- Freudenberger (1983) notes that the very nature of the therapeutic personality often makes it difficult to say no and many people engaged in counseling and psychotherapy find themselves overextended, tired, and overly involved with work.

- **Common Individual Stressors**
  - Striving for perfection
  - Excessive need for approval
  - Self-doubt
  - Physical and emotional exhaustion
  - Assuming too much responsibility for clients
  - Ruminating about cases

- **Stresses association with working in organizations**
  - Excessive demands of agencies
  - Constant paperwork
  - Dehumanization and erosion of ideals

Stress and Burnout

- How stress paves the way to burnout
  - Stress at work tends to impact your personal life
  - Working intensely with people opens you up to your own wounds -- it reactivates earlier conflicts and pain
  - Constant stress that is not managed results in physical and psychological exhaustion

- **Burnout**
  - There are internal and external causes of burnout.
  - Chronic burnout can lead to becoming impaired.
  - You are challenged with recognizing signs of burnout before you become an impaired practitioner.

Warning Signs for Burnout

Kaslow (1986) notes that when two or more of these indicators appear periodically and with gradually increasing frequency, intensity, and duration, a counselor or therapist has entered a warning zone and should seek personal counseling and psychotherapy, take a vacation, cut back on obligations, and so on, until he or she re-experiences perspective and balance:

- Not wanting to go to work

- Constantly complaining about disliking one's practice or feeling overwhelmed by it

- Viewing life as dull, heavy, and tedious

- Experiencing an increasing number of negative counter-transference reactions to patients or students

- Being extremely irritable, withdrawn, depressed, or intolerant at home

- Suffering frequent illnesses of inexplicable origin

- Wanting to run away from it all or having periodic suicidal ideation

Psychological Health Model

- The capacity to give and receive love as a criterion for psychological health has been endorsed by many theorists like Adler (1978), Allport (1961), Erikson (1968), Freud (1930), Fromm (1955), Maslow (1970), and Sullivan (1953).
- Jahoda (1958): proposed 6 criteria for mental health: a positive attitude toward self, continual movement toward self-actualization, purpose in life, ability to function independently, an accurate perception of reality, and mastery of the environment.
- Basic self-esteem has been viewed as essential by Allport (1961), Erikson (1968), Jung (1954), Maslow (1970), Rogers (1961), and Sullivan (1953).
- Personal autonomy and competence are emphasized by Fromm (1955), Horney (1950), Maslow (1970), and Rogers (1961).

Kinnier's Criteria for Psychological Health

Following a survey of psychological literature, Kinnier (1997) proposed 9 criteria for psychological health. To determine what criteria for psychological health had been identified by theoreticians and researchers,

Kinnier (1997) proposed that these criteria are believed to apply to counselors and therapists as well as to their clients.

- *Self-acceptance*
  - o Self-esteem seems to be a prerequisite for developing other important components of psychological health. Psychologically healthy individuals experience strong feelings of self-acceptance and self-love. Individuals who love and respect themselves have the capacity to love and respect others and possess the foundation for becoming self-actualized.

- *Self-knowledge (introspective)*
  - o Psychologically healthy individuals know themselves well and stay aware of their feelings, motivations, and needs. They are introspective and committed to understanding themselves.

- *Self-confidence and self-control*
  - o They have appropriate skills for assertive behavior, but do not unnecessarily impose their views or will on others. Such individuals have an internal locus of control, believe that they can exert reasonable control over their lives, and feel capable of achieving their goals.

- *A clear perception of reality (enough societal consensus)*
  - o Perceptions of the people, events, and objects around us are always subjective, but there are usually enough societal consensuses about the nature of reality to provide beneficial comparisons with our own point of view. Psychologically healthy individuals have a clear perception of reality and an o ptimistic view of life.

- *Courage and Resilience.*
  - o Danger and risk surround the daily lives and decision-making opportunities of most individuals; therefore, failures, crises, and setbacks are inevitable. Psychologically healthy individuals are aware of this reality, adapt well to challenges and changed circumstances, and can bounce back from disappointments.

- *Balance and moderation*
  - o Psychologically healthy individuals work and play, laugh and cry, enjoy planned and spontaneous time with family and friends, and are not afraid to be both illogical and intuitive. They are rarely extremists or fanatics, and usually they do not do anything in excess.

- *Love of others: Capacity to give and receive love (Adler, 1978; Fromm, 1955)*
  - o A number of theoretical orientations believe that the ability to give and receive love, the desire to develop close ties to another person or persons, and the need to belong to another person, family, or group are fundamental to mental health.

- *Love of life*
  - o People who are active, curious, spontaneous, venturesome, and relaxed have traits that promote their capacity to partake of and enjoy life.

- *Purpose in life*
  - o Individuals vary in their choice of the most meaningful aspects of life. Work, love, family, intellectual or physical accomplishment, or spirituality may become the primary focus.

The Multidimensional Health and Wellness Model

- Systemic models of wellness suggest that all the identified dimensions of wellness interact and that they must all be evaluated (Skovholt, 2001), as components of a lifelong paradigm to promote health and well-ness. Health has been defined as the absence of illness; wellness goes far beyond the absence of illness and incorporates a zest and enthusiasm for life that results when the dimensions of wellness have been addressed, developed, and integrated. A person can be "well" even when undergoing treatment for physical illness because the physical dimension is just one dimension of the wellness model. Little emphasis has been placed on the importance of counselors or therapists helping themselves, and even

less attention is given to counselors' or therapists' wellness behaviors

- In 1984, Hettler proposed six dimensions of wellness—intellectual, emotional, physical, social, occupational, and spiritual
- Later revision (Myers et al., 2000) indicated the following Wheel of Wellness as a basis for working holistically with clients:
    - Spirituality
    - Self-direction
    - Work and leisure
    - Friendship
    - Love

Activity 1: Assessing Your Personal Characteristics

- Sensitivity
- Personal presence
- Compassion & empathy
- Flexibility & willingness to receive feedback
- Integrity
- Modeling
- Insight

Use this list as a catalyst for honest self reflection. Reflect on how well you know yourself, and assess your current level of interpersonal functioning.

Activity 2

- Conduct an interview with a mental health professional. Before the interview develop a list of questions that you are interested in exploring. Write up the salient points and conclusions of your interview in your Counseling Journal.

LESSON 11

COUNSELING SKILLS

The counseling relationship is defined as the quality and strength of the human connection that counselors and clients share. Listening and showing understanding skills are central to building quality relationships with clients. All counseling relationships consist of two relationships: the counselor's relationship with the client and the client's relationship with the counselor.

- All systems of counseling / therapy employ various patterns of skills, known as microskills.
- Microskills are observable actions of counselors & therapists that appear to effect positive change in the session in which active listening involves both receiver and sender.
- Complex interaction is broken down into manageable & learnable dimensions. Once you learn these skills they can be fitted in a wide variety of theoretical orientation. When you learn new methods of therapy, you can build them on these skills and frame them into a variety of techniques.

Microskills

Different microskills are described in the following:
- Attending skills
- Listening skills: "Basic listening sequence"
- Focus and selective attention
- Influencing skills
- Confrontation & challenging

Attending skills

Attending skills is a simple phrase for a complex collection of behaviors and abilities.

- Attending skills are comprised of a series of complex proficiencies that cut across the verbal and nonverbal domains of communication. It is rare that people receive the full attention of their communication partner(s). When it does happen, they are keenly aware and appreciative of this fact. It is rare that people place full attention on themselves; hence, it is not surprising that most clients, and perhaps too many clinicians, are unaware of, or inattentive to, their own Meta communications. Clients are frequently unaware of communications that go beyond the verbal, and clinicians may forget to attend to these nonverbals.
- Attending refers to the focused attention that is placed on the other person in an interchange between two (or more) people.
- Without attending skills, the establishment of therapeutic rapport is most likely difficult, if not impossible.

Attending skills: Nonverbal Communication

Nonverbal communication is important from two perspectives:
- Nonverbal communication expressed by the client and picked up by the clinician.
- Nonverbal communication used by the clinician for therapeutic goals.

Attending nonverbal communication is an excellent means of gaining a clearer understanding of clients as it. It opens up a major area of meta-communication:
- Body language & movement
- Paralinguistic
- Physical space
- Timing

Body Language & Movement

- Kinesics can emerge from any body part. Some of the most important body features observed involve head, face, eyes, mouth, shoulders, arms, hands, legs, feet, and torso.
- Motor movement observations about all body parts are important as they can provide a great deal of information.
- Motor movement overall is often further defined as agitated, fidgety, unusual, normal, or as including tics, tremors, or motor abnormalities.
- Autonomic responses are also often included, drawing attention to physiological reactions such as rate of breathing, blushing versus paling, or pupil dilation.
- All motor and facial expressions can be assessed in terms of their congruence with verbal content of conversation as well as the level of activity or agitation they may suggest.

Table 1
Sample of Possible Interpretations of Common Kinesics: Eyes

Nonverbal Expression	Possible Meaning
Direct eye contact	Attentiveness
Lack of contact	Withdrawal
Looking down/ away	Avoidance, preoccupation
Fixed staring	Uptightness, psychosis
Eye blinking	Anxiety, excitement
Squinting or wrinkled brow	Annoyance, concern, thoughtfulness
Dilated pupils	Alarm, interest

Kinesics derives additional importance from the reality that they are commonly used as substitutes to verbal communication. In other words, quite frequently clients use their body to respond to a clinician's question.

Table 2
Sample of Possible Interpretations of Common Kinesics: Mouth

Nonverbal Expression	Possible Meaning
Smiling	Greeting, Positive mood, denial
Tight lips	Stress, Anger/ hostility, Concentration
Quivering lips	Sadness, Anger, Anxiety
Biting/ Chewing of	Anxiety, Bad habit
lips	Surprise, Boredom/ fatigue/ yawning
Open mouth	

Table 3
Sample of Possible Interpretations of Common Kinesics: Facial Expressions

Nonverbal Expression	Possible Meaning
Flushed face	Embarrassment, Anxiety
Eyes open wide & mouth opening	Surprise, Sudden insight
Furrowed brow with tight mouth	Deep thought/ concentration Irritation/ annoyance, Rejection of a therapist response

Table 4
Sample of Possible Interpretations of Common Kinesics: Shoulders and Arms

Nonverbal Expression	Possible Meaning
Shrugging shoulders	Uncertainty or ambivalence, indifference
Slouched shoulders	Sadness, withdrawal/ shyness Bad posture, Self-protection
Folded arms	Closed to contact, emotional distance
Open gesturing	Openness to disclosure
Stiff and/or unmoving	Anger, Anxiety

Table 5
Sample of Possible Interpretations of Common Kinesics: Legs and Feet

Nonverbal Expression	Possible Meaning
Crossing & uncrossing	Anxiety/ nervousness, Depression Self-protection
Foot tapping	Anxiety, Impatience
Stiff and/or Controlled movements	Closed to contact, Repressed attitude, Sore muscles

Table 6
Sample of Possible Interpretations of Common Kinesics: Body Movement

Nonverbal Expression	Possible Meaning
Leaning forward	Attentiveness, interest
Leaning away or back	Withdrawal, Rejection
	Relaxation or comfort
Turned to the side	Avoidance, Fear of rejection
Rocking or repetitive motion	Anxiety, nervousness,
	Bad habit, Developmental disorder
Habitual movement (e.g.,	Focused attention,
tapping, hair twirling)	Impatience, Bad habit

Paralinguistics
The therapist attends to how high or low the client's volume is when speaking of various contents, and whether volume or inflection changes depending on topic. Very high volume may relate to anger, whereas very low volume may indicate sadness.

Nonverbal or metacommnnication aspects related to voice and speech have great communication value. A high-pitched voice may suggest anxiety; changes in inflection may direct attention to particularly emotional topics.

Counselors direct their attention to several aspects of speech, including voice volume, articulation, pitch, emphasis, and rate (VAPER). Speech fluency is explored with regard to the intrusion of stuttering or similar speech errors, as well as jerky speech that changes in clarity and fluency across topics. For example, sudden hesitations in speech may indicate anxiety about a topic or second thoughts about self-disclosure. Speech errors, such as wrong word choice or inability to think of the right word, may suggest anxiety or resistance.

Rate of speech refers to the speed with which the client communicates. It could theoretically be evaluated by looking at the number of words spoken per minute. Most concretely, rate ranges from slow to fast. Slower speech rate helps you appear less nervous, and also provides more time to think of what to say.

Effect of Gender and Culture
Rate of speech varies greatly across cultural groups.

Use of Pauses and Silence
- Use of pauses and silence enhances your capacity to be a rewarding listener.
- The counselor can pause each time they stop speaking before responding to see if they wish to continue;
- Good use of silence also gives clients more psychological space to think things through before speaking. Some counselors and clients find silence threatening; they have to work on tendencies to interrupt too soon.

Skill Development Activity 1

- From now on, while engaging in conversations with others begin to focus on their nonverbal expressions of emotions.
- 'Note facial features, body posture, gestures, and other bodily cues about the person you are interacting.
- Do not allow the verbal content to get in the way of your nonverbal listening.
- Pay careful attention to body language, even if it appears inconsistent with what is being said.
- Begin to notice if different people have different ways of expressing the same message.

Skill Development Activity 2

- From now on, when you are in a public place with extra time on your hands, become a people watcher.
- Without hearing their conversations, pay attention to how people express themselves.
- Try to guess what emotions they are expressing by how they hold their bodies, faces, hands, and so forth.

COUNSELING SKILLS
COUNSELOR'S NONVERBAL COMMUNICATION

- Counselors also express nonverbal information through eye contact and body movements.
- Clients make assumptions about the therapists' kinesics based on their own experience with how they express themselves nonverbally; they do not usually attempt to understand the unique expression of the counselor.
- Counselor's nonverbal communication is strongly related with building therapeutic relationship.

Nonverbal Pitfalls of the Counselor

- **Excessive physical closeness at outset of treatment**

  The client may feel crowded or overwhelmed; misunderstand the behavior as seductiveness by the counselor

- **Excessive physical distance at outset of treatment**

  The client may feel rejected or at least not accepted; perceiving the counselor as arrogant or standoffish

- **Distancing body movements or facial expression**

  Examples of distancing facial expressions are bored look, yawning, lack of consistent eye contact, etc. Similarly, examples of distancing body movements are crossed arms or legs, chair moved away, etc. The client may feel judged, rejected, or misunderstood; may perceive the clinician as judgmental or reactive for personal reasons; may feel unimportant, boring, not being accepted, not liked; may perceive the counselor as emotionally absent

- **Absent/ inconsistent eye contact**

  The client could have following reactions in response to absent eye content of the counselor: Feeling ignored, feeling not cared for; perceiving the clinician as shy or insecure; feeling not attended to, feeling perceived as boring; perceiving the clinician as distracted

- **Excessive eye contact**

  The client could have following reactions: Feeling under scrutiny, feeling uncomfortable and intruded upon; perceiving the counselor as intrusive.

- **Creating barriers out of objects (e.g., desk, etc.)**

  The client could have following reactions if the desk between counselor and client is too big: Feeling rejected, not feeling accepted, feeling unimportant; perceiving the clinician as aloof

- **Incongruent facial expressions or gestures**

  The client could have following reactions: Confusion, feeling misunderstood, feeling placated, feeling lied to; perceiving the clinician as inconsistent or incongruent

- **Distracting mannerisms (e.g., twirling hair, playing with an earring, scratching, etc.).**

  Feeling perceived as boring, not feeling attended to, feeling perceived as uninteresting; perceiving the clinician as anxious or inattentive

- **Excessively loud voice or rapid speech**

  Feeling bossed around, feeling overwhelmed, being given advice or told what to do; perceiving the clinician as angry or hostile

- **Excessively low voice or slowed rate of speech**

  Feeling insecure about the value of treatment; perceiving the clinician as unsure of self

- **Impatient rate of speech, poor timing (e.g., interrupting client)**
    Feeling perceived as incompetent, feeling perceived as unimportant, not feeling heard; perceiving the clinician as incompetent or unempathic.

A Touchy Subject—Touching

Touching a client is very problematic in today's society. Touch appropriately is a major concern for counselors. It is a powerful way to communicate caring and empathy. It can also be easily misunderstood, misconstrued, and damaging to the counseling relationship.

Touch closes all distance between two individuals. Although this can be a very human and caring reaction, reaching out and touching a client can also carry negative consequences. Not all clients appreciate touch and some may misinterpret it. The best rule of thumb for the beginning clinicians is to refrain from the impulse to touch, especially early on in the work with a given client. If the clinician does not want to refrain from touch, the next-best solution is to ask the client if touch is acceptable. If a client indicates any hint of reticence to this request, the clinician would violate the client's personal boundaries through touch, a disrespectful and perhaps frightening move.

Skill Development Activity 1

- For the next week, listen carefully to the conversation styles of others.
- Attempt to identify their listening pitfalls. Note the consequences of these pitfalls. Do not share your insights as the point of this exercise is not to criticize others, but to begin to gain awareness of how pitfalls manifest. It is easier to begin identification of listening pitfalls in the conversations of others first, then it will be easier to identify them in your own listening.

Skill Development Activity 2

- Begin to observe yourself in conversations with other people.
- Try to evaluate honestly how you listen.
- Pay attention to whether you have any listening pit-fall that get in the way of open and attentive hearing.
- As you identify your primary pitfalls, make action plans about how to eliminate them after having observed others' listening pitfalls.

Use of Space

Two most important aspects of space utilization are distance and position. Observing how clients use personal and environmental space is often a useful way to better understand them. Distance refers to the amount of personal space a client appears to require. Some clients need significantly more distance from the therapist than others in order to feel comfortable in a counseling setting. They may go to great lengths to move their chairs as far away as possible from the counselor. Other clients may feel most comfortable if the distance between them and their clinician is at an absolute minimum. Counselors need to be aware of the client's space needs and should therefore try to accommodate these as much as possible. Difficulty can arise if the personal space needs of the client and clinician conflict significantly.

Gender and Cultural Differences

Although cultural differences exist that may make the need for personal space somewhat predictable, it is generally best just to observe the personal-space needs of each client and then attempt to honor and respect those needs. Gender differences may be observed as well.

Timing

- Timing refers to all time parameters of the session, such as starting and ending on time, as well as the use of time within sessions, such as the timing of important self-disclosures. Timing is an important nonverbal means of regulation, that is, of helping client and clinician negotiate who speaks when. If a

client suddenly stops in mid-sentence and pauses, the timing of this pause suggests that a comment from the clinician about the last expressed thought is expected. If the clinician makes a statement and then is silent, without breaking that silence, a clear communication is offered that invites the client to speak.

- Timing is an important nonverbal means of regulation. The timing of certain statements by a client within the context of the therapy hour can give a counselor hints as to whether the client wants to discuss the issue. For example, an important self-disclosure a few minutes before the end of a session may communicate ambivalence on the client's part about whether to discuss this topic. However, it may also be an attempt to extend the therapy hour beyond the established parameters. The clinician's response will have important nonverbal-communication value. If the counselor chooses to extend the session, the nonverbal communication is that the client can manipulate the clinician easily into getting extra time. If on the other hand, the clinician holds fast to the therapeutic hour, a clear communication is made that the counselor has good personal boundaries.

Concepts facilitating Good Nonverbal Communication

Three important concepts facilitate good nonverbal communication and thus therapeutic rapport, namely, congruence, sensitivity, and synchrony.

Congruence

Congruence refers to the clinicians efforts to keep personal verbal and nonverbal expressions in line with each other. Achieving congruence between what a counselor says and does is critical to good therapeutic rapport.

An example:

1. Conveyance of comfort: Calm, soothing voice; relaxed posture; open facial expression; saying "Please make yourself comfortable"

2. Expression of empathy: Nodding; smiling; inviting gestures; open body posture; verbal expression: "What a frightening experience"

3. Matched kinesics and paralinguistics: congruence in all aspects of expression; appropriate accenting: the counselor may say to the client: "Yes, I do understand".

Sensitivity (understanding the client's nonverbal communications)

Sensitivity refers to a mental-health-care provider's ability to receive and understand the client's nonverbal communications. Learning how to interpret the kinesics and paralinguistics of each individual client is a critical component of sensitivity.

Synchrony (matching a client's lowered voice and lowered rate of speech)

Synchrony refers to the clinician's ability to match or oppose the clients nonverbal expressions as therapeutically indicated. For example, matching a clients lowered voice and lowered rate of speech when the client talks about a sad event will help the client feel heard and understood.

Mirroring Nonverbal Behavior

- In a successful smoothly flowing interview, movement symmetry often occurs between counselor and client. Client pauses in the middle of a sentence, the counselor nods, and the client then finishes the sentence.

- It is represented by a "passing" of movement back and forth between client and counselor. Both unconsciously assume the same physical posture as if they are following a programmed script.

- Dissynchronous movement can indicate that the interview is on wrong track. The tool should not be used manipulatively but to increase awareness and insight.

Staying on the Topic

- To attend, you must also "listen"
- Example:
  Client: I went for shopping this afternoon and I really got anxious. I even wanted to run when I saw a friend. I was sweating and I felt I couldn't move. I have been in my room until just now.
- *Nonattending counselor*: Did you get admission in bachelors this year?
- *Attending counselor*: You say you wanted to run when you saw your friend. Can you describe the situation in more detail?

Helpful Behaviors: Nonverbal

- Tone of voice similar to the helpee
- Maintains good eye contact
- Occasional head nodding
- Facial animation
- Occasional smiling
- Occasional hand gesturing
- Close physical proximity to the helpee
- Moderate rate of speech

COUNSELING SKILLS
HINTS TO MAINTAIN CONGRUENCE

This section will concentrate on maintaining congruence between counselor's verbal and nonverbal communication. This consistency can be maintained by communicating verbal, nonverbal-all messages-consistently. A few examples given below describe how to maintain this consistency:

Intended Communication: Conveyance of Comfort

- Nonverbal Expression
    - Calm, soothing voice; relaxed posture; open facial expression
- Sample Verbalizations
    - "This is a safe place"
    - "Please make yourself comfortable"

Intended Communication: Conveyance of Patience

- Nonverbal Expression
    Slow rate of speech; patient gestures; focused attention
- Sample Verbalizations
    "Take your time"
    "We have plenty of time"

Intended Communication: Welcoming the Client

- Nonverbal Expression
    - Nodding; smiling; inviting gestures; open body posture
- Sample Verbalizations
    - "Welcome; please have a seat".
    - "It's nice to see you again".

Intended Communication: Expression of Empathy

- Nonverbal Expression
    - Leaning forward; sensitive eye contact; matching nonverbal; sensitive timing; appropriate accenting; facing client
- Sample Verbalizations
    - "What a frightening experience"
    - "It must have been very difficult time for you"

Intended Communication: Expression of Understanding

- Nonverbal Expression
    - Matched paralinguistic and kinesics; appropriate rate of speech; gentle voice; nodding
- Sample Verbalizations
    - "Yes, I do understand."

Intended Communication: Expression of Caring

- Nonverbal Expression
    - Warm, soft voice; connected body posture (open seating and leaning forward); open and relaxed facial expressions

- Sample Verbalizations
    - "I am so sorry to hear that your mother died."
    - "I truly care about what happened to you."

Intended Communication: Expression of Warmth

- Nonverbal Expression
    - Warm, soft voice; gentle rate of speech; connected body posture; soft facial expressions
- Sample Verbalizations
    - "You really deserved this."
    - "You really need support and guidance from him right now."

Intended Communication: Expression of Confusion

- Nonverbal Expression

Open body posture; accenting hand gestures; complementing facial expression (e.g.. wrinkled forehead, questioning eyes)

- Sample Verbalizations
    - "Help me understand this better...."
    - "No, I'm not quite clear on that yet..."

Example: The client says that he was not interested in some job, and then says he applied for it. The counselor in such a situation can ask for clarity.

Skill Development Activity 1

- Practice focused attention to people by practicing with friends and family.
- Apply all the skills mentioned before to your day-to-day conversations with people you know well.
- How did you feel in these conversations?

Do you notice any changes in responses? Are people aware of what you are doing? How do they feel about it? How do you feel in these conversations? Are you learning more about these people than you used to?

Listening and Understanding Skills

- "It is as though he listened and such listening as his enfolds us in a silence in which at last we begin to hear what we are meant to be" (Lao-Tse).
- Understanding is the beginning of approving (Andre' Gide).
- *Active listening* entails showing understanding by tuning into and reflecting with your verbal, voice and body messages the crux of the meaning contained in the verbal, voice and body messages of clients.
- This term was popularized by Thomas Gordon in his 1970 book *Parent Effectiveness Training*. It entails not only understanding speaker's communication but also showing that you have understood. Counsellors provide the gift of their listening so that clients genuinely feel understood.
- A distinction may be made between hearing and listening:
    - *Hearing* involves the capacity to be aware of and to receive sound.
    - Listening not only involves receiving sounds, but also, as much as possible, accurately understanding their meaning.
- Listening in a therapeutic manner means taking in the client's whole story. The first prerequisite to such complete and active listening is the ability to allow a client to speak uninterruptedly, even if the client takes breaks or pauses between words, sentences, or thoughts. Learning not to speak prematurely, in essence interrupting the client's stream of thought is one of the most important listening skills.

Importance of Active Listening

- *Establishing rapport*
    - o You are more likely to develop rapport with clients if they feel understood by you than if this is not the case.
- *Establishing trust*
    - o In the face of clients' inevitable mistrust, counselors need to establish their credentials of honesty, integrity and reliability.
- *Bridging differences*
    - o By showing your understanding you build bridges not walls.
- *Helping clients to disclose*
    - o Good listening helps clients to feel accepted, safe and understood. This in turn helps clients to choose to tell stories and share their inner world with you.
- *Helping clients to experience feelings*
    - o Rewarding listening can help clients to acknowledge their inner flow of emotions
- *Gathering information*
- *Helping clients to assume responsibility*
    - o Clients who are listened to sharply are more likely to assume responsibility for working on their problems.

What are Listening & Understanding Skills?

Following is the list of important Listening and understanding skills:

- Possess an Attitude of Respect & Acceptance
- Tune into the Client's Internal Viewpoint
- Opening remarks
- Open questions
- Paraphrasing
- Reflection of feeling
- Summarization

LESSON 14
LISTENING & UNDERSTANDING SKILLS

What are Listening & Understanding Skills?
Following is the list of important Listening and understanding skills:

- Possess an Attitude of Respect & Acceptance
- Tune into the Client's Internal Viewpoint
- Opening remarks
- Open questions
- Paraphrasing
- Reflection of feeling
- Summarization

1. Possess an Attitude of Respect & Acceptance
Such an attitude entails suspending judgment on clients' goodness or badness; all humans are fallible and possess life skills strengths and deficits that may result in good or bad consequences for themselves and others.

- An accepting attitude involves respecting clients as separate human beings with rights to their own thoughts and feelings. Though an accepting attitude involves respecting others as separate and unique human beings, this does not mean that you agree with everything they say. However you respect what they say as their version of reality.

- Fromm (1956) notes that the word of *respect* comes from the Latin word *respicere,* meaning *to look at*. Respect means the ability to look at others as they are and to prize their unique individuality. Respect also means allowing other people to grow and develop on their own terms without exploitation and control.

- Avoid internal and external barriers. You do not need to use barriers and filters to protect you from listening to the full range of their messages. These barriers can be internal and external: Internal barriers operate on to distort and filter out certain elements in messages you receive; External barriers manifest themselves in subtle and not so subtle voice and body cues to others that they should edit what they say. Barriers also manifest themselves in the more obvious verbal 'don'ts of being an active listener.

Barriers to an Accepting Attitude

- Anxiety-evoking feelings

Clients can express feelings that counselors find hard to handle: for instance, apathy, depression, happiness or sexuality. Counselors may feel threatened by feelings directed towards them, such as hostility or liking. Alternatively, counselor anxiety may be evoked by the intensity of clients' feelings about others: for instance, envy at a sibling or grief over bereavement.

- Anxiety-evoking clients

Counselors may feel threatened by certain categories of clients: for example, clients of the opposite sex, seriously disturbed clients, highly successful clients, very intelligent clients and clients who have strong feelings with which the counselor disagrees.

- Current unfinished business

Unfinished business can interfere with your being open to clients. For instance, if you have just come from a heated staff meeting, you may be less ready to listen and accept your next client.

An Example:

"Sadaf is a successful counsellor in private practice. However, she is going through a very difficult period in her marriage. She and her husband, Shabbir, have frequent rows. Sadaf is uncertain whether she wants to stay in the marriage. Hard as she tries to concentrate in her counseling sessions, Sadaf has intrusive thoughts about her resentment with Shabbir and her anxiety about the future of their marriage".

- Trigger words, phrases and attitudes

Trigger words and phrases raise a **'red flag for you.** Each counselor has his or her - own emotionally charged triggers. Counselors can allow themselves to be triggered by sexist comments, racist comments,

An Example:

lmran, 3l , a Pakistani counselor in the UK, has to struggle to control his emotions with anyone who expresses racist attitudes. Recently lmran had a client, Richard, who started using the word _Paki_ and said he thought Asian immigrants should be repatriated. Imran became so angry that, for some moments, he lost sight of his client's vulnerability.

- Prejudices

Counselors are not immune from varying degrees of prejudice. For reasons connected with your upbringing, you may tune out to people different from you because of age, sex, sexual orientation, culture, race, social class, physical disability or intelligence level, among other possible differences.

Activity 1: Assessing My Barriers to an Accepting Attitude
Assess how much each of the following barriers either does or might interfere with your possessing an accepting attitude if counseling:
(a) Anxiety-evoking feelings
(b) Anxiety-evoking clients
(c) Trigger words, phrases and attitudes
(d) Prejudices
(e) Current unfinished business
(f) Emotional exhaustion and burnout

2. Empathy: Tuning into the Client's Internal Viewpoint

- If you respond to what clients say in ways that show accurate understanding of their viewpoints, you respond as if inside their internal viewpoints.
- If you step outside your clients' internal viewpoints, you respond more from where you are or where you think they should be?

Examples: External & Internal viewpoints

External:
- 'What can I do for you?'
- 'You should get out of the relationship.'
- 'Women can be very manipulative.'
- 'You are going to be all right.'

Internal:
- 'You feel betrayed by your company.'
- 'You're delighted at passing your statistics test.'
- 'You have mixed feelings about accepting the promotion.'

- 'You're pleased that your parents-in-law live nearby.
- 'You feel appreciated and happy because your daughter phoned on your birthday.'

Empathy as Perceived by Rogers (1961)

- This is the ability to enter the client's phenomenological world, to experience the client's world as if it were your own without ever losing the 'as if' quality.

- It involves two specific skills:
  - o **Perception/understanding of what is taking place emotionally.**
  - o **The ability to communicate your understanding to the client.**

Empathy as Seen by Martin (1983)

- Empathy is communicated understanding of the other person's intended emotional message. Every word counts in this definition. It is not enough to understand what the person said; you must also hear what they *meant* to say; the intended message.
- It is not enough to understand even deeply; you must communicate your understanding somehow. It is absolutely essential the other person "feel" understood—that your understanding is perceived.

Two Forms of Empathy

Primary Empathy:
> Responding in such a way that it is apparent to both the client and the counselor, that counselor has understood the client's major themes.

Advanced Empathy:
> This takes the relationship one step further. You are exploring themes, issues, meanings, and emotions that are below the surface of what is being shared by the client.

Levels of Empathy

Throughout your time with a client, you will be using different levels of empathy. As the sessions progress, empathy will deepen as you know more about your client and their story. You also use an appropriate level of empathy for the stage of counseling.

1) The verbal & behavioral expressions of the counselor either do not attend to or detract from the verbal & behavioral expressions of the client.
2) Although the counselor responds to the expressed feelings of the client, they do so in a way which subtracts noticeable affect (emotion) from the communications of the client.
3) The expressions of the counselor in response to the expressions of the client are essentially interchangeable.
4) The response of the counselor adds noticeably to the expressions of the client in a way that expresses feelings a level deeper than the client was able to express.

3. Use Opening Remarks & Small Rewards

- Counselors start initial sessions with opening remarks that build rapport and encourage clients to share.
- Sometimes counselors make opening remarks in response to client body messages.
- Small Rewards:
  - o **Uh-hmm, Please continue, Tell me more, Go on, I see, Oh, Indeed, And..., So..., Really, Right, Yes, etc.**

Examples:
Hello (state client's name), I'm {state your name). Please come in.

When the client is seated
'Please tell me why you've come.'
'Please tell me why you're here.'
'Please tell me what's concerning you."
'Please tell me what the problem is.'
'Please put me in the picture.'
'You've been referred by ... Now, how do you see your situation?

If The client seems upset:
"You seem upset. Would you care to say what's bothering you**?'**
'You seem very nervous.'
'Is there something on your mind?'

Activity: Tuning into the Client's Internal Viewpoint

Example: Student to School Counselor

- *Student:* 'I've got this big test coming up and I don't seem to be able to concentrate. I'm worried sick.'

- **School counselor:**
    o 'This is a case of test anxiety.' (External Viewpoint)
    o 'You're scared because your lack of concentration prevents you from revising.' (Internal Viewpoint)
    o 'You will be all right on the day.' (External Viewpoint)

Example: Client to Social Worker

- **Client:**
    'I hate taking *zekaat*. It strips me of all pride and dignity.'

- **Social worker:**
    (a) 'You loathe being dependent on zekaat with the loss of pride and self-esteem it involves.' (Internal Viewpoint)
    (b) 'The recession is hurting a lot of people.' (External Viewpoint)
    (c) 'How much money do you get?' (External Viewpoint)

LISTENING & UNDERSTANDING SKILLS

Following is the list of important listening and understanding skills:

- Possess an Attitude of Respect & Acceptance
- Tune into the Client's Internal Viewpoint
- Opening remarks
- Open questions
- Paraphrasing
- Reflection of feeling
- Summarization

In the previous lecture, we discussed the following listening and understanding skills:

- Possess an Attitude of Respect & Acceptance
- Tune into the Client's Internal Viewpoint
- Opening remarks

Asking Questions: Open Questions
Questions have large range of purposes and applications, as described below:

- to initiate interview
- to facilitate communication
- to motivate self-disclosure
- used to elaborate on a topic
- used to shift from one topic to another
- can enhance the client's awareness
- help making diagnosis
- Used to guide the client.

Before discussing open questions, let's talk about different types of questions and their difference from open questions.

Suggestive Questions

- Give hidden (or not so hidden) advice disguised as a question.
- Tend to start with stems such as "Don't you think…?" "Could you…?" "Have you ever (considered)…?
- Suggestive openers. Sometime the counselor is not even aware that he is giving advice. He must listen with a third ear whether the question is giving advice.
- The counselor may think that the question just motivates the client. But these questions may be just like putting answers into clients' mouths.

Example:

- Counselor: Have you ever tried talking to your father about your husband's behavior?
- Client: No I haven't. Should I?

Assumptive Questions

- They give the client the impression that the counselor expects a particular answer. In other words they are not questions at all; the statements in fact are disguised as questions. The client has to decide whether to decide himself or comply with the assumption.

- They start with stems like "But you have (haven't)…?" "Do you really…?" "Isn't it?" or "Do (don't) you….?"

Example:

- Counselor: But you aren't taking drugs yourself?

- Client: Not really….. (looks away)

Leading question: *She's a great person, isn't she?*
Open-ended question: *What do you think about her?*

Judgmental Questions

- Such questions put the client on the defensive or create discomfort.

- One prime example of a question that will sound judgmental to almost anyone is the still-often-used "why did you do that?" It could be better phrased as: *"How did you decide what to do at that point?"*

- Judgmental questions are the reason why questions starting with "why" have fallen into disregard among counselors.

- A generalization has occurred that all questions starting with why are judgmental, while this is not the case. Occasional well-planned "why" questions can be quite appropriate.

- It is best to eliminate from a counselor's vocabulary as most clients would react defensively. There are many better ways to arrive at the same point.

Attacking Questions

- These are Similar or closely related to judgmental questions. However, the attacking questions are more obvious and hence more easily avoided.

- Serve to shame the client or demonstrates the counselor's power over the client. This type of inquiry is perceived by the client as demeaning or embarrassing.

- Regardless of the intention of the counselor, attacking questions serve to shame the client or demonstrates the counselor's power over the client. It must be eradicated from the counselor's repertoire of questions.

- Examples:

 "Why are you telling me that?"

"What is the point of this story?"

"Aren't you listening to me?"

"Is that supposed to make sense?"

"Can't you understand this simple idea?" etc.

Controlling or Intrusive Questions

- These questions ignore the client's agenda and needs, and focuses instead on the desires and wishes of the counselor. There are of course times when counselor appropriately changes the agenda or direction for the sake of the client (e.g., when the client is not on a productive course), but these are for some personal need.

- This can happen due to two reasons:

     o   The counselor is not comfortable with the conversation, e.g., about authority figures, divorce, men, women, sex, etc.

     o   The counselor seeks specific details and the focus shifts to a preoccupation of the counselor, e.g., asking too many intrusive questions about client's sex life.

Pitfalls of Such Questions

- The counselor may be perceived as controlling the conversation.

- The counselor may block clients from getting in touch with and listening to themselves and responding to their internal viewpoint rather than to your external viewpoint

- The counselor may set the stage for an interrogation

Closed Questions

- Closed-ended questions curtail speaker's options. Allow the client to answer with a simple phrase or even to give a yes-no answer.

- Make easy for clients to evade issues and do not encourage self-disclosure.

Example:

     o   **Closed-ended question:** *Is your relationship good or bad?*

     o   **Open-ended question:** *How do you feel about your relationship?*

Pitfalls of Closed Questions:

- The resulting interaction between counselor and client may not be very rich. Clients do not have to provide a lot of information and the ensuing interaction between counselor and client may not be very rich.

- Counselors end up doing all of the therapeutic work for the client, who may has to sit and answer yes or no. Closed questions require a lot of verbalization from the counselor, a practice that is not conducive to collaborative communication.

- A practice not conducive to collaborative communication. However, it does not imply that counselors never use closed-ended questions. It depends on the goals of your listening. Closed-ended questions can be useful for collecting information. However, show restraint if you wish to help others share their worlds. On the other hand, you may also need sometime to use open-ended questions sparingly.

Purposeful Use of Closed Questions

- During a crisis situation

- When a client is self-disclosing too much too quickly

- When a client is excessively anxious

- When a client's thoughts are racing or who is overly talkative.

Shotgunning

- Overly relying on closed questions.

- Defined as series of closed questions that cover nothing in depth and much in breadth.

- The target client is likely to feel bombarded.

This kind of interview can go on like that for hours, unless the client gets fed up and leaves.

Open-Ended Questions

- Open-ended questions allow clients to share their internal viewpoints without curtailing their options. Everything leading up to this point has hinted at the importance of open-ended questions.

- Questions need to be intentional and purposeful. Questions have a purpose and should not be asked to kill time and break silence.
- Appropriate timing of the questions. It is critical that counselor leans to phrase good open-ended questions.
- Questions shall be perceived as supportive and therapeutic, not judgmental or presumptuous. The client best not be interrupted, but it is also not good to wait too long to ask a question as the client may move to another topic.

Function
- Used to bring out major data and facilitate conversation A good use of open-ended questions is when, in the initial session, you wish to assist clients to tell why they have come.
- If counselors follow few basic rules of open-ended questions, they should be quite successful in soliciting information and facilitate self-disclosure.

Description:
The purpose of using different words used in asking open-ended questions is as under:
What (facts)
How (process or feelings)
Why (reasons)

Change from Closed- to Open-Ended Questions

Closed Questions	Open-Ended Questions
Do you like your mother?	How do you feel about your mother?
Do you have a best friend?	What can you tell me about your best friend?
Is your apartment new?	Tell me about the place where you live.
Were you hospitalized after the accident?	How bad were your injuries?

LESSON 16
LISTENING & UNDERSTANDING SKILLS

Paraphrasing

- Paraphrasing is one of the competent skills of how you show understanding in active listening.
- Repeating back the essence of a client's words and thoughts using the client's main words: the purpose is to check on the clarity of counselor's understanding
- Paraphrasing must be decided upon some goals (reinforce, clarify, highlight, double-check, etc.).
- The function of paraphrasing is that it acts a promoter for discussion
- Focusing only on the verbal content of client's messages is the first step in learning to respond to their voice, body and verbal messages
- Excludes understanding of their voices and body messages.
- Paraphrasing means rewording (not the same words) speakers' verbal utterances. It is important that you paraphrase because you drive people crazy if you parrot them. However, occasionally same words can be used.

Paraphrasing: Examples

Using same words:

You can use the same words.

- **Client:** I feel terrible
- **Counselor:** You feel terrible.
- **Client:** I heard a noise.
- **Counselor:** A noise?

Staying close to the kind of language:

You try to stay close to the kind of language they use. Here are a few basic examples.

- **Client:** I'm finding swallowing difficult.
- **Speech therapist:** You're having trouble swallowing.

Tips for Paraphrasing:

A good paraphrase can provide mirror reflections that are clearer and more to the point than original statements. If so, clients may show appreciation with comments such as "That's right".

Tip for paraphrasing is to start your responses with the personal pronoun 'you' to indicate that you reflect clients' internal viewpoints. Another tip is to slow your speech rate down to give you more time to think. You need a good memory and a good command of vocabulary to paraphrase well. Confidence and fluency in the skill require much practice.

Reflect Feelings

"The therapist hears not only what is in the words; he hears what the words do not say. He listens with the "third ear" (Reik, 1952, p. 144)

Reflect Feelings

- Skilled counselors are very sharp at picking up clients' feelings.

Active listening entails showing understanding by tuning into client's viewpoint and reflecting, with your body and voice messages, on the feelings of the client.

- Reflecting feelings is both similar to yet different from paraphrasing. Both are concerned with the meaning of the words. However, paraphrasing is simple mirroring, whereas reflecting is concerned with feelings and emotions..

- Clients may send voice and body messages that qualify or negate verbal messages. Reflecting feelings usually involves paraphrasing. However, the language of feelings is not words. Feelings are bodily sensations which may then have word labels attached to them. Consequently, paraphrasing alone has distinct limitations. For example, clients may send voice and body messages that qualify or negate verbal messages. Client says 'I'm OK, one yet speaks softly and has tearful eyes, A good reflection of feelings picks up these other messages as well. This implies that reflecting feelings entails responding to clients' music and not just to their words. To do this, counselor responses incorporate appropriate voice and body messages.

Distinction between Thoughts & Feelings

- Thought:
  'I feel that equality between the sexes is essential,' describes a thought.

- Feeling:
  'I feel angry when I see sex discrimination,' labels a feeling.

Example: "I feel like going home" is not an emotion.

Receiver & Sender Skills in Reflection

- *Receiver skills*
  - o Understanding clients' verbal and nonverbal messages.
  - o Taking into account the context of clients' messages.
  - o Sensing the surface and underlying meanings of clients' messages.

- *Sender skills*
  - o Responding in ways that pick up clients' feeling words and phrases.
  - o Rewording feelings appropriately, using expressive rather than wooden language.
  - o Using voice and body messages that significantly neither add to nor subtract from the emotions conveyed.
  - o Checking the accuracy of your understanding.

Picking up Feeling Words and Phrases

- Carkhuff (1980) recommends *use of your own experiences* in identifying feelings and emotions.
  - o He recommends that one should get a general impression of what the client is expressing. Then the counselor can use his experiences to understand client's feelings. The counselor needs to know different feelings associated with one condition, e.g., if client is feeling lonely, how do you feel when lonely, ask yourself. Do you feel sad, dejected, perhaps even scared, etc.

- Mirror the intensity of client's feelings:
  - o Mirror the intensity of clients' feelings words in reflections. For example. Ali has just had a negative experience about which he might feel 'devastated' (strong intensity), 'upset' (moderate intensity) or 'slightly upset' (weak intensity). You may err on the side of either adding or subtracting intensity.

- *Mixed feelings:*
  - o Sometimes clients may have varying degrees of mixed feelings, ranging from simple opposites (for instance, happy/sad) to more complex combinations (for instance, hurt/angry). Good reflections pick up all key elements of feelings messages. For instance:

Client: I'm sorry, but relieved not to have got the promotion.
Counselor: You're upset, but feel a weight off your shoulders at not being promoted.
Client: I both like being with her. Yet also like being on my own.
Counselor: You appreciate her companionship, but enjoy your own personal space too.

- *Assist labeling of feelings:*
  - o Sometimes counselors assist clients in finding the right feelings words. Here reflecting feelings go beyond reflecting feelings to helping choose feelings words that resonate for them.

Client: I don't quite know how to express my reaction to losing my job ... possibly angry ... upset, that's not quite it... bewildered.
Counsellor Hurt, anxious, confused, devastated ... are any of those words appropriate? Client: Devastated, that's what I really feel.

Categories of Feelings: Anger
A range of options regarding the use of appropriate words should be available to counselors seeking to identify feelings in the helpee. The words can be changed in intensity with the context in which they are used.

Mild Feeling:
Annoyed, bothered, irritated.

Moderate Feeling:
Disgusted, Harassed, Mad, Provoked, Put upon, resentful, spiteful.

Intense Feeling:
Angry, boiled, burned, contempt, enraged, fuming, furious, hot, infuriated, smoldering, steamed.

Categories of Feelings: Fear

Mild Feeling:
Apprehensive, concerned, tense, tight, uneasy.

Moderate Feeling:
Afraid, alarmed, anxious, fearful, frightened, shock, threatened, worried.

Intense Feeling:
Desperate, overwhelmed, panicky, petrified, scared, terrified, tortured.

Categories of Feelings: Happiness

Mild Feeling:

Amused, comfortable, glad, pleased, relieved.

Moderate Feeling:
Delighted, eager, happy, joyful, up.

Intense Feeling:
Bursting, ecstatic, elated, enthralled, excited, terrific, thrilled.

Categories of Feelings: Sadness

Mild Feeling:
Apathetic, bored, confused, disappointed, discontented, mixed up, resigned, unsure, low

Moderate Feeling:
Abandoned, discouraged, distressed, down, drained, empty, hurt, lonely, lost, sad, unhappy, weighted

Intense Feeling:
Anguished, crushed, deadened, depressed, despairing, helpless, humiliated, hopeless, miserable, overwhelmed, smothered, tortured

Activity: Write down Urdu words relevant to different feelings with varying intensity.

Summarizing Skills
Summaries are brief statements of longer excerpts from counseling sessions. Summaries fulfill the following purpose:

- Used to pull together material in a counseling session over a period of time.
- Counselor generally summarizes selected key concepts
- Is helpful:
    o To keep a client moving
    o To add more data to what already has already been given
    o To provide structure to a causal random conversation

Types of summaries
The following are different types of summaries that a counselor can use in his sessions:

- Basic reflection summary:

Basic reflection summaries can take place at any stage of counseling. They are short summaries that counselors make after clients have spoken for more than a few sentences. Such summaries pull together the main feelings

   Counselor: You feel very unhappy with your boss. You think he does not appreciate you and manipulates people all the time to get his way. Your relationship has got to the point where you speak to each other only when absolutely necessary.

- Summarizing at the end of a session
- Summarizing at the end of several sessions
- Summarizing at the end of counseling process before termination

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LESSON 17

INFLUENCING SKILLS
Basic Listening Sequence (BLS)

The basic listening sequence (BLS) was not presented as an integrated sequence until 1980s. Ivy (1988) noticed that the microskill of listening has been part of counseling for over 30 years but the basic listening sequence (BLS) was first identified by a skilled manager Digital Computer Corporation when an employee came up to the manager with a problem on the production line, and the manager engaged in good attending behavior.

Basic Listening Sequence
- Open questions
- Closed questions
- Encouragement
- Paraphrasing
- Reflection of feeling
- Summarization

Influencing Skills

Types of Influencing Skills
- Interpretation/ reframing
- Directive
- Advice/information
- Self-disclosure
- Feedback
- Logical consequences
- Influencing summary

The microskills system lists an array of change strategies not possible with a strict listening approach. Clients can profit and grow even if you use only attending behavior and listening skills. However, a strict listening approach fails to take advantage of the many possibilities for helping. The microskills system lists an array of skills and strategies that can be useful in guiding clients in changing their stories, thoughts, and feelings.

Interpretation/ Reframing
Interpretation and reframing are perhaps the central influencing skills, for in using these approaches the counselor or therapist most directly seeks to help clients find new meaning to old stories and behaviors. Although microcounseling theory argues for clients finding their own meanings via the basic listening sequence, many people will benefit from assistance and new ways of thinking. Those who have experienced harassment—women, homosexuals, or persons with AIDS, for example—need to tell their stories, but they may also benefit from the therapist's ideas and reframes. For example, many people who are harassed think of their issues as "their fault'" and blame themselves. In that case, a new interpretation and reframing is required.

Description of Interpretation:

It provides an alternative frame of reference from which the client may view a situation. It may be drawn from a theory or from one's own personal observations. Interpretation may be viewed as the core influencing skill in psychodynamic theory.

Function of Interpretation in Interview:

Interpretation provides a new way to view the situation. The interpretation provides the client with a clear-cut alternative perception of "reality." This perception may enable a change of view that in turn may result in changes in thoughts, constructs, or behaviors.

Theoretical Orientation

Interpretation is a central skill in Psychodynamic counseling. In later stages of therapy, interpretations/ reframes may be the only skill used. However, there is little or no attempt to lead the client to behavioral action. Interpretation is usually avoided in Client-centered.

Reframes from other theoretical approaches can also be helpful. Psychodynamic theory may be useful and can help clients see how their histories and past experiences relate to their present stories. Cognitive-behavioral reframes will often help clients think more effectively about their stories and provide action narratives for the future. The existential-humanistic reframe may help clients focus on their self-value. The point of refraining is to tell the story in a new way, one that is more functional and valuable to the client.

Directive

Description:

It tells the client what action to take. It may be a simple suggestion stated in command form or a sophisticated technique from a specific theory.

Function in Interview

It clearly indicates to clients what action counselors wish them to take. The prediction with a directive is that the client will do what is suggested.

Theoretical Orientation

Behavioral approaches make a good use of this influencing skill. However, this skill is avoided by a client-centered counselor.

Advice/Information

Description:

It provides suggestions, instructional Ideas, homework, advice on how to act, think, or behave.
Function in Interview

Used sparingly, may provide client with new and useful information. Specific vocational information is an example of necessary use of this skill.

Theoretical Orientation

Although advice giving is used sparingly in client-centered and humanistic approaches to counseling, information is sometimes essential to provide to the client seeking career and vocational choice.

Self-disclosure 1

Description

> The interviewer shares personal experience from the past or may share present reactions to the client.

Function in Interview

> Counselor emphasizes "I" statements. This skill is closely allied to feedback and may build trust and openness, leading to a more mutual relationship with the client.

Theoretical Orientation

> This skill is frequently used by humanistic and existential counselors. In moderate form, this is also used by counselors practicing other counseling approaches.

Feedback

Description

> Provides clients with specific data on how they are seen by the counselor or by others.

Function in Interview

> It refers to providing concrete data that may help clients realize how others perceive behavior and thinking patterns thus enabling an alternative self-perception.

Theoretical Orientation

> It is used by more or less all counseling approaches. However, feedback and reflection of meaning are most commonly employed by humanistic counselors.

Logical Consequences

Description

> Interviewer explains to the client the logical outcome of thinking and behavior—if/then.

Function in Interview

> It provides an alternative frame of reference for the client. This skill helps clients anticipate the consequences or results of their actions.

Theoretical Orientation

> This skill is most frequently employed by the cognitive counselors.

Influencing Summary

Description

> This skill is often used at or near the end of a session to summarize counselor's comments because it gives structure to casual random conversation; most often it is used in combination with the attending summarization.

Function in Interview

> This skill clarifies what has happened in the interview and summarizes what the counselor has said. This skill is designed to help generalization from the interview to daily life.

Focusing and Selective Attention Skills

- An important purpose of this skill is to help clients to focus on important issues. Other reasons for focusing include broadening clients' perspectives on problems by examining them from different points of view and helping clients to focus on important issues that they might otherwise avoid facing.

- The main function of focusing is 'to direct the client conversational row into the areas you want' (Ivey, 1994)

- First focus on the client and later on the problem. Beginning counselors and therapists often focus on problems instead of the people in front of them. It is generally (but not always) wiser to first focus on the client and later on the problem. The temptation is to focus on the problem and solve it, perhaps even disregarding the thoughts and feelings of the client in the process.

Initial Focus: An Example

- **Client:** I've got to cope with so many things, and it seems endless. I don't know where to turn. Every other day, my husband starts fighting. This happens more when he takes drugs. Yesterday, the school counselor called me in because Rehan, my son, got into trouble on the play-ground. They said he was bullying a smaller boy. How can I solve all these problems?

- **Counselor:** You are overwhelmed by it all. Let's start first with you and what's happening with *Sumaira.*

    The counselor uses two personal pronouns and the client's name. Such naming of the client is an important personalizing technique seldom stressed sufficiently in the helping profession.

- Although focus should usually be on the client, it can be invaluable to broaden the focus in a balanced fashion to include several additional dimensions.

<u>Types of Focusing</u>

Focused responding and focused exploration are two important focusing skills.

Focused Responding

- Client statements often have many parts to them. Consequently, you can choose where to focus.

- *Example:*

    'I've just had the most terrible row with my mother-in-law. I can't seem to control my temper. OK, there are many problems between me and my husband, but why does she have to interfere? Right now I feel as though I could kill her.'

Focus Analysis: Reframing Clients' Stories

> In working with a complex case such as Sumaira's, it should be clear that focusing just on her will not be sufficient in the long run. This client needs to work out her relationship with her husband, help her children, and resolve a wide variety of pragmatic problems.
> The case illustrated above in the example is also requires similar focus.

LESSON 18

FOCUSING & CHALLENGING SKILLS
Focused and Selective Attention

1. Focus Analysis
Seven Dimensions of Microskill Focus Analysis

It is apparent that focus can be approached in different ways. Thus, it is important that we consider all possible aspects of clients' problems. The seven dimensions of microskill focus analysis listed below are vital for understanding what is happening in any counseling session.

- **Client focus**

  "Sumaira, you feel *confused* and *lonely*. You're *unsure* of what you want to do."

  This response contains four personal references to the client. Although counseling generally recommends a client focus, this may be culturally inappropriate in some situations. The client focus approach puts the problem squarely on Sumaira and tends to ignore family factors and gender issues.

- **Other focus**

  "Tell me more about your husband."
  "What's going on with Rehan?" (Client's son)

  In this case, the client likely will start telling about her husband and his fights. The other question would result in a focus on the son. For some clients, however, another focus may be more appropriate than a client focus, as they may feel uncomfortable talking about themselves in the early stages of the helping process.

- **Family focus**

  Family focus is to understand the importance of family history and family interaction.
  A child who bullies on the playground may be acting out an abusive pattern at home. Responses that focus on the family include:

  - "How would your son's bullying relate to what's going on in the family?" or
  - "Family issues often reflect what happens in the individual.
  - Tell me more about what's happening in your family"

- **Problem/Main Theme Focus**
  - Husband's drug taking
  - Any possible emergency

  In crises, clients often need concrete problems solved, particularly in times of crisis, and a focus on the individual client could be inappropriate at times.

- **Interviewer Focus**

  "I also grew up in a family where there were frequent rows"

  Focusing on your own experience may be useful as a self-disclosure or feedback technique, and it may help develop mutuality with the client. As rapport develops, such responses may be increasingly helpful. However, they must not be overdone. Counseling is for the client, not for the counselor.

- **"We" Focus**

  "Right now we seem to be getting somewhere. The two of us ought to be able to generate some good ideas using what we know."

  This type of mutual sharing frequently appears in humanistically oriented interviews. It is also characteristic of feminist counseling and therapy in which the helper frequently joins the client as an advocate.

- **Cultural/ Environmental/ Contextual Focus**

  There may be broader social, cultural, racial, sex-role and economic issues that might provide an insight into the problem (Ivey, 1994). Helpers with a multicultural or feminist orientation often effectively use this focus to produce change. Most counseling theories, particularly the major ones, often overlook the cultural/environmental context and the historical background of the individual.

- **Approach Focused Responding with Caution**

  It is important that the focus shall be done with caution. For instance, an excessive focus on client's mother-in-law's behaviour might block the client from looking at her own behaviour. However, client might better examine her own behaviour if assisted to focus on her mother-in-law's perspective as well as her own. Another problem is that counselors may not focus sufficiently on some topic areas.

2. Focused Exploration

Focused exploration can follow from focused responding and it refers to a specific part of client's statements. The counselor might respond to a specific part of client's statement; for instance, client's perceptions of her mother-in-law, and explore them further before moving on to repeating the same process with another part of her statement: for instance, controlling her temper.

- Three ways to establish focus:
  - To ask clients to prioritize areas for exploration.
  - Counselors may wish to initiate explorations of specific areas.
  - Counselors may wish to focus further when exploring specific areas.

Counsellors can use focusing skills to collect information on parts of problems not mentioned by the clients.

Challenging/ Confrontation Skills

Challenges focus on discrepant, inconsistent and mixed messages that counselors perceive that clients send. We often think of confrontation as a hostile and aggressive act. In counseling and therapy, confrontation is usually a far more gentle process in which, we point out to the client's discrepancies between or among attitudes, thoughts, or behaviors. In a confrontation, individuals are faced directly with the fact that they may be saying other than what they mean, or doing other than what they say.

'Put most simply, challenge is an invitation to examine internal or external behavior that seems to be self-defeating, harmful to others, or both - and to change that behavior' (Egan, 1994, p. 158). 'Egan's observation consists of two parts: first, developing new perspectives; second, translating these new perspectives into action. Before you confront someone you want to make sure the relationship is strong and able to withstand the challenge of the confrontation.

Challenging Skills

- Challenging clients to speak for themselves
- Challenging mixed messages

- Challenging possible distortions of reality
- Not acknowledging choice
- Reframing

Challenging Clients to Speak for Themselves
- By failing to send 'I' messages, clients may distance themselves from their feelings, thoughts and actions.
- *Owning a feeling*

Clients 'non-I' message: 'He is impossible when he behaves like that.'
Client's 'I' message: 'I feel hurt and frustrated at his behavior.'

Frequently clients require help in speaking for themselves. Ways in which clients avoid speaking for themselves include making statements starting with words like 'you', 'people', 'we', and 'it'.

- **Owning a Thought**
  - Client's 'non-I' message: '**What do you think about women serving in the forces in combat roles?'**
  - Client's 'I' message: **'I think women should/should not serve in the forces in combat roles.'**

- **Owning an Action**
  - Clients' non- I message: '**The car crashed into the garage door.'**
  - Client's 'I' message: '**I crashed the car into the garage door.'**

Sometimes clients avoid sending I messages by asking questions, in the hope that they can agree with the answer.

Encouraging Clients to Send 'I' Messages
Respond as though clients send 'I' messages. You can respond to clients in ways that use the word 'you' as though they had sent an 'I' message, even when they have not. For instance, if a client says: He is impossible when he behaves like that', you might respond with 'You feel hurt and frustrated at his behaviour.' Your response implicitly challenges the client to express feelings directly.

- Request that clients send 'I' messages. If clients fail to send 'I' messages consider openly drawing this to their attention. 'You're asking me what I think about women *in* combat roles, but I get the impression you have your own ideas on this matter.' Even more direct is to ask clients: 'Please use the word "I" when you wish to own a feeling, thought or action.' Where appropriate, you can educate clients to the distinction between 'I' messages and 'non-I' messages.

- Demonstrate sending 'I' messages.

If you are open in your own behaviour and use I messages to own your feelings, thoughts and behaviour, your example may help clients to do likewise.

Challenging Mixed Messages

• Discrepancy between verbal, voice and body messages. 'On the one hand you say that you are nervous, but you smile.'

• Discrepancy within verbal messages. Voice and body messages. Discrepancy within verbal messages. 'You say you are doing poorly, but report being in the top 25 per cent of your class.'

- Discrepancy between words and actions. 'You say you are a very committed person, but you take so many days off your work.'

- Discrepancy between past and present statements. 'You now say you hate her, but about ten minutes ago you were saying how much you loved her.'

- Counselors can also explore the consequences of clients sending mixed messages in their relationships outside of counselling.

Example: "You have said you want to change this behavior but it seems you keep doing it over and over again. Help me to understand what is going on and how repeating this pattern is helpful to you."

Challenging Possible Distortions of Reality

- Clients may have unrealistic perceptions that can harm rather than help them.

Sometimes counselors need either to challenge such perceptions directly or to assist clients to test the reality of their own perceptions.

Example:
'They are all out to get me.'
'I have no friends.'
'I'm a terrible mother.'
'I'm not good with women (or men).'
'She (or he) doesn't love me any more.'

- Reasons of such distortions

1. Clients often jump co conclusions on insufficient evidence ('I have no friends'), and use black and white thinking ('Either I'm perfect or no good at all'). They may also fail to own responsibility for their thoughts, feelings and actions ('They made me do it'). Use your judgment about whether to continue listening within their internal viewpoints or to challenge their possible distortions of reality.

2. With the questions 'Where's the evidence?' and 'Is there any other way of looking at that?' you invite speakers to produce their own evidence or provide different perceptions to confirm or negate their version of reality. On other occasions you may suggest some evidence from your external viewpoint.

Challenging Not Acknowledging Choice

- Lifeskills counseling heavily emphasizes personal responsibility. One way to do this is to highlight their choice processes.

- Counselor can confront clients with their role as choosers in their lives.

Another example is that of Shaista, aged 37, who says of her father: 'I resent having to visit him every weekend.' Here the counselor responds by both reflecting her resentment and challenging her seeming failure to assume responsibility for being a chooser: 'You feel resentful, but I wonder whether you sufficiently acknowledge that you *choose* to visit him every weekend.'

- If a client says 'I *can't* do that', the counselor may ask 'Can you say "I *won't* do that?"'

Challenging by Reframing

- Counselors may also challenge clients' existing perceptions by offering new perspectives. Though the facts may remain the same, the picture may look different in a new frame.

- 'Sometimes a skillful counselor can change the way a client perceives events or situations by "reframing" the picture which the client has described'

- 'Reframing consists of seeing these negative qualities in a different light' (Beck, 1988, p. 267)

Case Example:

Zeeshan, 16, perceived his mother as disliking him because she was always nagging him about doing household chores. The counselor acknowledged his anger, but offered the reframe that his mother was a single parent who had to go to work to support the family and got very tired because she had more on her plate than she could handle. When she felt exhausted, she became irritable.

In the above example, 'the nagging mother who dislikes me' gets reframed as 'the overtired and overwhelmed single parent'.

How to Challenge?

- Start with reflecting

Always start your response by showing that you have heard and understood clients' messages. Then build on this understanding with your challenging response. This way you are more likely to keep clients' ears open to your viewpoint.

- Where possible, help clients to challenge themselves.

Assisting clients in self-challenging often leads to less resistance than directly challenging them from your external viewpoint.

- Do not talk down

Keep your challenges at a democratic level.

- Use a minimum amount of 'muscle'

Only challenge as strongly as your goal requires. Strong challenges can create resistances.

- Avoid threatening voice and body messages

Try to avoid threatening voice and body messages - raising your voice and pointing your finger are extreme examples.

- Leave the ultimate responsibility with clients

Allow clients to decide whether your challenges actually help them to move forward in their explorations.

- Do not overdo it

No one likes being persistently challenged. With constant challenges you create an unsafe emotional climate. An overly confronting counselor can retard client growth, as can an overly cautious therapist. Intentional counseling requires a careful balance of confrontation with supporting qualities of warmth, positive regard, and respect. The empathic therapist is one who can maintain a balance, a **"push-pull,"** of confrontation and support by utilizing a wide variety of counseling skills and theories.

COUNSELING PROCESS
Link to the Previous Lecture

Table 1: Microskill Usage according to Theoretical Orientation

Microskill	Client-center	Psychodynamic	Cognitive
Attending & Listening	Expression Reflecting feeling	Expression Questions	Expression Behavioral/ cognitive deficits
Focus	individual client We	individual client Past	Individual and environment
Influencing& Challenging	Feedback Reflection of meaning	Interpretation	Directive Advice Feedback

One of the main tasks of counseling is to assist clients to work through, resolve, or learn to live with incongruities. Most counseling theories have as their main focus the resolution of incongruities. Reframes from other theoretical approaches can also be helpful. Psychodynamic theory may be useful and can help clients see how their histories and past experiences relate to their present stories. Cognitive-behavioral reframes will often help clients think more effectively about their stories and provide action narratives for the future. The existential-humanistic reframe may help clients focus on their self-value. The point of reframing is to tell the story in a new way, one that is more functional and valuable to the client. The use of various skills by different approaches is as under:

Attending and Listening skills:
*Client-center*ed approach makes a minimum use of questions while the major emphasis is on reflecting feelings. The therapist attempts to minimize influence on client's constructions and meanings. In psychodynamic approach questions and encouragers are especially important to facilitate exploration or unconscious processes. The cognitive approach focuses on noting cognitive distortions.

Focusing skills:
*Client-center*ed approach focuses primarily *on the individual client.* The problem will often be conceptualized as one of understanding one's own unique needs and wishes. The major goal is self-actualization of the client. The psychodynamic focus is also *on individual client.* The problem is to understand how past experience affects what occurs in the present. A major goal is to understand unconscious mental processes.

Influencing skills:
All influencing skills are oriented in different ways toward the same objective: finding new ways to think about, and then act on, old narratives and stories. Rogerian person-centered counseling employs very few of these influencing skills. Cognitive-behavioral theory, however, uses an extensive array of influencing change strategies. You as a professional counselor or therapist will want to find the balance and blend listening and influencing that you believe to be most appropriate

Counseling Process

Factors Influencing the Counseling Process

In counseling process we will discuss factors affecting the counseling process. In addition to that, we will study about the first interview, middle phase (working in a counseling relationship) and finally the last interviews or termination of counseling process.

The counseling process is influenced by several characteristics that help it become a productive time for the client and counselor. Not all characteristics apply to all situations, but generally, the following help bring about positive results.

The process of counseling develops in definable stages with recognizable transitions. The first stage involves building a relationship. It focuses on engaging clients to explore issues that directly affect them.

Two struggles take place at that time:

1. Battle for structure, which involves issues of administrative control, by counselor (scheduling, fees, and participation in sessions)

2. Battle for initiative which concerns motivation for change and client responsibility. It is important that the counselor wins the first battle and the client wins the second.

Let's discuss all of the important factors influencing counseling process:

- Structure
- Initiative
- Setting
- Client Qualities
- Counselor Qualities

1. Structure

- It refers to the "joint understanding between the counselor & client regarding the characteristics, conditions, procedures, and parameters of counseling" (Day & Sparacio, 1980, p.246).
    - Structure helps clarify the counselor-client relationship. This give form to what the formal process will look like. Many clients come to counseling with no idea what to expect. Counseling moves forward when client and counselor know the boundaries of the relationship and what is expected.
    - Structure protects the rights, roles, and obligations of both client and counselor.
    - Practical guidelines are part of building structure. They include time limits, action limits, procedural limits, specific goals and needs, fee, audio- or video-recording, permission to record, etc. this is therapeutic in itself.
    - Structure is more important when a client has unrealistic expectation.
    - Structure is especially important in the beginning but is provided throughout all stages.
    - To help client new directions to their life, constructive guidelines are provided as clients are in a static state.
    - The counselor needs to stay flexible and continually negotiate the nature of the structure with their clients.

A sample client-counselor contract, provided by Witmer & Remley from University of Florida, is given below to enhance students' understanding:

Example: Counselor-Client Contract: (Witmer & Remley, 1994)

Introduction: Our profession is becoming more attuned to client rights as well as to counselor accountability. Both give their addresses here. Please feel free to change the contract……

- Qualification/ Experience

- Nature of counseling (the emphasis is on the professional relationship)

- Referrals

- Fee cancellation & insurance

- Records & confidentiality

- Signatures

2. Initiative, Reluctance & Resistance

Initiative can be thought of as the motivation that the client brings into the session.

Majority of the client are reluctant to some degrees. However, *Reluctance* is generally seen in those clients who are referred for help by a third party and are unmotivated, e.g., school children, and court-referred clients. In such a situation, some counselors become impatient, irritated and insensitive, and may ultimately give up. Counselor needs to understand the dynamics involved in working with difficult clients.

Resistance is unwillingness to change. Resistant clients bring a motivation to cling to their issues through various sorts of actions like those with "I don't know" statement. Resistant clients want to cling to the certainty of present and do not want to face the pain that change demands.

Four broad categories of resistant clients (Otani, 1988):

Otani has pointed out 22 forms of resistance which can be categorized into 4, as described below:

- Amount of verbalization: shown by silence and minimum talk.

- Content of message: intellectual talk, emotional display, future/past preoccupation, symptom preoccupation, etc.

- Style of communication: false promising, thought editing, last-minute disclosure, externalization, thought editing, false promising, etc.

- Attitude toward counselor and counseling session: poor appointment keeping, payment delays, favor asking, etc.

Ways to let client win the battle for initiative:

- To anticipate the anger and defensiveness

- To show acceptance and understanding

- To use persuasion

- Through confrontation; client can respond by:
  - Denial
  - Accepting confrontation as true
  - Developing a middle position.

- Using pragmatic techniques: Roloff and Miller have mentioned two pragmatic persuasion techniques: door in the face, and foot in the door. Other pragmatic techniques could be silence, reflection, questioning, sharing, etc.

3. Physical Setting

- Counseling can happen anywhere, but a professional counselor generally prefers to work in a place that provides privacy, confidentiality, and quietness.

- There is no universal quality that a room should have "except it should not be overwhelming, noisy, or distracting" (Benjamin, 1987, p. 3). Room should facilitate rather than distracting the client. In this reference, Shertzer & Stone (1980) indicated that the room should be comfortable and attractive.
- Features of a counseling room:
    o Soft lighting
    o Quiet colors
    o An absence of clutter
    o Harmonious and comfortable furniture
    o The spatial features of the environment;
        ➢ Optimum distance: A distance of 30-39 inch between counselor and client has been found to be the average range of comfort.
        ➢ Desk: Pietrofesa et al. (1984) note the symbolic and physical barrier of a large desk.
        ➢ Auditory and visual privacy is mandatory for maximum client-disclosure.

4. Physical Arrangement

- *Different layouts of the therapy office*

Cultural and gender preferences may exist, but individual differences are the most important variation to observe. Positioning is expressed by the clinician in the layout of the therapy office.

    o a large desk is positioned between client and clinician
    o a small desk is positioned between client and clinician
    o the clients and clinicians chairs are directly across from each other without obstacles in between
- *Arrangement of chairs should be arranged in relation to each other*
    o face-to-face arrangements
    o side-by-side seating

A therapy office that is set up so that a desk is positioned between client and clinician will communicate something very different from a therapy room in which the clients and clinicians chairs are directly across from each other without obstacles in between. Similarly, the decision about how a client's and counselor's chairs should be arranged in relation to each other communicates different things to different clients. For some, face-to-face arrangements may suggest an attempt at emotional sharing; for others, only side-by-side seating may be acceptable. Benjamin (1987) suggests two chairs and a nearby table. Observation about how clients react to the layout may be helpful in making necessary revisions

5. Client Qualities

- Clients come in all shapes and sizes, personality characteristics, and degrees of attractiveness (Warnath, 1977). Counselors' interaction is influenced by the physical characteristics of the client (Goldstein, 1973)
- The most successful clients tend to be YAVIS (Young, attractive, verbal, intelligent, successful) compared to HOUNDs (homely, old, unintelligent, nonverbal, and disadvantaged), or DUDs (dumb, unintelligent and disadvantaged).
- These observations show that ironically disability and age provide invisible but powerful barriers.
- Total liking is determined by verbal, vocal, and facial liking. However, in a study nonverbal behavior was shown to be more important (Facial expressions = 55%) than either vocal (38%) or verbal (7%) cues (Mehrabian et al., 1971).
- Counselors generally like to work with clients who are most like them. It is important to be aware of cultural differences in nonverbal messages (Sielska, 1979)

LESSON 20
COUNSELING PROCESS
Counselor Qualities

- Strong (1968) identifies 3 characteristics of influential counselors:
  - Expert: Expertness is the degree to which a counselor is perceived as knowledgeable depending on culture. Initially nearly all clients like to work with counselors who are perceived as experts.
  - *Attractive:* Attractiveness is a function of perceived similarity between a client and counselor. Counselors can make themselves attractive by speaking in a clear way by using simple sentences and offering appropriate disclosure.
  - Trustworthy: This quality refers to care, concern, sincerity, and honesty. Many clients test the trustworthiness of the counselor by requesting information, telling a secret, asking a favour, inconveniencing the counselor, deprecating themselves, or questioning the motives and dedication of the counselor.

- Okun (1992) lists 5 important characteristics:
  - Self-awareness
  - Honesty
  - Congruence
  - Ability to communicate
  - Knowledge

5-Stage Structure of Interview

- *Rapport & Structure*
  Example: 'Hello, that is what we will be doing today'

- *Gathering Data & Identifying Assets*
Example: 'Tell me about yourself; what is bothering you?'

- *Determining Outcomes / Goal Setting*
Example: 'What you want to achieve?'

- *Generating Alternative Solutions*
Example: 'How can we look at the story differently?'

- *Generalizing & Transferring Learning*
The learning achieved during counseling sessions is generalized to daily life. Example: 'Will you do it?'

The Initial Session
There is always an initial session. It is during this time both the client and the counselor are assessing one another to see if the relationship will work.
- It is the initial interview when subject of the subsequent sessions will be discussed and determined.
- There are several **skills** which are useful during this phase of counseling.

Client-versus counselor-initiated Interviews
- Benjamin (1987) distinguishes between these two types of initial interviews:

- **Client-initiated:**
  - When the initial interview is requested by a client, the counselor is often unsure of the client's purpose. This uncertainty may create anxiety in the counselor, especially if background information is not gathered before the session.
  - Benjamin advises the counselor not to inquire initially about any problem the client may have. The client may not have a problem in the traditional sense of the word and may just be seeking the information.

- **Counselor-initiated:**
  - Counselors should immediately state his/her reason for wanting to see the client. In the case of a school counselor, for instance, a session might be requested so that the counselor can introduce himself or herself to the client. If the counselor does not immediately give a reason for requesting the session, the client is kept guessing and tension is created.
  - Manthei (1983) advocates that counselor's presentations about themselves and their functioning be *multimodal*: visual, auditory, written, spoken and descriptive.

Information-Oriented First Interview

- Initial interview can fulfill two functions (Hackney & Cormier, 1994):
  - It can be intake interview to collect needed information
  - It can signal the beginning of a relationship
- The intake interview is usually counselor focused. The counselor will respond to the client predominantly through the use of probes, accents, closed questions, and requests for clarification.
  - **Open**— and closed ended questions are asked.
  - **Probes**—refer to questions which begin with who, what, where, how, or when.
    - *Example*: 'What do you plan to do to complete your project?'
  - **Requests for Clarification**— Asking the client for more information.
    - *Example*: 'Help me understand what this relationship is for?'

Information Oriented Interview Format

- Identifying data
- Presenting problems: Both primary and secondary
- Client's current life setting
- Family history
- Personal history
- Description of the client during interview: client's readiness, motivation, appearance, behavior, tension, rate of talking, stream of thought, etc.
- Summary and recommendations

Relationship Oriented First Interview

When you can take the time to build the relationship with the client & gather information, there are other skills which you must possess and develop. In efforts to build the relationship:

- Focus more on the client's attitudes and emotions.
  - *Summary of Feelings*.

- The required skills you need include the following:
  - Restatement/Content Paraphrasing

- o Summary of Feelings: A simple summary paraphrase several feelings which have been verbalized
- o Reflection of Feeling: It refers to understanding of both non-verbal and verbal material.
- o Acknowledgement of nonverbal behavior: You are noting to the client what you are seeing. You are not interpreting the non-verbal content.

Some Non-Helpful Behaviors
There are several lists of non-helpful behaviors. Most common among them include:

- **Advice Giving:**
  - o Howevder, Scak (1985) points out that advice giving need not always be destructive.
  - o For example, 70-90% of all responses on a crisis line are mainly advice giving (Knowles, 1979).

- **Lecturing:**
  - o Lecturing is a disguised form of advice giving. It sets up a power struggle between counselor and client that neither individual can win.

- **Excessive Questioning:**
  - o Excessive questioning is a common mistake of many counselors. Verbal interaction with clients needs to include statements, observations, and encouragers as well as questions. When excessive questioning is used, the client feels as though he or she is being interrogated rather than counseled. The client has little chance to take the initiative and many become guarded. Counseling relationships are more productive when counselors avoid asking more than two questions in a row and keep their questions open rather than closed.

- **Storytelling:**
  Milton Erickson told stories metaphorically tailored to relate them to the client's life. However, generally story telling is discouraged as everybody cannot handle it skillfully.

Counseling Goals

- The counselor helps the client explore specific areas and begin to identify goals that the client wants to achieve. Without goals, the sessions will wander aimlessly.

- Goals within counseling help to set the tone and direction one travels with their client. The counselor gives the client an opportunity to talk about himself, reinforces the client's focus on self by providing structure, actively listening, and helping clients identify and clarify goals.

- Goals are the energizing fabric of daily living but are often elusive (Rule, 1982), such as:
  - o Unfocused goals are too broad, or not prioritized.
  - o Unrealistic goals are happiness, perfection, being number one, and self-actualization. They have merit but are not easily obtained.
  - o Uncoordinated ("Really" & "seemingly uncoordinated") are incompatible goals, e.g., a client who seeks counseling but does not wish to work on changing is an example of an individual with incompatible and really uncoordinated goals. Seemingly uncoordinated goals are those which appear to be uncoordinated but in reality are not so. Individuals with these goals don't want to take responsibility, indulge in "yes but…" dialogue.
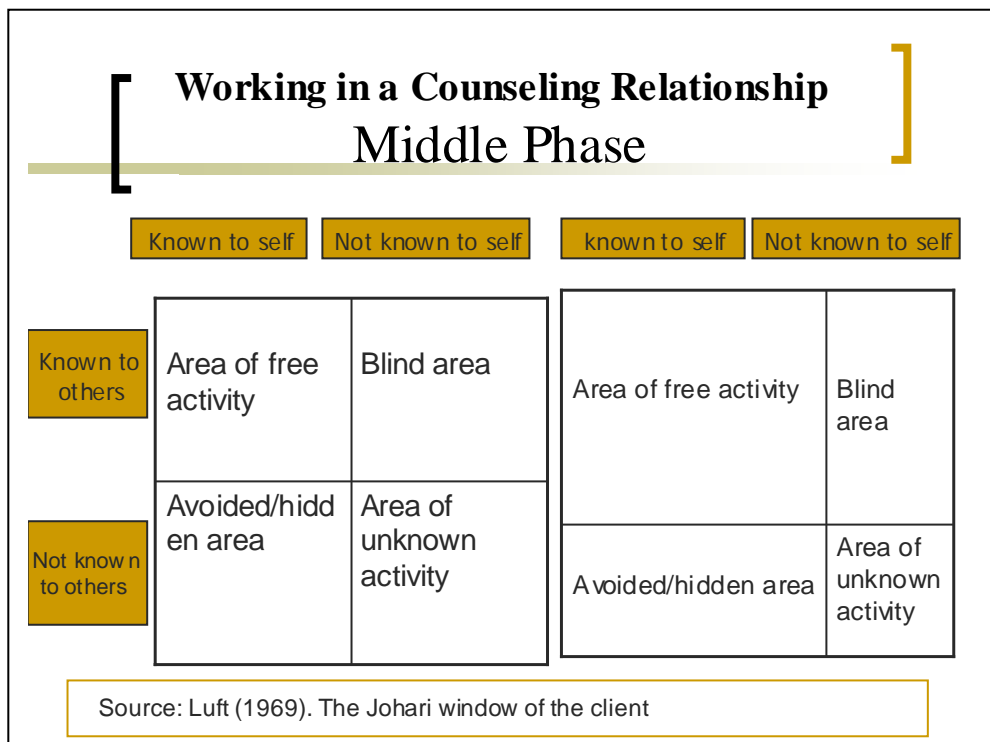
Goal Guidelines (Dyer & Vriend, 1977)
- Goals are mutually agreed on by the client and counselor.

- Goals are specific.
- Goals are relevant to changing self-defeating behavior.
- Goals are achievement & success oriented.
- Goals are quantifiable & observable
- Goals are understandable & can be restated clearly
- Goals are achievement & success oriented: Have intrinsic and extrinsic payoff for the client

Middle Phase: Working in a Counseling Relationship

- After relationship building (involvement and exploration phase), counselor moves with the client to understanding and action phases.
- The informed clients decide how to proceed.
- Johari window is a conceptual device to show that most of the clients enter the counseling relationship with the problem of self awareness. The clients extend the dimensions of the area of free activity while shrinking the dimensions of the more restrictive areas.

Working in a Counseling Relationship
Middle Phase

	Known to self	Not known to self		known to self	Not known to self
Known to others	Area of free activity	Blind area		Area of free activity	Blind area
Not known to others	Avoided/hidden area	Area of unknown activity		Avoided/hidden area	Area of unknown activity

Source: Luft (1969). The Johari window of the client

Counseling Skills in Understanding and Action Phase
- Changing Perceptions
- Leading: Silence, acceptance, approval paraphrasing, reassurance, interpretation, etc.
- Multifocused responding: Affective, cognitive and behavioral
- Accurate empathy
- Self disclosure (Egan, 1990)
- Immediacy (relationship, here and now)
- Humour
- Confrontation

- ***Changing Perceptions:***

There are several ways to "lead" the client forward in a session. They include using silence, acceptance, paraphrasing, etc. Be aware of how you lead and where you are going. You are working on the client's issues, not your issues, or what *you* think the client should be working on.

- ***Leading:***

Through the use of appropriate silence, acceptance, approval paraphrasing, reassurance, interpretation, etc.

- ***Multifocused responding: Affective, cognitive and behavioral***
- Affective Responding: Focusing on feelings.
- Behavioral Responses: Focusing on actions and behaviors.
- Cognitive Response: Focusing on thoughts and cognitions.

You will balance these throughout the session with a client.

- ***Accurate empathy:*** The use of empathy is one of the most vital elements in counseling. There are two types of empathy. The basic type is called primary empathy. The second level is known as advanced empathy (Carkhuff, 1969).

Accurate empathy on both levels is achieved when counselors see clients' world from the clients' point of view and are able to communicate this understanding back.

- **Self disclosure (Egan, 1990)**

Self disclosure has generated more than 200 studies. Self-disclosure is making oneself known to another person (the client) by revealing personal information.

Counselor's self-disclosure is necessary as it relates to the therapeutic process. Too much self-disclosure hinders the counseling process, while too little of it may inhibit the client from forming a bond with the counselor. Clients are more likely to trust counselors who disclose personal information. Egan pointed out two helpful functions of self disclosure: modeling and developing a new perspective.

- ***Immediacy*** (refers to relationship during current counseling session, here and now):

This involves a counselor's understanding and communicating of what is going on between the counselor and client within the helping relationship. There are 2 types:
- "Relationship immediacy" (Between client & counselor)
- *"Here & Now"* immediacy focuses on some *particular event* in the session.

- **Humor:**

Humor can have a positive effect on the counseling process when used properly.

- *Confrontation:*

This is not a skill at putting the client down for doing something wrong! This is an invitation to the client to look more closely at behavior that is not working or interfering with growth, change, or healthy functioning.

LESSON 21
COUNSELING PROCESS
Initial Resistances

- Resistances may be broadly defined as anything that gets in the way of counseling.

- Resistances can be present at any stage of counseling.

- Most clients are ambivalent when they come for counseling. At the same time as wanting change, they may have anxieties both about changing and about the counseling process, for instance, talking about themselves. Some clients come reluctantly: for example, 'problem' children sent to school counselors for disrupting class.

- Sullivan (1954) observed cultural resistance in non-medical counseling. Sullivan (1954) observed that there were cultural handicaps to the work of the psychiatrist. These 'anti-psychiatric' or 'anti-counselor' elements in the culture can also lead to resistances in non-medical counseling. Such culturally handicapping norms include: people ought not to need help.

  Other cultural thinking errors contributing to resistances are that people who need helping are 'sick and that you should be able to solve all problems by 'common sense'. A study about Pakistani people's perceptions about those seeking medical or psychological help showed that people seeking help for depression were perceived as less intelligent, sociable, kind, etc (Suhail & Anjum, 2004).

- Sometime resistance could be as a consequence of poor counseling skills or models. Counselors may wrongly attribute the sources of clients' resistances by being too quick to blame them for lack of cooperation and progress which may actually be the consequence of poor counseling skills, for example, not listening properly. Furthermore, some counseling models, especially if incompetently applied, may engender resistances: for instance, the lack of structure of the person-centered counseling or the didactic nature of the rational emotive behavior counseling. Clients may resist counselors whose behavior is too discrepant from their expectations and perceived requirements.

- Counselors also bring resistances to their work, for example, fatigue, and burnout. One counselor mentioned that once he counseled a 59-year-old female client whose manipulative manner triggered anxieties in him because she reminded him of how his mother sometimes controlled how he should feel and think when a child.

The following tables illustrate how different restraining and driving forces could interplay in resistance.

Table 1: "Driving " and "Restraining" forces

Restraining Forces					Driving Forces				
5	4	3	2	1	1	2	3	4	5
A									
B									
C									
D									
E									

How to deal with Initial Resistances?

- *Use non-judgmental listening to convey understanding:* By using good active listening skills, you do much to build the trust needed to lower resistances.
- *Communicate acceptance* of client's unwillingness to change: Rather than justify yourself or allow yourself to be sucked into a competitive contest, one approach to handling such aggression is to reflect.
- *Join with clients.*

Example of joining with clients:
Client: I think coming here is a waste of time. My parents keep picking on me and they are the ones who need help.
Family Counselor You feel angry about coming here because your parents are the people with problems.
Client: Yes (and then proceeds to share his/her side of the story).

Just showing clients that you understand their internal viewpoints, especially if done consistently, may diminish resistances. For instance, counselors can initially listen and offer support to children expressing resentment about parents. In the above instance you can focus on parental deficiencies prior to, possibly, focusing the client back on himself or herself. You use your client's need to talk about parental injustices to build the counseling relationship.

The above are just some ways of working with resistances and reluctance. Counselors need to be sensitive to the pace at which different clients work. Clients who feel pressured by counselors may become even more resistant. Furthermore, if attacked prematurely and clumsily, clients may reinforce their defenses. When dealing with client resistances, counselors require sensitivity, realism, flexibility and tact.

- *Discuss reluctance and fears*

In the following example, a parole officer responds to a juvenile delinquent's seeming reluctance to disclose anything significant.

Counselor: I detect an unwillingness to open up to me because I'm your parole counselors. If I'm right, I'm wondering what specifically worries you about that.

- *Invite cooperation*

Initial statements by counselors aim to create the idea of a partnership, a shared endeavor in which clients and counselors can work together to attain goals.

- *Enlist client self-interest*

It helps clients to identify reasons for participating in counseling. 'What are your goals in the situation?' and 'Wouldn't you, like to be more in control of your life?'

- **Reward** silent clients for talking.

Transference & Counter-transference

These are concepts as old as Freud. Transference and counter-transference are issues that affect all forms of counseling, guidance, and psychotherapy.

Transference:

- Transference can be direct or indirect and it is the client's projection of past or present feelings, attitudes, or desires or relationships onto the counselor. It originally emphasized the transference of earlier emotions, but today it is not restricted to psychoanalytic therapy and may be based on current experiences.

- According to Gelso and Carter (1985), all counselors have a transference pull, which is an image generated through the use of personality and a particular theoretical approach. The way counselor speaks, looks, gestures, or sits may trigger a client's reaction.
- Cavanagh (1982) describes that transference can be either direct or indirect. Direct transference is well represented by the example of the client who thinks of the counselor as his/her mother. Indirect transference is harder to recognize. It is usually revealed in client's reactions and behavior.
- Transference can be both negative and positive. Cavanagh (1982) considers both as forms of resistance.
- Corey at al. (1993) sees a therapeutic value in working through transference. Mild or indirect positive transference is less harmful. Corey believes that the relationship improves once the client resolves distorted perceptions about the counselor. It is reflected in client's increased trust and confidence in the counselor.

Counter Transference

Cavanagh maintains that to resolve transference the counselor may work directly and interpersonally rather than analytically, called counter transference. It is the counselor's projected emotional reaction to or behavior towards the client. It can take on many forms, from a desire to please the client, to wanting to develop a social or sexual relationship with the client, to identify with the problems of the client so much that one loses objectivity, giving advice compulsively, etc. (Corey et al., 1993) . When this happens, supervision or counseling for the counselor is called for.

- *Three approaches to counter transference:*
  – **Negative**
  – **Positive**
  – **Both positive and negative**

Counter transference refers to negative and positive feelings towards clients based on unresolved areas in counselors' lives. Intentionally or unintentionally some counselors use both involving and information self-disclosures to manipulate clients to meet needs for approval, intimacy and sex.

- Watkins (1985) identifies four forms of counter transference:
  - o Overprotective
  - o Benign
  - o Rejecting
  - o Hostile

The first two are examples of identification, while the rest show misidentification. This highlights the importance both of awareness of your motivation (for example, a counselor was aware that a 59-year-old female client's manipulative manner triggered anxieties in him because she reminded him of how his mother sometimes controlled how he should feel and think when a child) and also of behaving ethically.

Working through counter transference
- Some pointers in effectively dealing with transference or client's reactions to you are:
  - o Be willing to examine your own reactions
  - o Monitor your own counter transference
  - o Seek supervision or consultation with difficult cases
  - o Avoid blaming or judging the client
  - o Avoid labeling clients
  - o Demonstrate understanding and respect

The following table describes attitudes of both client and counselor in different transference patterns.

Table 2: Patterns of Transference (Watkins, 1983)

Transferring Pattern	Client Attitude	Counselor Attitude
Ideal	Idealizes, imitates, hungry for presence	Feels pride; angry
Seer	Views counselor as expert, asks advices	Feeling of al- knowing; self-doubts
Nurturer	Profuse emotions, sense of fragility	Sympathy, urge to touch; depression
Frustrator	Cautious; distrustful	Uneasiness, anger
Nonentity	Topic shifting	Feeling of being used, lack of recognition

To understand transference, a counselor must focus on client's expectations, need for advice, dependence, trust building, establishing contact and getting behind client's barriers.

Termination of Counseling Relationships
- Life is a series of hellos and goodbyes; hello begins at birth and good-byes end at death.
- Refers to the decision, one-sided or mutual, to stop counseling (Burke, 1989)
- A formal termination serves three functions:
  - o Signals that something is finished: Many theorists assume that termination will occur naturally and leave both clients and counselors pleased.
  - o Termination is a means of maintaining changes already achieved and generalizing problem-solving skills

- o Serves as a reminder that the client has matured. It indicates that the counseling is finished and it is time for the client to face their life challenges. The client has matured and thinks and acts more effectively and independently.

Termination of a Session

There is no great secret to ending sessions. There are some guidelines:

- Start and end on time.
- Leave 5 minutes or so for a summary of the session.
- Introduce the end of the session normally ("Our time is coming to a close").
- Assign homework.
- Set up next appointment.
- Limit the number of sessions.

Limiting the number of sessions can facilitate termination. Counselors and client both are motivated by the knowledge that the counseling experience is limited in time.

Termination of the Relationship

- Termination is the end of the professional relationship with the client when the session goals have been met.
- Generally, both client and counselor should give each other verbal messages about a readiness to terminate.
- It is wise to spend the final 3-4 weeks discussing termination in a relationship lasting more than 3 months (Hackney & Cormier, 1994).
- One-sixth of the time spent in a counseling relationship should be devoted to focusing on termination (Shulman, 1979). For example, if there are total 18 sessions, 3 can be devoted to mentioning about termination.
- Two ways to facilitate the ending (Dixon & Glover, 1984):
  - o Fading is gradual decrease reinforcement for behaving in certain ways.
  - o To help client develop successful problem-solving skills.

LESSON 22
THEORY IN THE PRACTICE OF COUNSELING
Link to Previous Lecture (Termination Issues)

Timing of Termination

There is no one answer when termination is to take place. Questions you may wish to ask yourself concerning termination include:

- Have clients achieved behavioral, cognitive, or affective goals?
- Can clients concretely show where they have made progress in what they wanted to accomplish?
- Is the counseling relationship helpful?

Premature Termination

- Many clients or counselors may end counseling before all goals are completed. Many clients may end counseling before all goals are completed. This can be seen by not making appointments, resisting new appointments, etc. It is a good idea to try and schedule a termination/review session with the client so closure may take place. At this time a referral may be in order.
- At times, counselors have to end counseling prematurely. Whatever the reason for the termination, a summary session is in order and referrals are made, if appropriate, to another counselor. Note specific behaviors or actions which brought the need for a referral. In case of a referral, specific issues need to be addressed with the client:
    - Reason for the referral.
    - Have the names of several other counselors ready for referral.
    - May also discuss the confidentiality issue": You cannot follow up with the new counselor to see if the client followed through (Confidentiality issue).

Follow-Up

- At times, a follow-up may be scheduled for various reasons including evaluation, research or checking-in with client.
- Follow-ups need to be scheduled so as not to take the responsibility of change away from the client.

Theory in the Practice of Counseling

- A theory provides a structure from which to understand what we are doing and the process of doing it. A theory is a framework on which interventions are based.
- Why we have a theory? Does it provide a therapeutic road map or creates a sense of false certainty?
- Arguments for and against theory: It creates structure and order. Sometime the theoretical knowledge under that theory is not sufficient enough to conclude or generalize. For example, there is some criticism on psychoanalytic theory about the importance of sexual and aggressive instincts in human beings.

Theory of Counseling

As a relatively new discipline, the theory and practice of counseling has drawn insights from other disciplines, including philosophy, psychology, sociology, and the other social sciences. These disciplines have provided both data and comprehensive hypotheses that counselors have used to clarify the theoretical structures underlying the whole counseling process. Generally, there are three foundations to counseling theory:

- Philosophical Foundations
- Sociological Foundations
- Psychological Foundations

Philosophical Foundations
- In a healthy personality the individual has a realistic perception of himself; he knows what he wants and how much he wants it.
- A goal of counseling is to help individuals to reach their maximum potential, which can occur only when they develop consistent philosophical outlooks.
- Psychologists have often argued that philosophy has no place in the scientific study of human behavior. However, May (1967) points out that every scientific method rests on philosophical presuppositions.

Different Philosophical Positions

Belief in the dignity and worth of the Individual:
One theme is found consistently in the literature discussing the philosophy of counseling: belief in the dignity and worth of the individual, in the recognition of the individual's freedom in determining his own values and goals, and in the client's right to pursue his own life-style. Philosophical positions of interest to counselors have long historical roots. A number of beliefs have emerged from Western civilization philosophies. These beliefs center on the concept *of individualism*. Its first aspect is the importance accorded the individual. Over the past several thousand years, the idea has evolved that the individual has value in and of himself, not just because of what the person can accomplish. This attitude provides the basis for the idea that an individual may develop uniqueness and emphasize individuality. Thus, in Western culture a counselor is encouraged to help the client to become more independent, more autonomous.

Arbuckle's (1975) Philosophical Model about a responsible and free individual:
A responsible and free individual is one who has narrowed the gap between attitudes and behaviors; the literal meaning of freedom and responsibility changes as the culture changes; and a responsible individual is one who has no need to impose himself or his ideas on others.

Blocher's grouping of relevant philosophical systems:
Blocher (1966) has proposed grouping contemporary philosophical systems into three major categories:
Essentialism:
Individual's destiny is to discover truth by distinguishing between the essential and the accidental. Essentialistic philosophies assume that humans are the only creatures endowed with reason and that their chief function is to use this reason in order to know the world in which they live. It therefore follows that truth is universal and absolute, and the individual's destiny is to discover truth by distinguishing between the essential and the accidental. It refers to a belief in the existence of fixed, unchanging absolutes of the good, the true, and the beautiful. The search for values is essentially not personal but universal. Arbuckle (1975) points out that belief in absolute values can pose some difficulties for counselors. He asks whether the counselor who is firmly committed to absolutistic concepts of right and wrong, truth and error, beauty and ugliness, can allow a client the freedom to develop values in the client's own unique way.

Progressivism
Such systems begin not with the assumptions of universal truths but with specific and particular experiences. The question "What is true?" is less important than "What will work?" The present and the future are stressed, rather than the past. A fact is valued for its usefulness, not its universality. As a result, values have no existence in themselves. Values are individual to the observer, and truth is dynamic in a world that is always changing. Certainly such a view describes the philosophy that underlies behaviorism. The behavioral approach is primarily pragmatic; that which works is good; that which does not is discarded. Since an action is evaluated purely in terms of its consequences, no absolutes exist.

Existentialism

Existentialism is concerned with human longing and with seeking for importance within the individual's self. The existential philosophies emphasize the view of reality most meaningful to individuals—own existence. In a sense, it represents an approach that is empathic response by the counselor, as the counselor attempts to reconstruct the personal meaning structure of the client.

To analyze human behavior in philosophical terms is to ask serious questions about what a person values, whether he or she should value it, whether this value fits in with a pattern of values, whether the values of something hampers or assists other important values. Philosophical questions are directly involved when an individual faces a problem whether personal, vocational, or interpersonal. "What vocation should I choose that will satisfy my values and meet my needs?" demands an answer to the same philosophical questions as a question such as, "what can I do to make my life more meaningful?"

Sociological Foundations

Sociology is basically a study of social group behavior. A basic premise of sociology is that people's behavior is largely determined by their social interactions, their relationships as individuals and as group members. Following is the description of these influences:

- *Influence of social organizations on Individuals:*
  - Sociologists have examined what impact the social structure has on the individual and how the individual adapts to these social controls. Merton (1957) suggests that individuals can cope through five general means: conformity, innovation, ritualism, retreatism, or rebellion.

- *Socialization processes:*
  - This process transmits values and purposes of the group to the individual, teaching the individual how to fit into the pattern of that social organization. Socialization does not typically deal with the uniqueness of individuals; rather, it focuses on those aspects of an individual's development that concern the adaptations and adjustments to the culture or society. In effect, the socialization processes work primarily to further the goals of the group rather than to further the development of the individual. Because the counselor's primary commitment is to individual growth and development rather than to the facilitation of group ends, the counselor is particularly concerned with those socialization processes that help the individual develop identity, self-awareness, values, and goals. But counselor does not ask for resisting the social organization just to have a balanced approach.

- *Development of social/cultural values:*
  - Effective counselors should be able to understand how an individual's culture influences his value structure and how conflicts between individual and cultural values influence development. Values and gender roles have changed in modern day society. At fault is what sociologists call a *cultural lag;* that is, habits and beliefs from previous times conflict with the cultural patterns brought about by new technology.

Psychological Foundations: Social Psychology

- Behavior is a product of the perceptual field of the individual at the moment of action. Contemporary social psychology has been greatly concerned with perceptual processes in human beings. For example, when an individual views a situation as threatening, he or she acts as if that situation were indeed threatening.

- The counselor must understand the nature of the individual's perceptual experiences. Therefore, the person will behave defensively or aggressively, depending on what he sees as the best reaction to the

perceived threat. One example of how perceptual theory has affected counseling is the "directive state" theory. This theory suggests that the direction of perceptual experience is influenced by such factors as sex, attitudes, values, needs, and similar intervening variables. Other studies have shown that a number of factors operate to make us organize stimuli in a particular way. Some factors are intrinsic to the stimulus object or situation—for example, the nearness of various elements to each other or their physical likeness, the inclusiveness of one perceptual pattern as opposed to another, the tendency to see a complete object (closure), and the context, or part-whole relationships, of the situation. The way we perceive things is also influenced by personal factors—our tendency to create and maintain a stable structure, our particular past experience, our organic condition, and our needs and values. Social and cultural factors encourage us to develop certain perceptions and discourage us from developing others. Likewise, our deep-rooted, basic classifications of experience strongly influence our perceptions, as do our previous successes or failures.

Psychological Foundations: Learning Principles

- The behavioral theories tend to emphasize the idea that learning is essentially a mechanical matter.
- Field theories emphasize on perception eventually forced the behaviorists to stop speaking as if the stimuli were purely objective and therefore equivalent for everyone.
- Cognitive theorists conceptualize learning as an active restructuring of perceptions and concepts, not as passive responses to stimuli.

Eclectic Approaches

- Refer to developing systematic blends of therapy by drawing ideas, concepts, and practices from a variety of sources. Each of these theories focus on a relatively specific aspect of human personality, e.g., behavior, philosophy of human existence, individual perception, etc.

- Has the advantage of taking the best feature of the various theories, while avoiding the disadvantages found in the theories. Eclectic approaches, by their very nature, are holistic.

LESSON 23
PSYCHOANALYTIC APPROACHES TO COUNSELING

Counseling Approaches

Most counseling approaches, other than eclecticism fall within four broad theoretical categories as mentioned below:

- **Psychoanalytic**
- **Affective**
- **Cognitive**
- **Behavioral**

We will examine the following aspects of each theory to facilitate comparisons:

- **View of human nature**
- **Role of the counselor**
- **Goals**
- **Techniques**
- **Evaluation of uniqueness and limitations**
- **Case approach**

The impact of psychoanalysis on the field of counseling is profound, and its theories have provided an insight into human behavior more than any other approach. Other approaches are divided according to their emphasis on feelings and behavior. Each approach recognizes both aspects, feeling and thinking, but places a primary emphasis on one of the two.

Classical Psychoanalytic Approach

Many prominent theories if counseling (for example, Alfred Adler, Albert Ellis, Rollo May, and Fritz Perls) were directly influenced by Freud's concepts, either through association with Freud himself or because they were taught his ideas. Some theorists (including Carl Rogers, B.F. Skinner, Alfred Adler, Perls) developed theories in direct opposition to Freud's principles. Still others (such as Carl Jung, Anna Freud, Erik Erikson, Harry Stack Sullivan, Karen Horney, and Heinz Kohut) modified Freudian concepts in developing their own ideas and concepts.
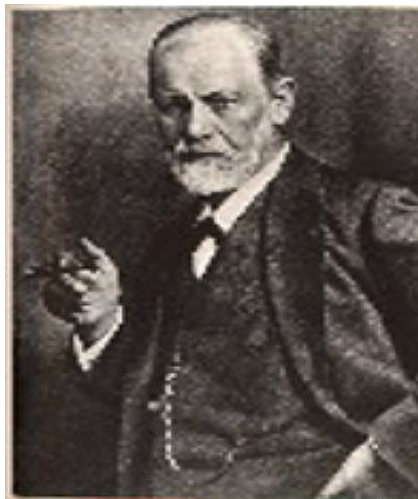
Sigmund Freud

Freud was born at Feiburg, Austria, in 1856 and obtained medical degree in 1881. Without question,

psychoanalytic theory represents one of the most sweeping contributions to the field of personality. Almost every form of therapy that relies on verbal transactions between therapist and patient owes some debt to psychoanalysis.

Jean Charcot

He mastered in France under the famous neurologist Jean Charcot. He was fascinated by Joseph Breurer's work. With a young hysterical patient called Anna. Breurer used hypnosis after which her symptoms were relieved.


Joseph Breuer

Freud was not good hypnotist himself. However, he soon discovered that much of his success depended on the relationship he developed during the treatment process rather than on the hypnosis itself. Freud added a new twist to it by pressing his hand on patient's foreheads whenever they began to block out materials verbally. Freud called this method free association. He used it to explore the unconscious minds of his patients, and the material uncovered in the process became the stuff of interpretation and analysis. Thus, psychoanalysis was born.

Despite controversial concepts, his ideas attracted a number of followers. Many of Freud's colleagues, and later the general public, were outraged by his emphasis on the importance of sexually and aggression in the etiology of personality. Nevertheless, his ideas attracted a number of followers, and in 1902 he formally organized in his home what became known in 1908 as the Viennese Psychoanalytic Society. This group

acquired international prominence when Freud was invited in 1908 to lecture at Clark University. Freud died in London in 1939.

View of Human Nature

Many of his main tenets were set down in his books: *"The Interpretation of Dreams", "New introductory Lectures on psycho-analysis",* and *"The Ego and the Id".*
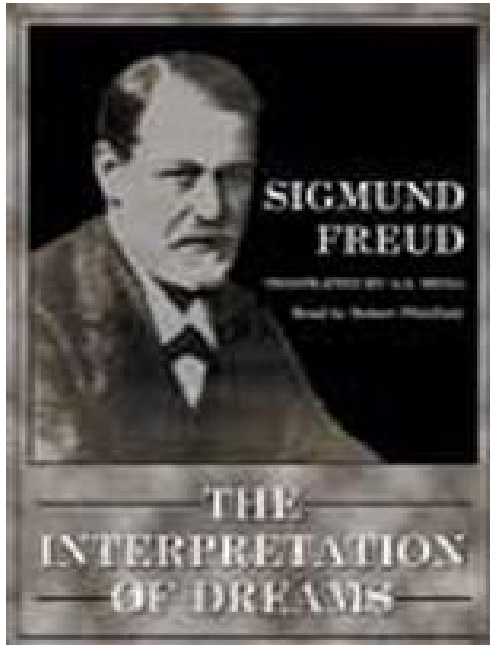

The Interpretation of Dreams

The Freudian view of human nature is dynamic as he believed in the transformation and exchange of energy within the personality. For Freud, human nature could be explained in terms of a conscious mind, a preconscious mind and an unconscious mind:

- Conscious—In Freudian terms, thoughts or motives that a person is currently aware of or is remembering
- Preconscious—Freud's term for thoughts or motives that one can become aware of easily
- Unconscious—Freud's term for thoughts or motives that lie beyond a person's normal awareness but that can be made available through psychoanalysis.

He uses the metaphor of an iceberg as an analogy to unconscious. According to him, the 10% of an iceberg are visible (conscious), 90% are beneath the water (preconscious and unconscious), whereas the unconscious is allotted overwhelming 75-80%.
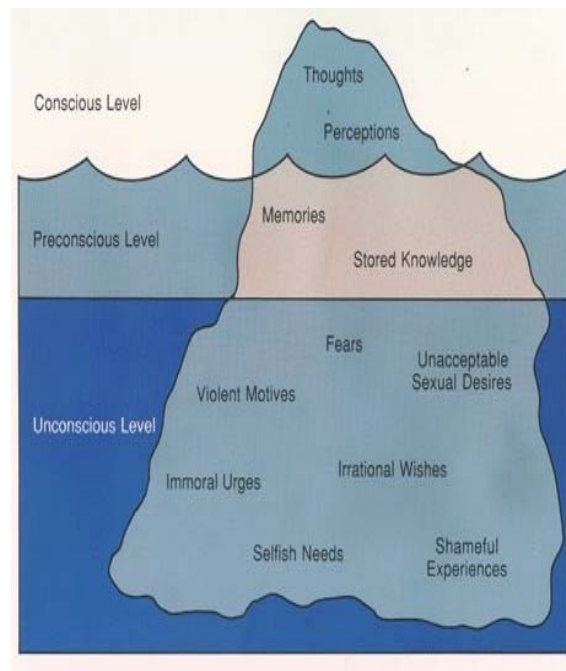
Evidence for the Unconscious

- Dreams: symbolic of needs, wishes, anxieties, conflicts.
- Slips of the tongue: Freudian slips, what you really wanted to say are shown in slips of tongue.
  - Posthypnotic suggestions: After hypnosis people obey the commands given by the hypnotist during the hypnosis. It shows that posthypnotic suggestions stay somewhere, i.e., unconscious.
  - Material from free association: Why would I think of what is revealed during free association?
  - Material from projective tests: Things revealed through projective tests come from unconscious.

The Structure of Personality
According to Freud, the personality consists of three parts:
Id
Ego
Superego

<u>The Id</u>
The id and the superego are confined to the unconscious; the ego operates primarily in the conscious, but also in the preconscious and unconscious. Id is the demanding child which never matures and remains the spoiled brat. It does not think only wishes or acts. It is illogical, amoral, and driven to satisfy instinctual drives. The id operates through drivers, instincts, and images (such as dreaming, hallucinating, and fantasizing) – a thought process known as *primary process*. If empowered and left on its own, the id would probably destroy a person or cause trouble by acting on the primitive, aggressive, and sexual drives it harbors. The id contains basic life energy, collectively known as eros and basic death instincts, known as thanatos. At first Freud associated eros with sexuality, but later he modified this idea, describing all life-preserving instincts as eros and the psychic energy that accompanies them as libido. Any acts of aggression, as well as foolishly dangerous behaviors such as taking unnecessary risks, were displays of thanatos.

<u>The Ego</u>
The Ego is the traffic cop or executive of the personality. It has contact with external world of reality. The executive who controls and regulates the personality:

- o **Mediates between instincts and the environment**

- o **Controls consciousness and exercises censorship**
- o **Ruled by the reality principle**

The Superego

The superego is the judge of human personality.

- o **Ruled by moral principle**
- o **Judicial branch of personality**

The main concern of superego is whether something is bad or good, right or wrong. It represents the ideal. It functions to inhibit the Id and to persuade the ego and strive for perfectionism. It acts as a parent and society in relation to rewards and punishments:

- o Rewards create feelings of pride/self-love.
- o Punishments create feelings of guilt/inferiority.

Psychosexual Stages of Development

Freud describes five developmental periods during which particular kinds of pleasures must be gratified if personality development is to proceed normally. Each is marked by the involvement of a particular erogenous zone of the body.

Oral stage:

- 0-18 months—infant receives satisfaction through sucking, eating, biting, etc. Erogenous zone is the mouth.
- Overindulgent—gullible, dependent, and passive
- Underindulgent—aggressive, sadistic person
- Oral fixated adults orient their life around their mouth by overeating, alcoholism, smoking, talking too much

Anal stage:

- 18 months-3 years—the child receives satisfaction by having and retaining bowel movements. Erogenous zone is the anus.
- Fixation results in retentive or explosive personality]
- Anal-retentive—highly controlled, compulsively neat
- Anal-explosive—messy, disorderly, rebellious, and destructive

Phallic Stage:

- 3-6 years—center of pleasure is the genitals, typically a time of exploration of pleasure through masturbation and "playing doctor"
- Child resolves the Oedipus Complex—(the period of conflict during the phallic stage when children are sexually attracted to the opposite-sex parent and hostile toward the same-sex parent
- Castration anxiety in males and penis envy in girls

Latency period:

After the phallic stage, between ages 6 and 12, is a quit period known as latency. At this time there is little manifest interest in sexually. Instead, energy is focused on peer activities and personal mastery of cognitive learning and physical skills.

Genital stage:

Around puberty, the last of the psychosexual phases occurs, the genital stage. If all has gone well previously, each gender takes more interest in the other and normal heterosexual patterns of interaction appear.

Frustration or overindulgence:

Freud believed that two difficulties could arise in the pregenital stages; excessive frustration or overindulgence. In such cases, the person become fixated (or arrested) at the level of development and overly dependent on the use of defense mechanisms.

Erik Erikson's (1963, 1982) psychosocial theory extends Freud's developmental emphasis over the life span, focusing on the achievement on specific life-enhancing tasks. The stages of development and their accompanying ages are presented in the following table.

Freud (Psychosexual) vs. Erikson (Psychosocial stages of development)

Stage	1	2	3	4	5	6	7	8	Stage
Oral	Basic Trust Vs.Mistrust								Infancy
Anal		Autonomy Vs.Shame,Doubt							Early Childhood
Phallic			Initiative Vs.Guilt						Pre-School Age
Latency				Industry Vs.Inferiority					School Age
Genital					Identity Vs.Confusion				Adolescence
Adulthood						Intimacy Vs.Isolation			Young Adulthood
							Generativity Vs.Stagnation		Middle Age
								Integrity Vs.Despair	Later Life

LESSON 24
CLASSICAL PSYCHOANALYTIC APPROACH

It has been mentioned before that a case approach will be employed to understand various concepts of different theoretical approaches to counseling. In the following, case history of a female client is presented in order to use it as a reference for explaining main concepts of some theoretical approaches

Case History: Raheela
The client is a 43-yearold female. She is the eldest of 5 children and was raised in a large urban city. She is a college graduate, has taught Math and Science in a high school for the past 4 years, and tends to pour all of her energy in her students, which often causes a strained relationship with her own children. She is divorced from her husband of 5 years; the divorce was very much opposed by her parents and family.

She has complaints of insomnia, not eating properly, frequent unexplained crying spells, depression and lack of concentration. She has sought help from some *Maulvi* sahib, co-workers and her mother.

Other important information includes the fact that she took care of her brothers and sisters growing up because of her parent's busy schedules. She also describes a dream that she has had on several occasions:

> **"I am always running and there are shadowy figures behind me. I am in a large warehouse. There are boxes marked with arrows reading "Exit". The arrows are all going in different directions, therefore I never find my way out and the figures keep getting closer. I wake up in a cold sweat, breathing rapidly, heart pounding and a scream stuck in my throat".**

Psychic Determination
- Mental activity is not meaningless or accidental. Nothing in the mind happens by chance.
- Mental phenomena have a causal connection to the psychic events that precede them. Hence there is continuity between childhood experiences and adult problems and therefore an understanding of childhood experiences provide a clue to later problems.
- Raheela's case: Psychological causes outside of client's conscious awareness caused problems in adult life.

Anxiety
- What Is It? – a painful affective experience; Something that motivates us into action…
- Three Types
    - *Reality*
        Fear of danger from outside world.
    - *Neurotic*
        Fear that instincts will get out of hand – causing punishment.
    - *Moral*
        Fear of one's own conscience.

Ego Defenses: Types
Ego defenses protect a person from being over whelmed by anxiety through adaptation to situation or through distortion or denial of events. They are normal and operate on unconscious level. Anna Freud (1936) and other ego psychologists formulated strong ideas about defense mechanisms by elaborating on Freud's original ideas. Among the main defense mechanism are the following:

- ***Repression*** can be described as the banishment from consciousness of highly threatening sexual or aggressive material. Repression is the most basic defense mechanism, the one on which others are built. The ego must use energy to keep excluded areas from consciousness, but some times the repressed thoughts slip out in dreams or verbal expressions. Sets up within the mind a long-lasting opposition between the ego and the id. Repression is considered the cornerstone or foundation-stone of psychoanalysis.

- **Reaction formation** is said to occur when an unconscious impulse is consciously expressed by its behavioral opposite. For example, a host at a party may shower a disliked guest with attention. A Reaction Formation is often detected because of the intensity with which the opposite emotion is expressed.

- **Projection** is revealed when one's unconscious feelings are attributed not to oneself but to another. For example, a woman may say that her is boss is angry at her instead of saying that she is angry at her boss. Prejudice defines a culturally defined projection, where the unwanted traits in one's own group are projected to a usually subordinate group.

- **Regression** is return to an earlier mode or object of gratification. It can also be used defensively in the face of trauma. Person moves backward in time to a stage that was less anxiety-provoking and that had fewer responsibilities.

- **Displacement** channels energy away from one of them to alternative-that is, to a safe target. For instance, a person who has had a hard day at the office may come home and yell at the child.

- **Sublimation** refers to channeling the drive into constructive activities. A positive form of displacement is known as sublimation, in which a drive that can not be expressed directly is channeled into constructive activities. For example, those who are unable to express themselves sexually may take care of children. Freud thought sublimation was a major means of building civilization. It can be view as a normal function of the ego, working to satisfy the demands of the id and the environment as fully and efficiently as possible (e.g., playing football).

- **Intellectualization** is the ignoring the emotional aspects of a painful experience by focusing on abstract thoughts, words or ideas, in other words trying to justify some irrational act by intellectualizing.

- **Denial:** Protecting oneself from an unpleasant reality by refusing to perceive it.

- **Undoing** involves taking back, as a result of anxiety produced by the original acts/ statements Activity.

Role of the Counselor
- Professional who practiced classical psychoanalysis plays the role of experts. They encourage their clients to talk about whatever comes to their mind, especially childhood experiences.
- To create an atmosphere in which the client feels free to express difficult thought. Psychoanalysts, after face to face session.
- The analyst's role is to let clients gain insight by relieving and working through the unresolved past experiences that come into focus during sessions.
- The development of transference is encouraged to help clients deal realistically with counselor to interpret for the client.
- Overall, the counselor employs both active and passive techniques.
- Psychological assessment instrument, especially projective tests such as Rorschach inkblots, a sum times employed.

Goals
- In most cases a primary goal is to help the client become more aware of the unconscious aspects of his or her personality. Psychoanalysis strives to help clients gain insight into them.
- A second major goal, often tied to the first, is to help a client work through developmental stage not previously resolved.
- A final goal is helping clients cope with the demands of the society in which they live. Unhappy people, according to this theory are not in tune with themselves or society. The focus is on strengthening the ego so that perceptions and plans become more realistic.

Techniques: From Theory to Practice
Freudian techniques are most often applied within a specific setting, such as the office of a counselor or the interview room of a hospital. Although each technique is examined separately here, in practice they are integrated.

- **Free association:** During free association, the client abandons the normal way of censoring thoughts by consciously repressing them and instead says whatever comes to mind, even if the thoughts seem silly, irrational, suggestive, or painful. "Know themselves" through working through buried feelings is the main focus of free association. "Talking cure" became transformed into free association during Freud's work with Elisabeth, a client of him. The psychoanalyst assumes that one association will lead to another. As the process continues, one gets closer and closer to unconscious thoughts and urges.

- **Analysis of Resistance:** Sometimes clients initially make progress while undergoing psychoanalysis may take many forms, such as missing appointments, being late for appointments, not paying fees, persisting in transference, blocking thoughts during free association, or refusing to recall dreams or early memories. When resistance occurs in any form, it is vital that the counselor deals with it immediately. It can show in various behaviors of the client, like if client pauses, jokes, changes the subject or mind goes blank or unable to remember. The blocks in the flow of free associations are resistances. It suggests anxiety and repression relevant to some sensitive material.

- **Analysis of transference:** Transference is the client's response to a counselor as if the counselor were some significant figure in the client's past, usually a parent figure. The analyst encourages this transference and interprets the positive or negative feelings expressed. Suggest underlying wishes, feelings and conflicts - aid to provide people with insight into what patient is avoiding.

- **Analyst's interpretations:** Interpretation should be considered part of the four techniques we have already examined and complementary to them. When interpreting the counselor helps the client understand the meaning of past and present personal events. Interpretation encompasses explanations and analysis of a client's thoughts, feelings, and actions. Counselor must carefully time the use of interpretation.

- **Analysis of Dreams**
  - Dreams, according to Freud, are the royal road to the unconscious. These are thought to reveal the nature of the unconscious because they are regarded as heavily laden with unconscious wishes.
  - Dreams are seen as symbolic wish fulfillments that often provide, like free associations, important clues to childhood wishes and feelings.
  - The manifest and latent content of the dreams: The latent content of a dream is its symbolic meaning. In order to get at the latent content, the patient is often encouraged to free-associate to a dream with the hope of gaining insight into its meaning.
  - The real meaning of a dream in the life of an individual may only become apparent from the analysis of a whole series of dreams. Patients often distort the actual content of a dream as they retell it during the analytic session.

Raheela's Case
  - **The warehouse would unconsciously represent a place that holds things (comfort as in being held).**
  - **A large warehouse gives the meaning of much open space, perhaps emptiness.**
  - **She turned to various people for comfort but found no way out of the emptiness.**

LESSON 25

NEO-FREUDIANS
Link to Previous Lecture: Evaluation of Freudian Psychoanalysis

<u>**Strengths**</u>

- The importance of sexuality and the unconscious in human behavior.
- The approach lends itself to empirical studies. Freud's proposals have generated a tremendous amount of research since the early 1900s. Usually psychoanalytic research is based on case histories
- Provides a theoretical base of support for a number of diagnostic instruments.
- The approach reflects the complexity of human nature.
- The approach has grown and developed through the years. There are several modified forms of psychoanalysis, such as ego psychology or object-relations theories.
- The approach appears to be effective for those who suffer from a wide variety of disorders, such as hysteria, narcissism, obsessive-compulsive reactions, character disorders, anxiety, phobias, and sexual difficulties.
- The approach stressed the importance of developmental stages the knowledge of which is essential for treatment plans. Moreover, this also provided basis for the development of other personality theories, such as those of Erikson and Levinson.
- Some psychological tests, such as the Thematic Apperception Test or the Rorschach Ink Blots, are rooted in psychoanalytic theory.

<u>**Weaknesses**</u>

Despite the unique emphases of psychoanalysis, most modern professional counselors do not use the approach. The reasons are numerous, but among them are following limiting factors:

- Time consuming and expensive.
- The approach does not seem to lend itself to working with older clients.
- Based on many concepts not easily communicated or understood. These concepts not only are difficult to test but also have inadequate evidence for their existence.
- Overemphasis on biology and unconscious forces
- Sexism
- Lack of Cross-cultural support
- The approach is deterministic.
- Counselors and psychologists without medical degrees have had a difficult time getting extensive training in psychoanalysis.
- Feminist perspective argues that psychoanalytic therapy places too much emphasis on penis envy, mother's responsibility for patient's problems.

NEO-FREUDIANS

Psychoanalytic theory represents one of the most sweeping contributions to the field of personality. Despite its influence, Freud's followers developed opposing views and rejected many of his controversial concept, for example, Adler was the first analyst to reject Freud' ideas in favor of social interest. Karen Horney, Sullivan, and Eric Fromm are the psychoanalysts who developed a social-psychological view. They extended Freud' views and are known as Neo-Freudian.

Adlerian Counseling

Alfred Adler
Alfred Adler was born in 1870 in Penzing, Austria, a suburb of Vienna. He was a second of six children in a middle-class Jewish family. Adler shared a close relationship with his mother until his younger brother was born. Because he felt abandoned at that time, he sought the support of his father. Adler was also close to his older brother, Sigmund.

Alder was a sickly child and was injured often. He was run over in the street, suffered from rickets, and almost died of phenomena at age 5. At age 3, he witnessed the death of a younger brother. It is little wonder that he was later attracted to the profession of medicine. To make up for his physical limitations, Adler spent a great deal of his childhood outside playing with other children and went out of his way to cultivate their friendship.

In 1895, he graduated in medicine from the University of Vienna. Adler was invited to join Freud's Vienna Psychoanalysis Society where he quickly gained prominence. Adler always thought as a colleague rather than a disciple of Freud. He disagreed early on with Freud's theoretical approach, especially the emphasis on biology and sexuality. Adler developed a theoretical orientation that was less deterministic and more practical and hopeful. In 1911 he formed his own group, Individual Psychology, because of differences with Freud. He disagreed with the sexual etiology of neurosis and importance of instinctual drives.

View of Human Nature
    Following are the important concepts of Adlerian Psychology:
 • Family constellation and Environment
 • Striving for superiority
 • Social interest
 • Life-Style
 • Fictional finalism

Adler's view of human nature is much more positive than Freud's. Rather than being motivated by instinctual drives, Adler thought that humans are primarily motivated by social interpersonal factors. His theory holds that conscious aspects of behavior, rather than the unconscious are central to the development of personality.

Family Constellation
His theory places considerable emphasis on birth order; those who share ordinal birth positions (for example firstborn) may have more in common with one another that siblings from the same family. Five ordinal positions are emphasized in Adlerian literature on the family constellation.

 • *Firstborn*
     o Firstborn are initially the "reigning monarchs" of a family because they receive undivided attention from parents. They are socialized to confirm, achieve, behave, and please. They take responsibility when parents are absent and often act as parent substitutes in large families. All firstborn experience the loss of their unique position in the family when a second child is born.

 • *Secondborns*
     o The position of secondborn is an enviable one, according to Adler, but does have drawbacks. Secondborns never have to worry about issues of power and authority as

firstborns do. Usually, these individuals are more outgoing, carefree, and creative and less concerned with rules than firstborns.

- *Middle Children*
    - o Children born in the middle positions of a family often feel alliances that an oldest or a youngest child may form. These skills can prove useful for manipulating events to get what they want and choosing areas where they can be successful.

- *Youngest Children*
    - o Youngest children in the family have difficulties and opportunities that are different from those of their older siblings. Youngest children receive a great deal of attention from others, who are likely to cater to their needs. These children may become charmers but may also have difficulty breaking out of the role of baby or family pet. They face the danger of becoming spoiled. At the same time, youngest children may make great strides in achieving because of role models provided by older siblings.

- *Only Children*
    - o Any child born seven or more years apart from siblings is psychologically an only child. These children, as a group, are never dethroned and are at an advantage, like oldest children, in receiving a great deal of attention.

Family Environment
In addition to birth order, the family environment is important to a person's development, particularly in the first five years of life.
- A negative family atmosphere might be authorization, rejective, suppressive, materialistic, overprotective, or pitying.
- Perception of the family atmosphere, rather than any events themselves, is crucial to the development of a style of life.

Srtriving for Superiority
Drive toward superiority is similar to self actualization but has nothing to do with achieving a position in society. It pulls the individual through the developmental stages. Human beings strive for superiority as their life goal. It is "the great upward drive". A major Adlerian tenet is that people strive to become successful (that is the best they can be); therefore their behavior is goal directed and purposeful. There is also a tendency for each person initially to feel inferior to others because of psychological or social problems or actual physical disability. If this feeling is not overcome the person develops an inferiority complex. In contrast a person who overcompensates for feelings of inferiority develops a superiority complex which is what Adler also described as a neurotic fiction that is unproductive.

Social interest and Life Style
The judgment of self in relation to one's perception of status in the world begins to form patterns of behavior that become one's life-style.
- Human beings are motivated by social rather than instinctual factors
- The judgment of self in relation to one's perception of status in the world begins to form patterns of behavior that become one's life-style.
- The life-style is based on the individual's feelings of inferiority and striving to overcome a weakness
- Formed at the age of 4 or 5

Teleological Goals and Fictional Finalism

Adler believed that people are as influenced by future (teleogical) goals as by past causes.

Fictional goal: The fiction is the subjective creation of the individual that offers a basis for action as if such were a true assessment of reality

- Fictional finalism is the striving for this goal.

Role of the Counselor

- Adlerian counselors function primarily as diagnosticians, teachers, and models in the equalitarian relationships they establish with their clients. They try to assess why clients are oriented to a certain way of thinking and behaving. The counselor makes an assessment by gathering information on the family constellation and a client's earliest memories.

- The counselor then shares interpretations, impressions, opinions, and feelings with the client and concentrates on promoting the therapeutic relationship.

- The client is encouraged to examine and change a faulty life-style by developing social interests.

LESSON 26
NEO-FREUDIANS

Goals of Adlerian Individual Psychology
- The goals of Adlerian counseling revolve around helping people develop healthy life styles as well as helping them overcome feelings of inferiority.
- One of the major goals of Adlerian counseling is to encourage clients to cultivate social interests.
- Adlerian counselors stress three goals of the therapeutic process:
  - Establishment and maintenance of an egalitarian counseling relationship.
  - Interpretation of client's life style in a way that promotes insight.
  - Reorientation and reeducation of the client with accompanying behavior change.

Techniques
To accomplish behavioral change, the counselor uses specific techniques:

Confrontation
The counselor challenges clients to consider their own private logic. When clients examine this logic, they often realize they can change it and their behavior.

Asking the question
The counselor asks, "what would be different if you were well?".

Encouragement
Counselors encourage their clients by stating their belief that behavior change is possible. Encouragement is the key to making productive life-style choices.

Acting "as if"
Clients are instructed to act "as if" they are the persons they want to be – for instance, the ideal persons they see in their dreams (Gold, 1979). Adler originally got the idea of acting "as if" from Hans Vaihinger(1911), who wrote that people create the worlds they live in by the assumptions they make about the world.

Spitting in the client's soup
A counselor points out certain behaviors to clients and thus ruins the payoff for the behavior. The logic is that when the client is aware of the causes of his behaviors, then the reinforcement attached with them are gone.

Task setting
Clients initially set short range, attainable goals and eventually work up to long-term, realistic objectives.

Push Button
Clients are encouraged to realize that they have choices about what stimuli in their lives they pay attention to. The technique is like pushing a button because clients can choose to remember negative or positive experiences.

Evaluation of Adlerian Approach

Strengths
- The approach fosters an equalitarian atmosphere through the positive techniques that counselors promote.
- The approach is versatile. Adlerian theorists have developed counseling models for working with children, adolescents, parents, entire families, teacher groups, and other segments of society. Adler recommends play therapy for children ages 4 to 9 seems to be especially effective. It allows children to communicate through the language of play and then verbally talk about their feelings. On the

other hand, approach that emphasizes verbal and behavioral consequences is recommended for adolescents, especially those dealing with the typical faulty goals of this age group (such as power, attention, revenge and inadequacy. Parents may benefit from Adlerian theory by using educational support groups to understand their children better and plan affective intervention strategies.

- The approach is useful in the treatment of a variety of DSM-IV disorders Including conduct disorders, antisocial disorders, anxiety disorders of childhood and adolescence, some affective disorders, and personality disorders.
- The approach contributes to other helping theories and to the public's knowledge. Concepts such as freedom, phenomenology, interpretation of events, life scripts, growth , and personal responsibility are found in existential, Gestalt, rational-emotive, transactional analysis, person-centered therapy, and reality counseling and therapy.
- Adlerian terms such as inferiority complex have also become part of the public's vocabulary.

Limitations
- The approach lacks of firm, supportive research base. There are relatively few empirical studies that clearly outline Adlerian counseling's effectiveness.
- The approach is vague in regard to some of its terms and concepts.
- The approach may be too optimistic about human nature. Adler, who called his theory "Individual Psychology" stressed social cooperation and interest. It does not consider other important life dimensions like power and unconscious.

Jungian Analytical Theory
Jungian Analytical Theory originated with the Swiss psychiatrist Carl Gustav Jung. At one point he was designated by Freud to head the psychoanalytic movement. But after working with Freud, he did not agree with Freud on issues of sexuality.

- Born in 1875, Jung, an early member of Freud's psychoanalytic circle described their differences in "*Symbols of Transformation*"
- Observed two personalities of his mother and later used this in the concept of personal and collective unconscious
- The distant relationship of his parents represented the dichotomies of spirit and matter, anima and animus, persona and shadow.

Human Nature: A Developmental Perspective
- The psyche, the essence of a person, is composed of conscious and unconscious
- Personal Unconscious
  - Reside just below consciousness; Personal unconscious is composed of the forgotten, repressed, and subliminally perceived events reactions to one's own life
- Collective Unconscious
  - Contains the deposits of human psyche from the beginning of time. Collective unconscious includes images, archetypes (which means standard and original), and symbols common to all people.

Composition of Personality

Ego
- Ego is the centre of the field of consciousness. Role of the ego is to maintain relationships with other psychological contents

Persona
- Persona is a mask or public face worn for protection. The individuality of a person is suppressed to fit into collective ideals, which creates problems. So outer expectations substitute for an individual's standpoint. Individual behave in mechanical and false way.

Anima (soul) & Animus (spirit or breath)
- Represents both biological and psychological aspects of femininity and masculinity. Anima initially is experienced from a male's psychological experience with his mother or the primary female figure in his life, and archetypal experience of female and that is how a male projects onto females. So it is determined by the personal and archetypal experience of females. Animus is the collective image of a man or what a woman experiences in her life with contacts with her father and other males.

The Shadow
- Represents our dark side and the thoughts, feelings, and actions that are not socially acceptable. Jung lived through two world wars where the collective shadow brutally ruled. If you face shadows, it promotes reflection on human nature and reveals individual values. Living the shadow consciously implies assuming the responsibility for oneself and taking back projections. It is difficult to accept and confront shadow because we consciously project onto others. Recognizing the shadow means giving up ideal. Owing your shadow improves relationships.

Psychological Types
These are two attitudes of perceiving the world.
- Extrovert
  - Looks at the world, and then to himself/ herself
  - Influenced by collective norms
- Introvert
  - Uses the perspective of the inner world and then perceives the outer world
  - Influenced by subjective norms

Jungian analyses are predominantly introverts and appeal to people searching the psychological depths to find their way.

Goals of therapy
- It is concerned with the knowledge of the various personality aspects. For example, a person can proceed often until midlife, functioning reasonably. The central importance of his approach is on psychological changes associated with mid-life and the need is to find a meaning in life.

- Individuation
  - The differentiation of the various components of psyche: Jung addresses the development of the unique elements of an individual.

- Transcendence function
  - Involves a constant striving for wholeness, integration of the personality, and realization of the self.

- Process of change is very much individual. The counselor can use the chair or couch, and the clients are seen weekly or 2-3 times a week. No special techniques are prescribed as the process of individuation is very much personal.

Interventions used in Jungian Analytical Psychology

Dream Analysis
- Attending to dreams is a way to obtain Information about unknown and untapped psychological areas. Dream analysis sheds light on repressions and contents robbing the individual of actualizing potential.

- Are symbolic
  - The figures in dreams are personified features of the dreamer personality. Moreover, physical illnesses in dreams represent psychological illness.

- They are prospective
  - o Help people prepare themselves for the experience and events they anticipate in the future

- They serve as a compensatory function
  - o They work to bring about a balance between opposites within a person

- They address the blind spots of one's personality. There are two levels of dreams: on the objective level the figures in dreams are actual persons, while on subjective level they are personified features of the dreamer personality. There is meaning in the sequence, and the people, named or unnamed.

Transference and counter-transference
- Transference and counter-transference are part of the dynamic process occurring in the therapeutic relationships.

LESSON 27
NEO-FREUDIANS
Link to Previous Lecture: Evaluation of Jungian Analytical Psychology

Strengths
- His interest in Eastern philosophy, mystical religions, and mythology brought him in contact with many great thinkers of the 20th century. He was a great opponent of the connection between mind, body and soul.
- Significant contributions to the fields of sand play therapy and art therapy.

Limitations
- Suitable for those who can spend money, time and effort.
- The process is nonreplicable, confidential and based on individual and archetypal process.

Karen Horney (1885-1952)
Karen Horney was Born in a village near Hamburg, Germany, and excelled in her medical studies and got a degree from the University of Berlin in 1913. She was second born child and from an early age envied her older brother. She thought that her parents loved him more than they loved her. As a way of retaining her mother's love, she acted as the adoring daughter and until the age of 8 she was the model child but she did not get what she desired. Her good behavior was not working so she changed tactics and became rebellious and ambitious. However, her quest for love continued throughout her life. As an adult she realized how much hostility she had developed as a child. Roots of Horney's personality theory lie in her childhood experiences. Her personality theory states how a lack of love in childhood fosters anxiety and hostility.

View of Human Nature
Horney parted with Freud over his deterministic mechanistic approach and his emphasis on instinctual drives. She emphasized, instead, the concept of anxiety, which she felt grew out of the child's feeling of isolation and insecurities in the parent-child relationship, with anxiety being produced by anything that disturbs the child's fundamental security. To Horney the insecure children handle their feelings by developing irrational (neurotic) solutions to the problem? These solutions compensate in some way for the emotional and psychological losses they have experienced and may become permanent personality characteristics. The ten neurotic needs are listed below: section.

Ten Neurotic Needs:
1. The neurotic need for affection and approval.
2. The neurotic need for a partner who will take over one's life.
3. The neurotic need to restrict one's life within narrow borders.
4. The neurotic need for power.
5. The neurotic need to exploit others.
6. The neurotic need for prestige.
7. The neurotic need for personal admiration.
8. The neurotic need for personal achievement.
9. The neurotic need for self-sufficiency and independence
10. The neurotic need for protection and unassailability.

It is important to understand that, for the neurotic, these needs are not easily met. In most cases, the need simply cannot be satisfied because of the deep inner conflict that lies at its source. After defining the ten neurotic needs, Horney classified them into three basic orientations:
- Moving toward people (need for love)
- Moving away from people (need for independence)
- Moving against people (need for power}

She distinguishes between normal individuals and neurotics by stating that normal individuals resolve their conflicts by integrating the three orientations, while neurotics rely exclusively on one of the orientations. Horney feels that all conflicts are avoidable if the child is reared in a loving, accepting home in which warmth, trust, and affection characterize the parent-child relationships.

Horney parted significantly from Freud in her view that conflict is developmental and arises out of the individual's social surroundings. Possibly her greatest contributions were this awareness of the impact of environment in the role of psychological dysfunction, and her identification of neurotic needs and the psychological dynamics involved in neuroses.

During her self-analysis, Horney was strongly influenced by Adler's notion of compensation for inferiority. Adler. She concluded that she also needed to feel superior because of the lack of beauty and sense of inferiority as a woman, which led her to masculine protest by excelling in a male-dominant profession, such as medicine at that time.

Harry Stack Sullivan (1892-1949)
Harry Stack Sullivan differs greatly from Adler and Horney both in his background and training and in his theoretical views. Sullivan was born and trained in America and never had direct contact with Freud. His unique approach in psychiatry was the first to emphasize the role of interpersonal relationships. He describes his approach and theory in *The Interpersonal Theory of Psychiatry* (Sullivan, 3953). His views of the importance both of interpersonal relationships and of the role of the therapist as an involved participant in the interview have significantly influenced present counseling theory and practice.

View of Human Nature
According to Sullivan, personality exists only through the individual's interactions with others. Processes such as thinking, perceiving, and even dreaming are considered to the interpersonal.

The self system develops out of the anxiety experienced in interpersonal relationships, which originally stems from the mother- infant relationship. Individuals learn that if they please their parents, they will be praised (the good-me self), and that if they misbehave, they will be punished (the bad-me self). The self protects from anxiety and guards security.

The self-system will avoid information that is not consistent with its organization, and thus it is protected from criticism. The self-system may lose its ability to be objective and may prevent the individual from accurately assessing his behavior.

If the individual experiences much anxiety, the self-system will become inflated and will prevent the individual from growing and interacting with others in healthy relationships. Here we see some possible antecedents of Rogers' self theory and note the link between Freud's view that while anxiety stems from different sources, the ego (self) deals with it by distorting reality through use of the defense mechanisms.

<u>Modes of Experiencing</u>
Some people believe that Sullivan's most unique contributions were in the area of cognitive processes. He delineated the following three modes of experiencing: *prototaxic, parataxic* and *syntaxic*.
- *Prototaxic* Involves experiences that have no connection or meaning for the experiencing individual. Infants undergo this kind of experiencing.
- *Parataxic* involves seeing a relationship between events that occur simultaneously, but that have no actual relationship. Superstitions are examples of parataxic thought processes.
- *Syntaxic* involves the use of language in which commonly agreed-upon verbal   symbols enable communication.

Stages of Development of Personality

Sullivan's theory of personality emphasized stages of development but differed from Freudian thinking with regard to the role of sexuality. His views are somewhat similar to those of Erickson in their emphasis on interpersonal influences. His view of development emphasized social factors and consisted of the following six stages:

- Infancy
- Childhood
- Juvenile era: The children's experience with friends and teachers begins to rival the influence of parents. Social influence becomes important and child's "reputation" with others becomes an important source of self-esteem or anxiety.
- Preadolescence: During preadolescence, a relationship to a closer friend or chum becomes particularly important. This relationship provides basis for the development of a love relationship with the opposite sex.
- Early adolescence
- Late adolescence

Role of the Counselor/ Therapeutic interview

One of Sullivan's major contributions was his view of the therapeutic interview. He made a significant departure from Freud and the so-called neo-analysts in viewing the interview as a highly personal and interpersonal experience in which the therapist functions as a "participant observer." The role of the therapist as conceptualized by Sullivan emphasizes the therapist as a person, with a focus on the communication between the therapist and patient. In other words, Sullivan acknowledged that the therapist's attitudes, feelings, doubts, or personal difficulties influence the interaction in the interview. Obviously, then, the therapist cannot assume a strictly observational stance.

The psychiatric interview consists of four stages:

- The formal inception
- Reconnaissance
- Detailed inquiry
- The termination

These stages are briefly summarized as follows:

- *The Formal Inception*
  o The therapist is viewed as an interpersonal relations expert. In the initial phase of therapy, the primary task is to determine the nature of the patient's problem and to begin a communication process in which the therapist is sensitive to nonverbal behavior, including voice tone, speech rate, and changes in volume. Sullivan emphasized that the patient has a right to expect to benefit from the experience, even from the initial session. Emphasis is placed on relationship building.

- *Reconnaissance*
  o During this phase the therapist structures sessions to gather factual information about the past, present, and future of the patient. The goal is to develop some hypotheses regarding the patient's problems,

- *The Detailed Inquiry*
  o Both questioning and listening are techniques that assist the therapist in sorting through tentative hypotheses and selecting the one that is most accurate. Information regarding the patient's functioning in all areas is collected.

- *The Termination*
  o A summary of the therapist's learning's about and observations of the patient

characterizes this last stage. The therapist may also prescribe some guidelines for the patient following termination.

As previously stated, Sullivan's influence on contemporary counseling theory and practice is most obvious in his humanistic view of the psychiatric interview. He was a very creative thinker and was among the first to change the role of the therapist from a removed observer and interpreter of the patient's experience, to an active, involved participant in an interpersonal relationship. His emphasis on the therapist as a person and on the power of the relationship in facilitating client change was probably an antecedent of humanistic thinking, which resulted in the development of client-centered therapy.

Evaluation
- He was a very creative thinker and was among the first to change the role of the therapist from a remote observer and interpreter of the patient's experience, to an active, involved participant in an interpersonal relationship.
- His emphasis on the therapist as a person and on the power of the relationship in facilitating client change was probably an antecedent of humanistic thinking, which resulted in the development of client-centered therapy.

Summary: Traditional Psychoanalysis and Neo-Freudians
The current and previous few lectures aimed to explore Freudian theory, the contributions of Adler, Jung, Horney, and Sullivan, who are important links to present counseling practice.

In the section on Freud, we discussed his view that personality is a complex energy system consisting of the driving forces of the id and the restraining forces of the ego and superego. The reservoir of psychic energy is housed in the id, which functions by the pleasure principle. The instinctual impulses of the id are mediated by the ego and the superego, as well as by the external world. Personality, then, is a highly mechanistic and deterministic system, and behavior is largely a result of instinctual drives and unconscious processes. When the ego can no longer satisfy the demands of the ego and is flooded with anxiety, it employs defense mechanisms to enable it to cope. Repression, projection, reaction formation, fixation, and regression were discussed, along with several other commonly used defense mechanisms. Freud believed that personality developed in five psychosexual stages: oral, anal, phallic, latency, and genital, He utilized techniques such as interpretation, dream analysis, transference, and free association.

Each of the other theorists discussed in later lectures departed in some important way from Freudian thinking. Alfred Adler, Karen Horney, and Harry Stack Sullivan developed social-psychological views which rejected Freud's view of sexuality, placed greater emphasis on environmental and interpersonal factors. Jungian analysis is much more philosophical in nature and focuses on not only individual unconscious but collective unconscious consisting on archetypes. While Freudian theory differs in many ways from the contemporary affective approaches to counseling (which will be taught in the next few lectures), there are some interesting linkages between Freud and Rogers, the counseling theorist who most significantly departed from Freudian thought.

The importance placed on feelings is the most obvious similarity between Freud and Rogers. Freud used techniques with both cognitive components (recall of early memories, interpretation, and making the unconscious conscious) and affective ones (transference and the corrective emotional experience) to facilitate client insight. It is important to note, however, that insight involved more than cognitive understanding.

LESSON 28

CLIENT-CENTERED APPROACH

Affective Approaches: Common Characteristics

Our next few lectures now will focus on affective approaches to counseling, in which the counselor focuses on the client' feelings and gives secondary consideration to thoughts and behaviors. Client-centered therapy and Gestalt therapy will be discussed, along with a brief analysis of existential therapy.

- Focus on primary affect as the cause of certain human actions and reactions
- Help clients cope with/ change their emotions for making life alterations
- Emphasize human phenomenology
- Emphasize person-to-person relationship
- Humanistic in orientation: It emphasizes an optimistic view of human beings, as persons who have the ability to grow (human potential)
- All affective approaches share vagueness in their description of techniques; weakest among all is existential and strongest is Gestalt.

Types of Affective Approaches

- Client-Centered Approach
- Gestalt Therapy
- Existential Counseling

Client-Centered Counseling

Carl Rogers (1902-1987)

- Born in Oak Park, Illinois, USA; fourth of six children; had an evangelical background.
- Belonged to a fundamentalist Christian family
- As a sophomore, went to an international Christian student conference in Bejing., and so moved away from conservative Christianity to very liberal beliefs.
- Later he studied in New York, and then transferred to Columbia to study psychology
- After PhD at Columbia, began work at a child guidance clinic at Rochester
- There he came in touch with Otto Rank (will therapy) and Jessie Taft. Rank. Rank believed that a person should have opportunity to exert free will and dominate therapist. Taft was a social worker, and had humanistic views. Rogers was influenced by their ideas.
- He brought these ideas to USA; A belief that no man has the right to run another man's life.
- He worked both in academic and clinical settings.

Background of his approach

Client-centered therapy was developed by Carl Rogers in reaction to the traditional, highly diagnostic, probing, and interpretive methods of psychoanalysis. *Counseling and Psychotherapy* (Rogers, 1942) was the first attempt to present his new approach, one which emphasized the importance of the *quality* of the relationship between the client and the therapist. Rogers saw the therapist as the creator of a facilitative environment that would allow die client to move toward self-growth. Of his many books, *Client-Centered Therapy* (1951) and *On Becoming a Person* (1961) are considered classics. Although client-centered counseling has evolved into a per son-centered view with a wider range of applications—teaching, administration, organizational behavior, marriage and parenting, and interpersonal relations in general—the term *client-centered* will be used here both because it generally refers to counseling alone and because it is more frequently used in the literature.

View of Human Nature

A belief in the dignity and worth of each individual
- Rogers is strongly committed to the belief that all persons should have the right to their own opinions and thoughts and should be in control of their own destiny

A phenomenological world of the client
- Rogers clearly emphasizes that the ways in which individuals behave and adapt to situations are always consistent with their perceptions of themselves and their situations. Threats are different for different people, for example, a person who perceives himself as being very attractive to women, may get threatened if rejected by a woman, may adopt a variety of defenses. Truly adjusted person is that who can integrate all experiences into phenomenal field. even his most objective functioning, in science, mathematics, and the like, is the result of subjective purpose and subjective choice"

A tendency toward self actualization
- The inherent tendency of people is to move in directions that can be described roughly as growth, health, adjustment, socialization, self-realization and autonomy. He calls this directional tendency the *actualizing tendency,* and he defines it as "the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism; tendency is a function of the total organism rather than of one or more parts of that organism. Rogers's conception is similar though not identical to Maslow's hierarchy of needs.

A belief that people are good and trustworthy
- Rogers knows that people sometimes behave in untrustworthy ways, that they are capable of deceit, hate, and cruelty. But he believes that these unfavorable characteristics arise out of a defensiveness that has alienated individuals from their inherent nature. This defensiveness is the result of a widening in-congruence between the individuals' ideal selves—the way they believe they ought to be, and their real selves—the way they think they are.

Role of the Counselor
- Promotes a climate in which the client is free and encouraged to explore all aspects of self
- To work as a facilitator rather than a director
- Makes limited use of psychological tests. If the counselor has to use the test, then the focus is on the meaning rather than on scores of test. Q-Sort techniques are used quite often to evaluate the clients. A total of 100 cards with different statements are employed. The clients arrange the cards in 9 piles, ranging from most like me to least like me. Another trial is to arrange them according to how he would like to be, and then the counselor calculates the correlation between both ratings.

Goals
- *"As if"* approach to counseling: Client-centered counseling can be described as an *"as if"* approach to counseling: If certain conditions exist, *then* a definable process is set in motion, leading to certain changes in the client's personality and behavior. The basic premise of client-centered counseling, then, is that once the proper conditions for growth is established, the client will be able to gain insight and take positive steps toward solving personal difficulties.

- ### Conditions for Growth
    - *Psychological contact*: He defines this contact as a situation in which each person makes a difference in the experiences of the other. From the very beginning, then, Rogers is setting the groundwork for a two-way interaction rather than a process where the counselor does something *to or for* the client.

- *Minimum state of anxiety*: Rogers believes that the more anxious the individual is about this incongruence, the more likely successful counseling will take place.
- *Counselor congruence*
- *Unconditioned positive regard*: Unconditioned positive regard: As every citizen is entitled to vote; test of therapist's tolerance
- *Empathic understanding*
- *Client perception*: Finally, the client must perceive, at least to a degree, the counselor's unconditional positive regard and empathic understanding.

Goals: outcomes

- As the result of counseling, the client is more realistic, objective, and extensional in his perceptions, and consequently, more effective in problem solving. The client's vulnerability to threat is reduced because of the increased congruence of self and experience. There is less discrepancy between his real and ideal self.
- He feels more confident and more self-directing; his values are determined by his own valuing process.
- He accepts more behaviors as belonging to him and conversely has fewer behaviors that he denies as part of his own self-experience. Others also see his behavior as more socialized and mature.

Techniques

- The development of client-centered therapy shifted the focus from what the therapist does, to who the counselor is.
- The "techniques" are simply ways of expressing and communicating an attitude; self is used as an instrument.
- As such, the "techniques" are simply ways of expressing and communicating genuineness, unconditional positive regard and empathic understanding in such a way that the client knows that the therapist is attempting to fully understand the client's internal frame of reference.
- Thus techniques are unacceptable since they would destroy the genuineness of the therapist, by being applied self-consciously. Therefore the only acceptable techniques are those that represent implementation of the therapist's philosophy and attitudes in facilitating the client's personal growth.

Certain Emphases within Client-Centered Approach

Emphasis on the here and now

- The counselor does not need knowledge of the "nature, and history of the client's difficulties. What has happened in the individual's past to cause the present difficulties is not important to the counselor. Instead, how the client is now operating is more important to the counselor. As a simple illustration, consider a client who feels hatred for her brother. The client-centered approach takes the position that it makes little difference that this hatred developed because of a particular situation. Rather, how the client now feels toward her brother and how her feelings affect her whole pattern of behavior are important. Thus one emphasis is to help the client focus on her present feelings by examining them verbally. This emphasis on the here and now replaces diagnosis in counseling.

Diagnosis is undesirable because:

- Only the client can diagnose the difficulty. Only the client can accurately see the internal frame of reference. It is dangerous for counselors to attempt diagnosis, no matter how accurate they feel their perception of the client's internal frame of reference may be.

- Finally, diagnosis implies a denial of the unique qualities of each person. To diagnose is to place individuals in categories, and the client-centered counselor wants to avoid this trap. Instead, the counselor responds to the individual with a potential for self-diagnosis and remediation.

Concentration on the emotional rather than the intellectual elements:

- Intellectually, the client may know what the real situation is but, because the client responds emotionally, this knowledge does not help to change behavior.

The counselor must be a patient and expert listener

- Boy and Pine (1982), however, suggest that the client-centered viewpoint has been expanded and that there are two phases to this effective client-centered relationship.
    - The first phase consists of those dynamics that have been traditionally identified by Rogers as essential in building a therapeutic, facilitative, and substantive relationship—empathy, acceptance, genuineness, liberality, involvement, sensitive listening, and equalizing.
    - The second phase, which depends on the effectiveness of the relationship, built in the first phase, centers on the needs of the client. Although they give but little emphasis and clarification to this phase and the needs of clients, they do point out that clients often need the intervention of counselors to obtain such basic needs as a job, adequate housing and access to governmental agencies.

Evaluation: Strengths

- Revolutionized the counseling profession demystifying it with the publication of an actual transcript of counseling session
- Providing clients with the kind of facilitative environment in which the focus is fully on their concerns
- Has generated a lot of research
- Empowering clients: leaving responsibility with clients and thus helping them recognize their own power over themselves.
- The client-centered concepts are applicable to a wide variety of helping situations and problems, such as adjustment, interpersonal issues, mild to moderate anxiety, frustration tolerance, uncomplicated bereavement and defensiveness.

Evaluation: Weaknesses

- Approach without clearly defined terms and techniques: Some counselors often fail to distinguish between the use of techniques and the use of their own personality, their self-as-instrument
- Clients often fail to understand what the counselor is trying to accomplish. Such clients, since they are unaware of any positive effects resulting from their interactions with the counselor, may withdraw from the counseling process.
- Ignores diagnosis and unconsciously generated impulses
- Deals only with surface issues
- Deals only with bright, insightful and hard working clients: persons who do not voluntarily seek counseling, who have limited contact with reality, or who have difficulty communicating usually are not very fit for client-centered approach. Hence, it is less effective with these clients: resistant, limited contact with reality, or who have difficulty in communicating.

LESSON 29

GESTALT THERAPY

Link to Previous Lecture: Case Approach to Client Centered Counseling
The following case will be used to illustrate theoretical concepts of affective and cognitive-behavioral approaches to counseling.

Case of Farzana (Source: Modified from Corey, 2001)
- Appearance:
  - Dresses meticulously, speaks rapidly, avoids eye contact
- Living Situation
  - 43 years old housewife, middle class, Graduate, married, with 4 children (16-21 age range)
- Presenting Problems:
  - General dissatisfaction, symptoms of panic over reaching the age of 43; For 2 years has a range of psychosomatic symptoms; cries over trivial matters; depressed; weight problem
- Psychosocial History:
  - Oldest of 4 children, father distant authoritarian and rigid; mother critical, difficult to please; was told not to behave like "bad" girls; took care of younger siblings; felt socially isolated by peers; wished to become a teacher
- History of Presenting Problems:
  - Graduated when children became adolescents; made her major career as a housewife and mother until children were grown up.
  - Not sure what she wants to do; she would like to develop a sense of herself apart from the expectations of others; concerned about "losing children"; feels unappreciated by them; concerns over aging and losing her "looks"

Farzana's Autobiography
- "I have become aware of recently that I have pretty much lived for others so far. I have been the superwoman who gives and gives until there is little left to give"
- "There are times when I wake up at night with my heart beating very fast, in a cold sweat and sometimes shaking".
- "I feel a terrible sense of doom but I don't know what over. I read *Qurran* for comfort but I worry about death-about my dying-a lot, about going to hell"

Farzana: A client-Centered Perception
- The word "diagnose" is derived from a Greek word that means "to know" or "to discover", hence the client's discovery of himself is more important than what the counselor knows about him. Usually a client-centered counselor will neither use tests nor make a DSM-IV diagnosis. All diagnosis is reductionist from a client-centered perspective that they reduce clients and their symptoms to a list of symptoms. That is why no diagnosis will be made for Farzana, and assessment of her will be an ongoing process.
- A critical endeavor of this client is the definition (Who am I?) and redefinition of the self (Who am I becoming?)
- Key Issues:
  - Incongruence between the person she is and the selves that are "trying" to emerge
  - This incongruence results into anxiety and physical symptoms
  - Excited and afraid at the same time
  - Afraid that life is slipping by

Therapeutic Process and Techniques:
- Careful listening and accurate understanding for creating a supportive, trusting, safe and encouraging atmosphere is required.
- Counselor's ability to communicate his belief in her resourcefulness; Helping in becoming the person she wishes to be
- Use of techniques which will "*fit*"
- Counselor himself/ herself will be in this relationship.

Gestalt Therapy

Gestalt Therapy drew from a number of sources, like Gestalt Psychology, Moreno's psychodrama and existentialism. Therapy is associated with Gestalt psychology, a school of thought that stresses perception of completeness and wholeness, and that when perceptions become abnormally inaccurate, they can lead to psychopathology. Gestalt then emphasizes the importance of increasing an accurate perception of reality. How people function in totality.

Fritz Perls

Frederick Salomon Perls was born in 1893 in Berlin into a middle class Jewish family. He had a younger and an older sister. His parents fought bitterly and Perls disliked his older sister, yet he remembered his childhood as happy. He loved to read and was a top student in grade school. His schooling was interrupted by World War I, when he served as a medic with the German army.

Perls trained as a psychoanalyst in both Vienna and Berlin. Perls became associated with Kurt Goldstein, from whom he learned to view humans as complete entities rather than individuals made of separate parts.

In 1936, Perls attended an international psychoanalytic congress in Czechoslovakia, where he met Freud. A brief interchange with Freud left Perls feeling humiliated. Thereafter Perls, who had been humiliated frequently by his father, dedicated himself to proving Freud and psychoanalysis wrong.

Perls immigrated to the United States in 1946. Although his ideas initially were not readily accepted, he gained prominence through the publication of *Gestalt Therapy (1951).* He also established the Gestalt Institutes and offered lectures and workshops at the Esalen Institute.

Association of Gestalt Therapy with Gestalt Psychology

It is a matter of controversy whether Gestalt therapy is based on Gestalt psychology or not. His biographer wrote him as the "traditional gestaltist" but Perls maintained that "academic gestaltist never accepted me". There are two different opinions in this reference as indicated below:
- "No one can understand Gestalt Therapy without an adequate background in Gestalt Psychology" (Emerson & Smith, 1974)
- "Gestalt Therapy revolves around Perls' own personality" (Shane, 1999)

View of Human Nature
- Gestaltists believe that human being work for wholeness and completeness in life. Man is composite of interrelated parts. None of these parts, body emotions, thoughts, sensations, and perceptions can be understood outside the context of the whole person.
- The Gestaltists emphasize here and now. This emphasis on now has influenced other theories also, for example, behavioral and cognitive approaches. It is important that the person attends the current need (figure) and relegate the other needs to the background, and when the need is accomplished or the gestalt is closed, then it is relegated to the background and another need becomes the figure. Hence, one must avoid fantasizing.

- Man is also part of his own environment. Each person has a self-actualizing tendency that emerges through personal interaction with the environment and the beginning of self-awareness.
- The Gestalt view of human nature places trust on the inner wisdom of people, much as person-centered counseling does. Each person seeks to live interactively and productively striving to coordinate the various parts of the person into a healthy unified whole.
- The Gestalt view is antideterministic: each person is able to change and become responsible.
- According to Gestalt therapy many troubled individuals have an over dependency on intellectual experience. Such an emphasis diminishes the importance of emotions and the senses, limiting a person's ability to respond to various situations.
- Another common problem is the inability to identify and resolve unfinished business.
- Gestaltists do not attribute either of these difficulties to any unconscious forces within persons. Rather the focus is on awareness.
- Healthy individuals are those who are most aware. Such people realize that body signs such as headache or stomach pains, may indicate a need to change behavior. They are also aware of personal limitations. For instance in conflicts with others one may be able to resolve the situation or just have to dismiss.

Causes of Human Difficulties

According to Gestaltists, a person may experience difficulty in several ways:

- First he or she may lose contact with the environment and the resource in it.
- Second the person may become overinvolved with the environment and thus out of touch with the self.
- Third he or she may fail to put aside unfinished business.
- Fourth he or she may become fragmented or scattered in many directions.
- Fifth the person may experience conflict between the top dog (what one thinks one should do) and the underdog (what one wants to do). Conflicts involve opposing aspects of the personality. Topdog contains the introjected "shoulds" analogous to Freud's superego and underdog as id. Both roles are played in a dialogue to integrate these two
- Finally the person may have difficulty handing dichotomies of life. Such as love, hate, masculinity and pleasure pain.

GESTALT THERAPY

Role of the Counselor
The role of the Gestalt counselor is to create an atmosphere that promotes a client's exploration of what is needed in order to grow. Polster and Polster (1973) indicate that the gestalt counselors must be exciting, energetic and fully human. Involvement occurs in the now which is a continuing process.

There are several rules that Gestalt counselors follow in helping clients become more aware of the now:
- The principle of now: always using the present tense
- I and Thou: always addressing someone directly instead of talking about him or her to the counselor.
- The use of I: substituting the word I for it, especially when talking about the body.
- The use of an awareness continuum: Focusing on *how* and *what* rather than *why*
- The convention of questions: asking clients to convert questions into statements
- Gestalt counselors do not use standardized assessment instruments, such as psychological tests, nor do they diagnose their clients according to DSM-IV classification standard.

- **Therapist examples**: counselor sets example for client by being an open and aware person.

- **Role play**: counselor and/or client engage in role play to help the client manage feelings.

- **Nonverbal-behavior congruence**: counselor encourages client to be in touch with whether verbal behavior matches nonverbal behavior. In order to probe the patient's defenses and expose the games being displayed, therapist often pays close attention to nonverbal behavior. The counselor also uses posture cues to get to the feelings that exist now.

Goals
Perls (1970) developed a formula that expresses the word's essence: "Now = experience = awareness= realy. "*The past is no more and the future not yet. Only the now exists*"(*p*.14).
- Getting clients to accept responsibility for their own actions and feelings
- To expose the games clients play and the defenses behind which they hide. To expose the games clients play and the defenses behind which they hide. To experience and become aware of these shams is an important goal of counseling. The experience of awareness may be threatening for the client.

Perls(1970) identifies five layers of neurosis that potentially interface with being authentically to touch with oneself:

1. The *Cliché* layers consist of noncontacts/ pretending to be something that one is not.
2. The *phony* layer: Role-playing layer. It refers to an attempt to avoid recognizing aspects of self that the person would prefer to deny.
3. Below this layer is the impasse layer, where individuals wonder how they are going to make it in the environment.
4. The fourth and fifth layers, the impulsive and explosive are often grouped together. People at these layers frequently feel vulnerable to feelings. When people peel back the layers of defensiveness (implosion) then they experience explosion of joy, sorrow or pain that leads to being authentic. When persons reach this point, the now can be experienced most fully.

Techniques
Some of the most innovative counseling techniques ever developed are found in Gestalt therapy. These techniques take two forms: exercise and experiments.

- *Exercises* are ready made techniques such as the enactment of fantasies, role playing and psychodrama (Covin, 1977). They are employed to evoke a certain response from the client, such as anger or exploration.
- *Experiments* on the other hand, are activities that grow out of the interaction between counselor and client. They are not planned and what is learned is often a surprise to both the client and the counselor. Many of the techniques of Gestalt therapy take the form of unplanned experiments.

Common Exercises employed in Gestalt Therapy:
- One common exercise is dream work. Perls describes dreams as message that represents a person's place at a certain time. Dream is a kind of condensed reflection of the individual's own existence and the ways used to avoid facing oneself. The person with repetitive dreams is encouraged to realize that unfinished business being brought into awareness and that there is a need to take care of the message delivered. Gestaltists believe that:
  o The dream conveys messages
  o The dream also epitomizes the contradicting sides of the self
- Another effective technique is the empty chair, in this procedure clients talk to the various parts of their personality, such as the part that is dominant and the part that is passive.
- One of the most powerful Gestalt exercises is confrontation. Confrontation involves asking clients what and how questions.
- Making the rounds: Some powerful Gestalt exercises are individually oriented but used primarily in group. This technique is employed if the counselor thinks that the theme applies to everyone in the group.
- I take responsibility: in this exercise clients make statements about perceptions and close each statement with the phrases "and I take responsibility for it". To repeat again & again and louder and louder the important remarks is the technique. Benefits of these games is not demonstrated empirically
- Exaggeration. Clients accentuate unwitting movement or gestures.
- May I feed you a sentence: The counselor asks if the client will say a certain sentence (provided by the counselor) that makes the client's thoughts explicit.
- Locating feelings

Evaluation: Strengths
- The approach emphasizes helping people incorporate and accepts all aspects of life.
- The approach helps a client focus on resolving areas of unfinished business
- The approach places primary emphasis on doing rather than talking.
- The approach is flexible and not limited to a few techniques
- The approach is appropriate for certain affective disorders anxiety states somatoform disorders, adjustment disorders and DSM-IV diagnoses such as occupational problems and interpersonal problem.

Evaluation: Limitations
- The approach lacks a strong theoretical base. Some critics view Gestalt counseling as all experience and techniques.
- The approach deals strictly with the now and how of experience
- The approach eschews diagnoses and testing

The approach is too concerned with individual development and is criticized for its self-centeredness.
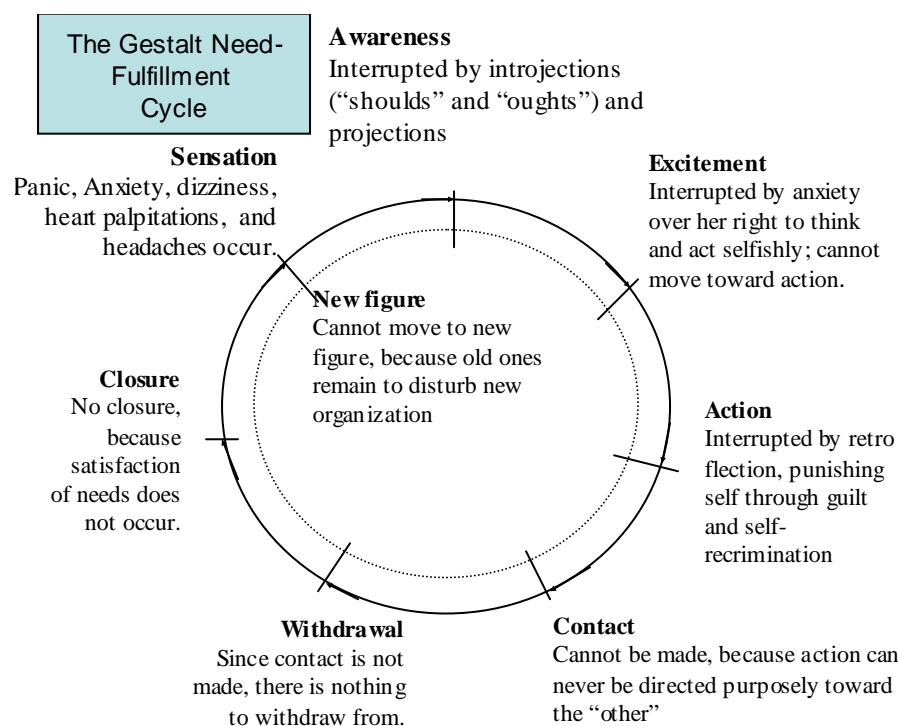
Summary and Conclusion
Gestalt therapy also continues to generate strong interest among practitioners. As a group, effective approaches do not make much use of psychological tests, formal diagnoses, or rigid procedures. A trademark of these approaches is that they tailor what they do to the needs of the client. Counselors assess

needs by establishing strong relationship with clients. Existential counseling is the most nondirective of the theories while Gestalt therapy is the most directive.

Farzana: Gestalt Perspective

Assessment:
- Examining the process that occurs as the individual interacts with self and environment

- The need fulfillment model refers to a "cycle of experience" which begins with physical or emotional sensations and proceeds through awareness, excitement, and toward contact with the environment

- The panic attack continues because she is unable to move from the sensation level into some type of action

The Gestalt Need-Fulfillment Cycle

Awareness
Interrupted by introjections ("shoulds" and "oughts") and projections

Sensation
Panic, Anxiety, dizziness, heart palpitations, and headaches occur.

Excitement
Interrupted by anxiety over her right to think and act selfishly; cannot move toward action.

New figure
Cannot move to new figure, because old ones remain to disturb new organization

Closure
No closure, because satisfaction of needs does not occur.

Action
Interrupted by retro flection, punishing self through guilt and self-recrimination

Withdrawal
Since contact is not made, there is nothing to withdraw from.

Contact
Cannot be made, because action can never be directed purposely toward the "other"

- **Goals:**
  – Providing a context in which Farzana can expand her awareness of what is going on within herself

- **Counseling Procedures:**
  – Experiential techniques aimed at identifying here-and–now

- **Techniques:**
  – Empty chair: she can indulge in conversation, dialogues with different facets of herself, and also with different characters in her life.
  – Dream analysis
  – Homework to reduce polarities: for example eating slowly so that she gets a sensation of fullness, and also achieve the goal of slimness.

–   Noticing nonverbals: (e.g., Farzana's fidgeting with clothes).   Asking her what else she might like to do with her hands?

LESSON 31
EXISTENTIAL THERAPY

The existential approach to counseling is unique in its diversity. There is no unanimity among existentialists about how to formulate a theory to accompany their ideas of helping others. Existentialism is represented in the writings of several prominent American theorists, including Sidney Jourard, Abraham Maslow, Irvin Yalom, Rollo May.

Existentialists have some beliefs in common:

- The importance of anxiety
- The importance of values
- The importance of freedom
- Responsibility in human life and an emphasis on finding meaning.

However, existentialists differ in their emphasis, for example emphases on consciousness, human anxiety and dread, the treatment of persons and our relationships with them.

Roll May (1961) and Victor Frankl (1962) are probably the best known theorists of existential counseling, and this section concentrates on them and their ideas.

Rollo May

Rollo May was born in 1909 in Ada, Ohio. Like Alfred Adler, May was the second child of six children. Unlike Adler, however May was the oldest son in his family. His father, who worked for the YMCA, encouraged May to learn self-discipline through swimming. The relationship between Mays's parents was discordant, and he described the home life of his boyhood as unhappy. Consequently, he became a loner and a rebel during his adolescence.

During two of his summer vacations in Greece, he traveled to Vienna and enrolled in seminars conducted by Alfred Adler. As a result, May became interested in psychoanalysis. During his years in Greece he was also extremely lonely and thus began working incessantly. The result was a breakdown which he reflected on years later: "I had learned enough psychology at college to know that these symptoms meant that something was wrong with my whole way of life. I had to find some new goals and purposes for my living and to relinquish my moralistic, somewhat rigid way of existence".

In 1933, May returned to the United States to enter the Union Theological Seminary. There he was strongly influenced by Paul Tillich, an existential theologian. May completed his doctorate at Columbia in 1949.

May's most influenced book, *the Meaning of Anxiety,* was published a year later. May believed that anxiety could work for the good as well as the detriment of people. He lectured on this subject at some of the most distinguished universities in the United States, including Yale and Harvard.

May was a confounder of the Association for Humanistic Psychology in the 1960s and later wrote two other well-known books, *Love and Will (1969)* and *The Courage to Create* (1975). In the 1980s, he retired to the San Francisco area, where he concentrated on writing about the meaning of myths for modern society and continued to promote a humanistic approach to the study of persons. He died on October 22, 1994, at the age of 85.

Victor Frankl

Victor Frankl was born in 1905 in Vienna, Austria. He received a medical degree in 1930 and a Ph.D in 1949 from the University of Vienna. Although Frankl was a student of Freud, he became interested in existentialism in the 1930s while reading some philosophers. He is sometimes referred as a founder of the third school of Viennese psychotherapy (logotherapy)

View of Human Nature

- As a group, existentialistic believe that people form their lives by the choices they make. Even in the worst situations, such as the Nazi death camps.

- Existentialists focus on this freedom of choice and the action that goes with it. They view people as the authors of their lives: how much one restricts his or her life depends on personal decisions. For example individuals who prize creativity, dedication of services to others, friendship, and self-growth within a community or family environment may, as Abraham Maslow describes, have peak experiences they feel truly integrated and connected with the universe in a very emotional way. On the other hand, those who are self-indulgent may feel a sense of normlessness and valuelessness. They may experience what Freud(1959) calls an existential vacuum

- The existential view notes that making choices results in anxiety. Existential therapy encourages clients to confront their anxieties and to make important decisions about how to relate to others

How the meaning of Life can be Discovered? (Frankl, 1962)

- By doing a deed – that is by achieving or accomplishing something.

- By experiencing a value, such as a work of nature, culture, or love.

- By suffering – that is, by finding a proper attitude toward unalterable fate.

Existentialism focuses on the meaning of anxiety in human life. The emphasis within this framework is on the inner person and how authentic individuals search for values in life. By being aware of feelings and the finite nature of human existence, a person comes to make healthy, life–enhancing choices.

Role of Counselor

- The counselor serves as a model of how to achieve individuals' potential and make decisions.

- The focus is living productively in the present, not recovering a personal past.

- Existential counselors do not use psychological tests, nor do they make diagnoses in accordance with the DSM-IV.

Goals

- The goals of existentialists include helping clients realize the importance of responsibility, awareness, freedom and potential.

- A major goal of counseling is for client to shift from an outward to an inward frame of reference. No longer will activities depend on the judgment of others: rather; activities will be evaluated by clients first.

- Further goals include making the client more aware of his or her existence, calling attention to the client's uniqueness, helping the client improve his or her encounters with others, assisting the client in establishing a will to meaning , and encouraging the client to make a decision about both present and future directions in life.

Techniques

- The existential approach has fewer techniques available than almost any other model of counseling. Yet this apparent weakness is paradoxically strength because it allows existential counselors to borrow ideas as well as use a wide range of personal and professional skills.

- In any case, clients usually benefits from existential counselors who are able to address client needs in a multidimensional and highly personalized way. An example of this approach can be seen in those people coping with loss: depressed persons tend to adopt emotion-focused strategies, whereas non-depressed individuals use multiple and varying strategies.
- Existential counselors also make use of confrontation. Clients are confronted with the idea that everyone is responsible for his or her own life. Existential counselors borrow some techniques such as imagery exercise, awareness exercise, and goal-setting activities from other models.

Logotherapy

- One of the most widely known existential therapy
- Finding meaning in callous, uncertain and meaningless world
- Viktor Frankel developed it to find ways of dealing with experiences in Nazi concentration camps.
- Finding a personal meaning of existence: Frankel sought meaning because of his experiences in life. His mother, father, brother and wife had died in concentration camps of Nazis.
- Techniques of "paradoxical intention" and "de-reflection": paradoxical intention= continuously doing the feared response; De-reflection= not paying attention to the feared object and diverting to more constructive activities

Evaluation

There are number of unique aspects in the existential approach to counseling:

The approach emphasizes the uniqueness of each individual.

- The approach recognizes that anxiety is not necessarily a negative condition.
- The approach gives counselors access to a tremendous amount of philosophy and literature that is both informative and enlightening about human nature.
- The approach stresses continued human growth and development and offers hope to clients through directed readings and therapeutic encounters with the counselor.
- The approach is effective in multicultural counseling situations.
- The approach helps connect individuals to universal problems faced by mankind, such as the search for peace and the absence of caring.
- The approach may be combined with other perspectives and methods (such as those based on learning principles and behaviorism) to treat extremely difficult problems, such as alcoholism.

Professionals who embrace more structured approaches have noted several **limitations** in the existential approach.

- The approach has not produced a fully developed model of counseling.
- The approach lacks educational and training programs. Wallace (1986) for instance wonders if May's existential approach will last.
- The approach is difficult to implement because of its subjective nature.

## LESSON 32

COGNITIVE APPROACHES TO COUNSELING

Cognitive theorists agree with William Shakespeare's Hamlet who said "There is nothing either good or bad but thinking makes it so"

Cognitions are thoughts, beliefs, and internal images that people have about events in their lives (Holden.1993b). Cognitive theories of counseling focus on these mental processes and their influences on mental health. A common premise of all cognitive theories is that how people think largely determines how they feel and behave. As Burns (1980) points out, "every had feeling you have is the result of your distorted negative thinking"

Best-known Cognitive Theories

1. Aaron's Beck's Cognitive Therapy
2. Albert Ellis's Rational Emotive Therapy
3. Eric Berne's Transactional Analysis

Cognitive approaches are widely employed to deal with anxiety and depression. The following bar diagram shows that these approaches far exceed the other approaches of counseling:
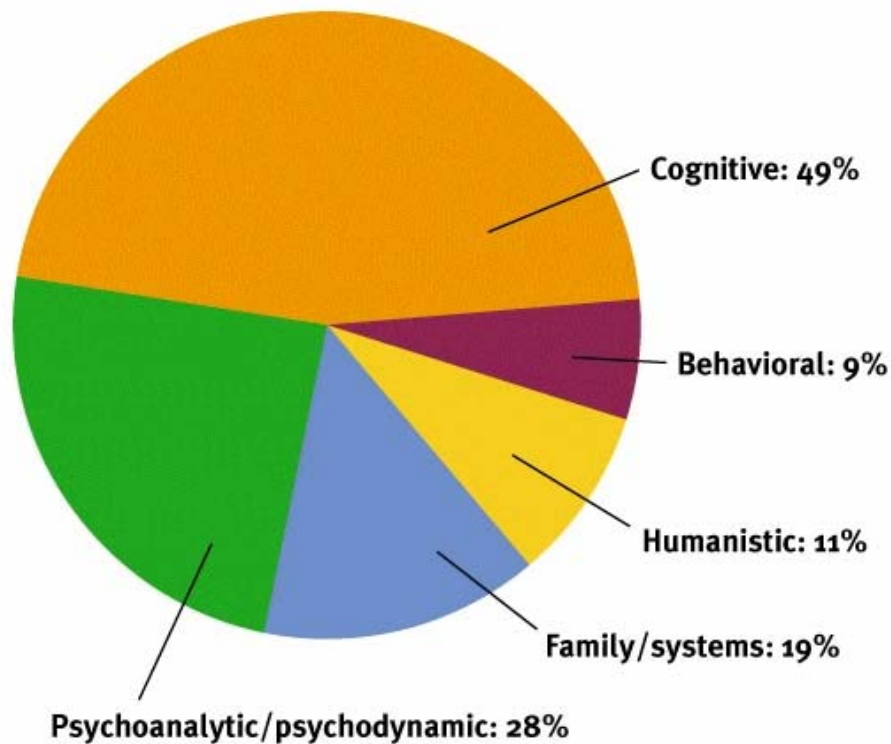
Common Aspects of cognitive counseling

Client Characteristics

- They are average to above-average in intelligence.
- They have moderate to high levels of functional distress.
- They are able to identify thoughts and feelings.
- They are not psychotic or disable by parent problems.
- They are willing and able to complete systematic homework assignments.
- They possess a repertoire of behavioral skills and responses.
- They process information on a visual and auditory level.

This suggests that the clients although distressed are not visually impaired but suffer from dysfunctional automatic thoughts (content specific to an event) and general schemata (general rules about themselves or world).

Change Strategies

Chang strategies most often involve the following:

- Using standardized guidelines for understanding in a concrete manner the events in people's lives.
- Recording or reflecting people's thoughts about these events in a clear, precise way.
- Finding a means to identify and challenge distorted thoughts
- Implementing new ways of thinking that are realistic and productive.

Stress-Inoculation Therapy

- Developed by Meichenbaum (1977)
- Uses inoculation training to help people think optimistically when in stressful situations.
- Use self talk or self instructions to modify behavior
- Inoculating individuals to ongoing and future stressors
- Three overlapping phases (Meichenbaum, 1996):
    - Conceptualizing phase
    - Skill acquisition and rehearsal phase
    - Application phase

Beck's Cognitive Therapy

Aaron Beck a Philadelphia psychiatric developed a cognitive approach to mental disorders at about the same time that Albert Ellis was developing his ideas about rational-emotive therapy (in the late 1950s and early 1960s). He emphasized the importance of cognitive thinking in his theory, especially dysfunctional thoughts (thoughts that are nonproductive and unrealistic).

Beck's Cognitive Triad

- Cognitive Errors and the Depressive Cognitive Triad
    - Think negatively about oneself
    - Think negatively about the world
    - Think negatively about the future
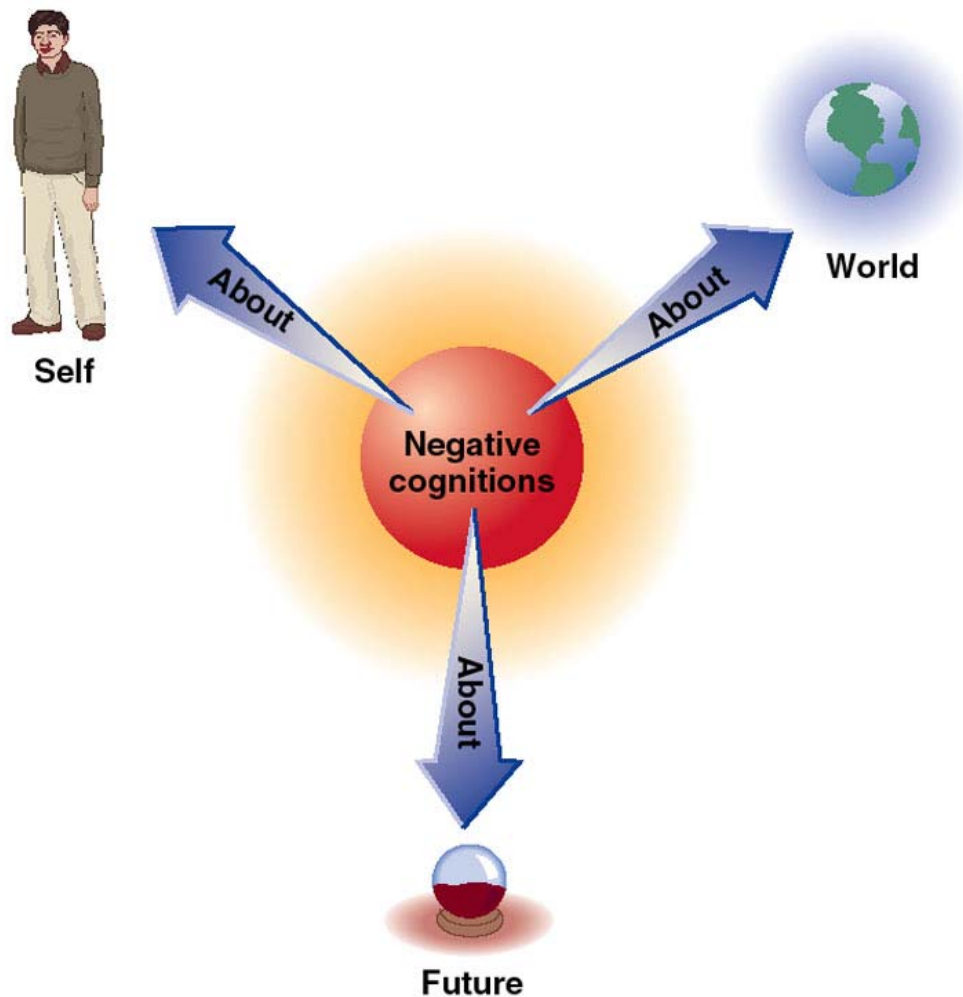
In summary, Beck focuses on the importance of modifying thoughts in the treatment of mental disorders. For him, there are six cognitive distortions to which the counselor should be attuned:

1. arbitrary inferences
2. selective abstraction
3. overgeneralization
4. magnification and minimization
5. personalization

6. dichotomous thinking

Arbitrary Inference:

- Your friend does not call you and you suspect he wants to break up with you.

Selective perception:

- Depressed person focuses on negative events while ignoring positive life events

Overgeneralization:

- Depressed persons draw negative conclusions about their self-worth, based on minimal data

Magnification/minimization:

- Person magnifies the significance of a negative event. You miss exercising for two days and you tell yourself, "I'll never get in shape".

Personalization:

- Thinking that everything negative is directed toward oneself.

Dichotomous thinking/ All-or-none thinking:

- Everything is good or bad

Process & Techniques

- **Uncover/challenge self-defeating beliefs**

  - Forcefully vs. collaboratively

- **Change these dysfunctional beliefs**

  - What is the evidence to support this belief? Are these facts or your interpretation of them? Is there another way to look at the situation?

- **Techniques**

  - Experience distress in therapy

  - Diary of situation, feelings, irrational thoughts

  - Reading assignments

Rational Emotive Therapy (RET)

Albert Ellis

The founder of rational-emotive therapy (RET), Albert Ellis has been described by Weinrach (1980) as "abrasive, impatient, and lacking in some of the basic social graces that my mother spent hours indoctrinating me with "but also as "brilliant, sensitive, perceptive, humorous, and stimulating"

Albert Ellis was born in 1913 into a Jewish family in Pittsburg, Pennsylvania. His parents eventually had a daughter and another son. Early in his life, Ellis's family moved to New York City, where he has spent most of his life. Ellis describes his father in positive and neutral, although the elder Ellis was often absent from home. From his father, Ellis believes he acquired his intelligence, drive, and persistence. His mother was quite independent for her time, often idiosyncratic in her behavior as well as happy and non-smothering. Ellis describes her way of parenting as benign neglect.

His parents' divorce when he was 12 years old caused him to give up plans to be a Hebrew teacher, and he became instead a self-described probabilistic atbeist.

He finally succeeded in obtaining psychoanalytic training from the Karen Horney group and practiced classic psychoanalysis in the early 1950s. Dissatisfied with that approach, Ellis began the practice of his own theory in 1955.

Rational-Emotive Therapy: Background

Rational-emotive therapy was primary a cognitive theory in the beginning.

RET has since broadened its base considerably and now includes behavioral and emotional concepts.

Ellis established two nonprofit institutes to promote RET: the institute for Rational Living, a scientific and educational foundation established in 1959, and the Institute for Rational-Emotive Therapy, an institution for professional training and clinical services established in 1968. Ellis, as a prolific writer, has produced over 500 articles, some 50 books, and numerous films and tapes.

View of Human Nature

RET assumes that people are both "inherently rational and irrational, sensible and crazy"

According to Ellis (1989), this duality is biologically inherent and is perpetuated unless a new way of thinking is learned. Irrational linking may include the invention of upsetting and disturbing thoughts. Ellis (1962) lists 11 common irrational beliefs that can be quite disturbing.

These needs will be discussed in the next lecture.

LESSON 33

COGNITIVE APPROACHES TO COUNSELING

In the previous lecture we discussed that Irrational linking may include the invention of upsetting and disturbing thoughts. Ellis (1962) lists 11 common irrational beliefs that can be quite disturbing. These are given below:

- "I must be perfect or no one will love me!"

- "I must be thoroughly competent, adequate, and successful in all possible respects if I am to be worthwhile."

- "It is horrible when things do not turn out the way I want them to."

- "Some people are bad, wicked or villainous, and they should be punished"

- "Unhappiness is a function of events and outside the control of the individual"

- "If something may be dangerous or harmful, an individual should constantly concerned and think about it"

- "It is easier to run away from difficulties and self-responsibility than it is to face them"

- "Individuals need to be dependent on others and have someone stronger than themselves to lean on"

- "Past events in an individual's life determine present behavior and can not be changed"

- "An individual should be very concerned and upset by others' problems"

- "There is always a correct and precise answer to every problem and it is catastrophic if not found"

Counseling Process

Although Ellis (1973) does not deal with the developmental stages of individuals, he thinks that children are more vulnerable to outside influences and irrational thinking than adults are. By nature, he believes human beings are gullible and highly suggestible and are easily disturbed. Overall, people have within themselves the means to control their thoughts, feelings, and action; but they must realize what they are telling themselves (self-talk) to gain commands of their lives. This is a matter of personal, conscious awareness.

Role of the Counselor

In the RET approach, counselor are active and direct. They are instructors who teach and correct the client's cognition.

Ellis (1980) identifies several characteristics desirable for RET counselors.

- Bright

- Knowledgeable

- Empathetic

- Persistent

- Scientific

- Interested in helping others

- Users themselves of RET

Counselors' main assessment instruments:

- Evaluation of a client's thinking

- Some formal tests may be employed to measure rational and irrational thinking, but the evaluation process is primarily accomplished in counselor-client sessions.

- RET practitioners do not reply heavily on the diagnostic categories in the DSM-IV.

Goals

The primary goals of RET focus on helping people realize that they can live more rational and productive lives. "Roughly speaking, rational-emotive therapy constitutes an attempt to correct mistakes in a client's reasoning as a way of eliminating undesirable emotions"

RET is heavily influenced by stoic philosophy, and Ellis is found of quoting a first-country stoic, Epictetus, who wrote, "Men feel disturbed not by things, but by the views which they take of them". Often individuals disturb themselves by changing wishes and desires into demands. When a person uses words such as Must, Ought, Should, he or she makes demands of wishes and thinks irrationally. RET helps clients stop making such demands and becoming upset through "catastrophizing".

Another goal of RET is to help people change self-defeating habits of thoughts or behavior. One way this is accomplished is through teaching clients ABCs of RET.

Thoughts about experiences may be characterized in four ways: positive, negative, neutral, or mixed. A positive thought leads to positive feelings, while people may have negative feelings about the same event in response to negative thought. The mixed thoughts lead to ambivalent feelings.

A-B-C's of Emotional Distress

Disorders often occur with self-defeating beliefs

- **A**ctivating Event - **B**eliefs - **C**onsequences
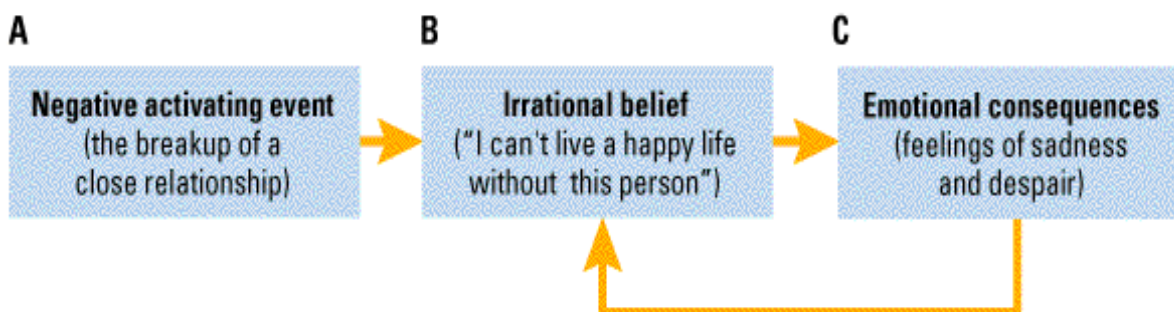
Techniques

- RET encompasses a number of diverse techniques. Two primary ones are:
  - o Teaching

---

o   Disputing.

- Before changes can be made, clients have to learn the basic ideas of RET and understand how thoughts are linked with emotions and behaviors.

- *Teaching*: In the first few session, counselors teach their clients the anatomy of an emotion that feelings are a result of thoughts, not events, and that self-talk influences emotions.

Cognitive Disputing

- *Cognitive disputation* involves the use of direct questions, logical reasoning and persuasion. Direct questions may challenge the client to prove that his or her response is logical.

- Another form of cognitive disputation involves the use of syllogisms – "a deductive of reasoning consisting of two premises and a conclusion.

- For example in irrational "can't stand-it-it is," the process might go as follows (Cohen, 1987, p.39):

    o   Major premises: "Nobody can stand to be lied to."

    o   Minor premise   "I was lied to."

    o   Conclusion: "I can't stand it."

- *Imaginal disputation* depends on the client's ability to imagine and employs a technique known as rational-emotive imagery.

- The emotional control card (ECC) is a device that helps clients reinforce and expand the practice of REL. Four emotionally debilitating categories (anger, self criticism, anxiety and depression) are listed on wallet – sized ECCs (Ellis, 1986). Under each category is a list of inappropriate or self-destructiv3e feelings and a parallel list of appropriate or non-defeating feelings.

Behavioral Disputation

- Behavioral disputation involves behaving in a way that is the opposite of the client's usual way.

- Sometimes behavioral disputation may take the form of bibliotherapy in which the client reads a self-help book.

- Role playing

- Completion of home assignment tasks

Confrontation and Encouragement

Two others powerful techniques are confrontation and encouragement:

- RET counselors explicitly encourage clients to abandon thought processes that are not working and try RET.

- Confrontation need not be done in the manner Ellis uses: vigorously confronting and attacking the client's beliefs. Instead a counselor may be empathetic and insistent at the same times.

Evaluation: Strengths

- The approach is clear, easily learned, and effective

- The approach can easily be combined with behavioral techniques to help clients more fully experience what they are learning

- The approach is relatively short term, usually lasting

- The approach has generated a great deal of literature and research for clients and counselors

- The approach has continued to evolve over the years as techniques have been refined.

Evaluation: Limitations

- The approach cannot be used effectively with individuals who have mental problems or limitations, such a s schizophrenics and those with severe thought disorders.

- The approach may be too closely associated with its founder, Albert Ellis. Many individuals have difficulty separating the theory from Ellis's eccentricities.

- The approach is limited if its practitioners do not combine its early cognitive base with more behavioral and emotive techniques.

LESSON 34

TRANSACTIONAL ANALYSIS

Transactional Analysis (TA), another major cognitive theory was formulated by Eric Berne in the early 1960s. The theory rose to prominence after the publication of two best-selling books:

- o **Berne's Games People Play (1964).**
- o **Thomas Harris's I'm OK – You're OK (1947).**

Eric Berne

Eric Berne was born in 1910 in Montreal, Canada, where his father was a doctor and his mother was a writer and an editor. Berne was five years older than his only sibling, a sister. He was close to his father, who died at the age of 38 when Eric was 9 years old. Berne followed in his father's footsteps, earning a medical degree from McGill University in 1935. He then completed a psychiatric residency at Yale, set up a private practice in Connecticut and New York, became a U.S. citizen, and married. During World War II, he served as an army psychiatrist in Utah, where he started practicing group therapy.

After the war, Berne settled in Camel, California, where he separated from his wife and completed his first book, *The Mind in Action* (1947), a critical survey of psychiatry and psychoanalysis. In California, he resumed the psychoanalytic training he had started before the war. Part of that training was his analysis which was supervised by Eric Erickson.

In 1956, Berne was turned down for membership in the psychoanalytic Institute. This rejection proved to be a turning point in his life. He reacted by disassociating himself from psychoanalysis and devoting his time to the development of the transactional analysis which has a psychoanalytic favor.

Formulation of TA (Dusay, 1977)

Dusay (1977) describes the formulation of TA in four phases:

- In the first phase (1955-1962), Berne developed the concept of ego states. His ideas were influenced by his clients' descriptions of behaving as a child, a parent, and an adult (the three ego status).

- In the second phase (1962-1966) he concentrated on ideas about transactions and games. Berne published the popular *Games People Play.*

- In the third phase (1966-1970), he emphasized the reasons some individuals choose to play certain games in life.

- In the fourth phase (from 1970 onward), he and his followers emphasized action and energy distribution.

View of Human Nature

Transactional Analysis is an optimistic theory. Its basic assumption is that people can change despite any unfortunate events of the past. TA is also anti-deterministic, believing that people have choices in their lives: that what was decided can be redecided at a later date.

TA focuses on four major methods of understanding and predicting human behavior:

- Structured analysis: Understanding what is happening within the individual.

- Transactional analysis: describing what happens between two or more people.

- Game analysis: understanding transactions between individuals that lead to bad feelings.

- Script analysis: understanding the life plan that an individual is following:

Structured analysis:

Ego States: An ego state is a consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behavior. Each person is considered to have three functional ego states: child, parent, and adult.

The child ego state:

The child ego state is the first to develop. It is that part of the personality characterized by childlike behaviors and feelings. The child ego state consists of two subdivisions:

- *The natural (free) child* is the part of the person that is spontaneous, impulsive, feeling oriented and often self-centered and pleasure loving.

- *The adaptive child* is the compliant part of the personality that confirms to the wishes and demands of parental figures.

The parent ego state:

The parent ego state incorporates the attitudes and behaviors (the don'ts, shoulds, and oughts) of parental figures. Outwardly, these messages are delivered through prejudice, criticism, and nurturing behavior. This ego state consists of two subdivisions:

- *The nurturing parent* is the part of the person that comforts, praises, and aids others.

- *The critical parent:* is that part of the person that finds fault, displays prejudices, disapproves, and prevents others from feelings good about themselves.
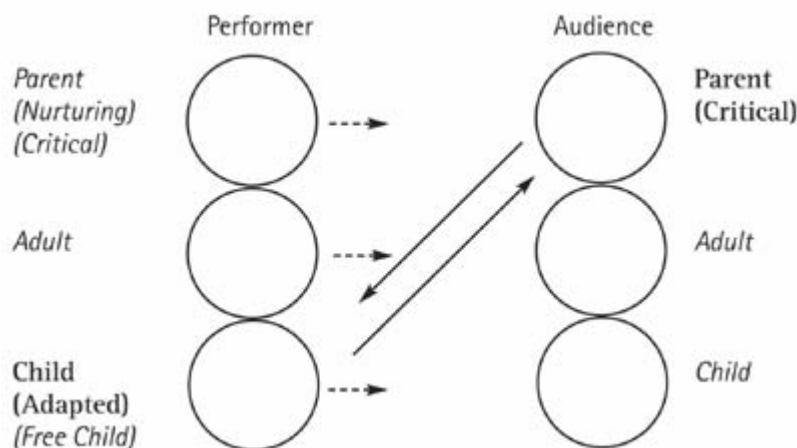

The adult ego state:

The adult ego state is not subdivided or related to a person's age. It is the objective, thinking, data-gathering part of the person. The adult ego state tests reality, much as the ego does in Freud's system.

Transactional Analysis:

Egogram

One way of assessing the ego state(s) a person most employs is through the use of egogram. An egogram will remain "fixed" unless individual decides to invest energy in using another ego state.
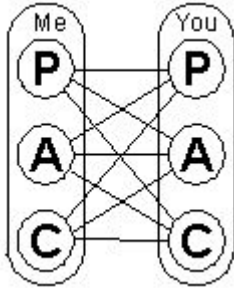
Transactions may occur on one of three levels:

Complementary transaction

- In a complementary transaction, both persons are operating either from the same ego state (for example, child to child; adult to adult) or from complementary ego states (parent to child; adult to parent). Responses are predictable and appropriate.

  Examples:

  An adult – to – adult transaction might look like this:

  Person 1: What time is it?

  Person II: It is 7 o'clock

- *A child – to-child transaction would involve more playfulness:*
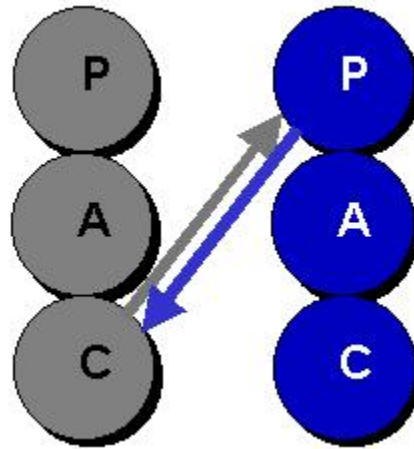
  Person I: let's go play with Shoib

  Person II: Yes, We could have lots of fun with him!

- *A parent –to – parent transaction, however, would be more nurturing or critical*

  Person I: You never do anything right

  Person II: that's because you're always finding fault with my work

Crossed Transactions

- In crossed transactions, an inappropriate ego state is activated, producing an unexpected response. Crossed Transactions hurt.

An ulterior transaction

- An ulterior transaction is one in which two ego states operate simultaneously and one message disguises the other.

  Person I: can you help me' carry these bags? They must weigh.

  Person II: Those bags weigh approximately twenty pounds, and you are capable of carrying them.

Game Analysis

- Games are ulteriorly motivated transactions that appear complementary on the surface but end in bad feelings. Games keep people safe from exposing their thoughts and feelings.

- There are first-degree, second-degree, and third-degree games; and all have predictable ends.

  o First-degree games are played in social circles with anyone who is willing to participate.

  o A second-degree game occur when the players go after bigger stakes, usually in more intimate circles, and end up with bad feelings.

  o A third-degree game usually involves tissue damage; and the players end up in jail, the hospital, or the morgue.

- Individuals playing games operate from one of 3 positions: Victim, Persecutor, & rescuer. To keep games going there is often a switch-off where people assume new roles.

- In the long run, however, game players are losers because they avoid meaningful and healthy human interactions.

Script Analysis

Life scripts are based on interpretations of external events and determine how one interacts with others.

- *Permissions* and *injunctions refer to* positive and negative messages to a child. Positive messages (*Permissions*) do not limit people in any way but negative (*injunctions)* may become destructive scripts, unless a person makes conscious efforts to overcome them. Many parental injunctions refers to don'ts, shoulds, ought not, etc.

Role of the Counselor

- TA treatment assigns the counselor the initial role of being a teacher. He or she must explain to the client the language and concepts of TA, a new way of thinking about self.

- After this is accomplished, the counselor contracts with the client for specific changes and helps the person achieve them.

- Diagnosis based on DSM-IV categories is not stressed.

Goals

- Primary goals of TA focus on helping clients transform themselves from "frogs" into "princes and princesses".

- It is not enough that persons learn to adjust, as in psychoanalysis. Instead, the emphasis is on attaining health and autonomy.

- Counselors help their clients identify and restore distorted or damaged ego states.

- A major emphasis of TA is on learning about the self in order to decide who one wishes to become.

Techniques

- *Treatment contract:* a specific, concrete contract that emphasizes agreed upon responsibilities for both counselors and clients.

- *Interrogation:* speaking to a client's adult state until the counselor receives an adult response.

- *Explanation:* occurs on an adult-to-adult ego state level. The counselor teaches the client about some aspects of TA.

- *Illustration:* Enlightens the client or elaborates a point.

- *Confirmation:* Used when previously modified behavior occurs again and the counselor points this out to the client.

- *Interpretation:* involves the counselor's explanation to the child ego state of the client the reasons for the client's behavior.

- *Crystallization:* Consists of an adult-to-adult transaction in which the client comes to an awareness that individual game playing may be given up if so desired.

- *Confrontation:* involves the counselor's pointing out inconsistencies in the client's behavior or speech.

- Almost all the techniques in TA involve some combination of questioning confrontation and dialogue. The following are among the questions most frequently asked by TA counselors.

    o What are the nicest and worst things your parents ever said to you?

    o What is your earliest memory?

    o What is the family story about your birth?

    o What is your favorite fairy tale, story, or songs?

    o How would you describe your mother and father?

    o How long do you expect to live?

Evaluation: Strengths

- The approach uses terms that are easily understood and clearly defined.

- The approach is easily and collectively combined with other more action-oriented approaches.

- The approach puts the responsibility of change on the client.

- The approach is goal-directed.

Weaknesses

- The approach has been criticized for its primary cognitive orientation.

- The approach is criticized for its simplicity, structure, and popularity.

- The research behind the approach is relatively weak.

- The approach has not developed much since Berne's death in 1970.

LESSON 35
BEHAVIORAL APPROACHES

Overview of Behavioral Approaches
- Behavioral refers to a wide range of ideas, practices, and theories. On one end are radical behaviorists, focusing predominantly on learning principles and avoiding any mentalist concepts, such as thoughts. On the other end are cognitive behavior theorists, like Meichenbaum, who emphasized mental processes in behavior. He maintained that people who act abnormally either failed to learn the skills they need to cope with the problems of everyday living.
- Behavioral approaches are designed to change unwanted or maladaptive behavior through the application of basic learning principals. Behavioral approaches maintain that both abnormal and normal behaviors are learned. Good behavior is maintained by reinforcement and unwanted behavior can be eliminated by punishment. Behavior treatment approaches are based on these principles.
- Cognitive behavioral approaches maintain that behavior and perception play a reciprocal role in the process of change.
- Cognitive behavioral approaches form a bridge between counselors who exclusively focus on either cognitive or behavioral changes.

Brief Background
- *Case of Albert* (Watson & Raynor, 1920): In its infancy, behaviorism was advocated by Dr J.B.Watson who advocated the use of observation for scientific study of human life. It was followed by the experiments that human emotions can be conditioned and generalized. The case of young Albert and laboratory rat was used to demonstrate that phobias are developed by associations. That may serve as the basis for the development of neurosis.
- *Case of Peter* (Mary Cover Jones, 1924): Mary Jones maintained that the same principles can be employed to unlearn fears, and counterconditioning is possible to overcome phobias. This unlearning of fear by counterconditioning was demonstrated on Peter, a 3- year old.
- The idea of reciprocal inhibition was presented by Joseph Wolpe (1958) that if people are relaxed then this relaxation can be used to inhibit anxiety. Wolpe presented the concept of systematic desensitization.
- Became prominent during 1940s and 50s. In 1950s behavioral approach was used for resolving client's problems and was developed as a systematic psychological endeavor. Various researchers, like skinner, Bandura, etc. played a dominant role in its development.
- It was recognized as an alternative treatment approach in the 1960's.
- Results of animal experiments were used to employ the same experiments with humans for reducing anxiety in South Africa (Wolpe & Lazarus) and in Maudsley Hospital, London (Eysenck).
- John Krumboltz (1966) is credited with popularizing behaviorism in counseling. Krumboltz drew upon Bandura's earlier work and in doing so revolutionalized the counseling profession. In general, behaviorists believe that learning and development occur in one of three ways:

By the 1980s, behavioral approaches had generally split into three main categories:
- Classical/ respondent learning
- Operant conditioning
- Social modeling

Cognitive-behavioral approaches also emerged in the 1980s

Suitable Clients for cognitive behavior approaches
According to Kormier and Hackney (1993), the suitable clients for cognitive behavioral approaches are:
- Predominantly goal-oriented with a need for achievement and results
- Action-oriented with a need to do something

- Interested in changing either a discrete response or a limited number of behaviors

Respondent Learning
- Pavlov's classical conditioning is the best example of respondent learning, which occurs due to association between two stimuli.
- *"Psychotherapy by Reciprocal Inhibition"* by Joseph Wolpe in 1958 introduced systematic desensitization. A new response, opposite to feared object, is attached with the feared stimulus.
- In respondent learning, a person does not have to be an active participant and learning occurs due to an association between two stimuli. This refers to conditioning of involuntary responses. This idea is consistent with the original concept of behaviorism -application of S-R psychology. Several other important behaviorists worked further to propagate these ideas, e.g., Guthrie, Hull, Moreover, Miller, etc. Phobias, aversion are created in this way. Same principles of association are applied for unlearning and learning fears.

Figure 1, given below, illustrates Pavlov's famous conditioning experiments on dogs:
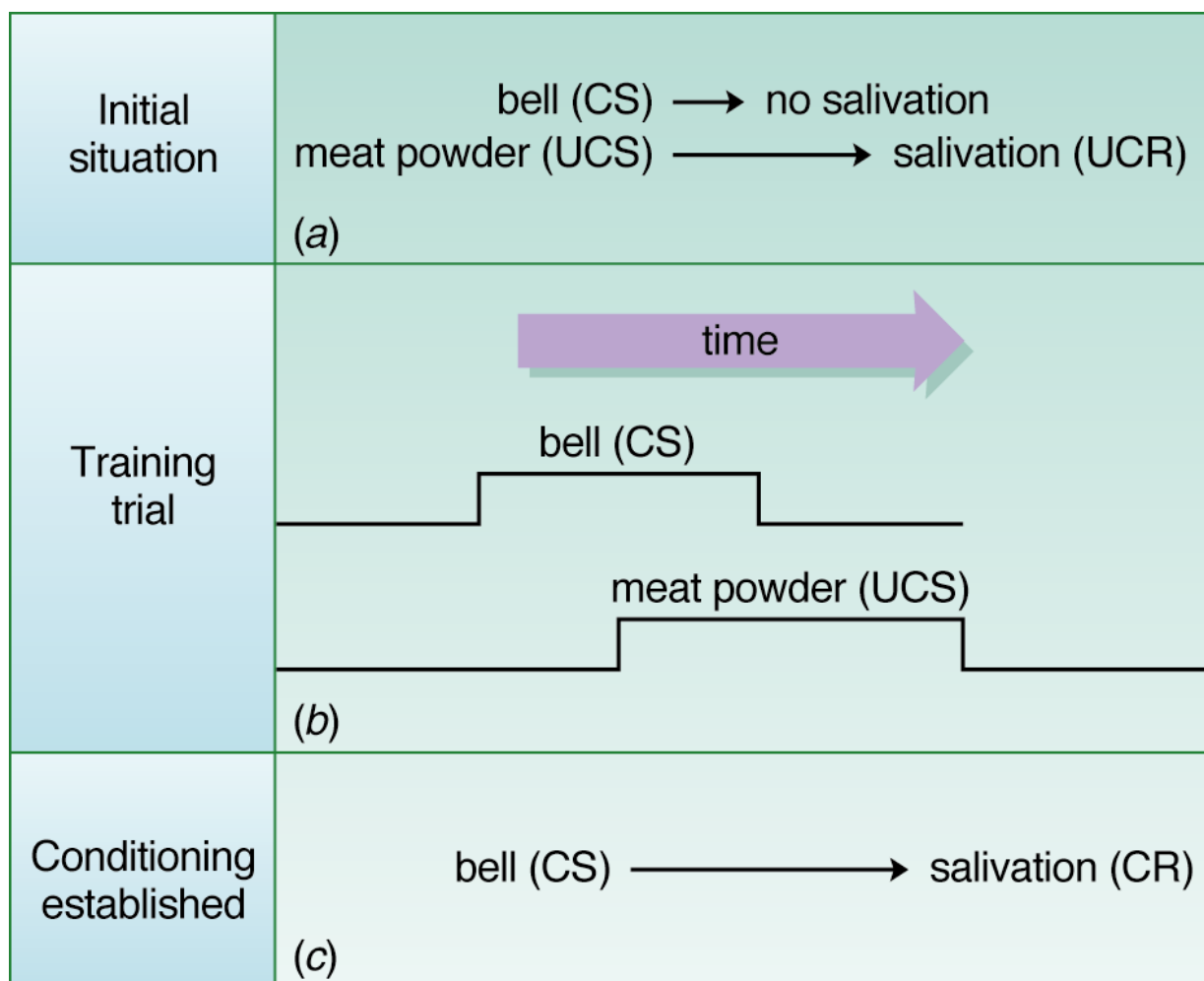
Operant conditioning
- Based on the assumption that voluntary behaviors are influenced by consequences.
- Skinner (1953) criticized psychoanalysis as involving "explanatory fictions" and treating behaviors as symptoms instead of behaviors.
- He suggested for a need of applied behavior analysis, soon after Journal of Applied Behavior Analysis started in 1968.

- Operant conditioning is consistent with radical behaviorism that with the exception of genetic influence, behavior is controlled by environmental events. This viewpoint maintained that thoughts do not have a causal effect on behavior. However, contrary to classical conditioning, it emphasizes the individual, and conditioning is of voluntary responses.
- The basic idea is to reinforce the desired behaviors and withhold reinforcement for, or punish, undesired behaviors.
- By using operant conditioning principles of reward and punishment, retarded children are taught to care for selves. Similarly schizophrenics have been helped to behave more rationally.
- The significance of rewards/reinforcers varies for different people and different ages. The following may serve as reinforcers:
  - Attention and praise
  - Token economy (people can exchange tokens for rewards)
  - Food items
  - Money

In normal life, people will repeat behavior that brings recognition, fame, praise, or meets physical needs.

Social Learning Theory
- This approach which maintains that people acquire new knowledge by observing others is based on classical, operant and cognitive principles.
- Modeling involves learning by watching and imitating the behaviors of others.
- Emphasizes the self-regulation of behavior and deemphasizes the importance of external reinforcers.
- This approach maintains that some responses are determined by paired experiences, others are influenced by environmental consequences, whereas cognitive mediation guides the acquisition and regulation of behavior. Hence it is possible that even without engaging in that behavior, it can still be learned.
- Bandura (1977) indicates in *Principles of Behavior Modification* that people are more likely to learn from and imitate the similar models. Moreover, behaviors from symbolic models (as shown in films, commercials, books, etc.) are also learned.

Distinguishing Features
- Interchangeable terms or synonyms are observational learning, vicarious learning, and imitation.
- Incorporates principles from classical conditioning, operant conditioning, and cognitive behavior.
- The major advantage of social and observational learning is that behaviors are learned in less time and thus one is able to save time, energy and efforts.
- The approach maintains that learning is neither only driven by internal forces, nor is just passively reacting to the world. In fact, both the agent and object influence the environment and learning can occur in the absence of reinforcers.
- It has practical implications, for example, dysfunctional behavior is also learned through modeling; children learn about aggression watching aggressive models.

For observational learning to take place, one:
- must attend to the model
- must retain the information
- must perform the modeled behavior

View of Human Nature
Despite the great diversity of thought among behaviorists, certain characteristics can be identified as basic to the overall approach.

These common characteristics are basic to overall behavioral approach (Rimm & Cunningham, 1985):
- Concentrate on behavioral processes

- Emphasis is on "here and now" rather than "then and there"
- All behavior is learned
- Learning can be effective in changing maladaptive behavior
- Focus on setting-up well-defined counseling goals
- Importance of obtaining empirical evidence & scientific support

Role of the Counselor
- The client learns, relearn, unlearn, and in this procedure counselor has to act as a teacher. May even instruct or supervise support people. Counselor functions as a consultant, teacher, adviser, reinforcer, and facilitator.
- Social learning counselor serves as a model, while counselor with operant and respondent learning approach acts like a teacher.
- Rarely will use paper and pencil tests, most employ client assessment devices measuring behavior and action. Often describe their clients according to DSM-IV for categorizing people according to the behaviors they display many of which are listed in DSM-IV.

Goals
The goals of behavioral approaches are similar to other approaches - making people more adjusted by eliminating maladaptive behavior. The following are main goals of behavioral approaches:
- To modify or eliminate the maladaptive behaviors
- To help them acquire healthy, constructive ways of acting
- To replace unproductive actions with productive ways of responding

Steps in Achieving Goal
Blackham and Siberman (1971) suggested the following steps in the achievement of goals given above.
- Define a problem
- Take a developmental history
- Establish specific goals
- Determine the best methods for change

LESSON 36

BEHAVIORAL APPROACHES

Techniques: General Behavioral Techniques

The general behavioral techniques are based on skinner's operant conditioning.

- **Use of reinforcers:**
  - *Positive and negative reinforcers:*

    Positive Reinforcement: behaviors followed by pleasant stimuli are strengthened; one of the main uses of positive reinforcement is the token economy, used often in institutional settings. Positive reinforcements used in everyday life are social recognition, money, and food.

    Negative Reinforcement: positive behavior is increased to remove/ avoid aversive stimuli.

  - *Primary and secondary reinforcers*

    Primary reinforcer is valued intrinsically, such as food, while secondary is one the value of which is associated with a primary reinforcer like tokens exchangeable for food, or social recognition, etc.

- **Schedules of reinforcement:** Reinforcement can be regular or irregular. Similarly, reinforcement can be after some time or after particular number of responses. The following are different forms of reinforcements:
  - Ratio
    - ❖ Fixed and variable ratio
  - Interval
    - ❖ Fixed and variable interval

- **Shaping:**
  - Behavior can be shaped and learned using method of successive approximations, breaking the target behavior into manageable units. Reward is a series of responses that approximate the final response. It is accomplished through actual practice or focused imagery. Another term used is chaining which refers to the specific response sequence - what follows what and how?

- **Generalization:**
  - Display of behaviors in environments outside where they were originally learned. It includes 1. Home work assignments and 2. Training significant others.

- **Maintenance:**
  - Defined as being consistent in doing the actions desired without depending on anyone else for support. Emphasis is placed on:
    - Increasing a client's self-control and self-management.
    - Self-monitoring through self observation and recording, e.g., self-monitoring to manage weight gain, and monitoring calorie intake.

- **Extinction:**
  - Elimination of a behavior because of a withdrawal of its reinforcement

- **Punishment:**
  - Presentation of an aversive stimulus to a situation in order to suppress or eliminate an undesirable behavior. The behaviors that terminate a negative stimulus are strengthened; the use of punishment is effective in eliminating inappropriate or dangerous behaviors, such as self-injurious behavior in autistic children.

Influence of Behavioral Consequences on Behavior

Target	Pleasurable Stimulus	Aversive Stimulus
Increase rate/strength of response	Positive reinforcement	Negative Reinforcement
Decrease rate/strength of response	Extinction	Punishment

Specific Behavioral Techniques

**Behavioral rehearsal/ social skills training**

- o It was not a new concept, used previously by Moreno (1947) and Kelly's fixed role therapy (1955).

- o Practicing a desired behavior until it is performed the way a client wishes.

- o The Technique has 4 steps (Goldfield & Davison, 1994):

    - o Prepare the patient

    - o Selection of target situation

    - o A hierarchy of role playing:

    - o Through shaping and positive reinforcement, client gradually improves social skills.

    - o Actual behavioral rehearsal: Therapist and client practice difficult social interactions, for example, job interviews, asking for a favour, saying 'NO'. Clients learn to be more outgoing or assertive in social settings.

Systematic Desensitization

- • Mary Cover Jones (1924) is a pioneer in paired association. Pairing gradual exposure to an anxiety-provoking situation with relaxation is the idea provided by reciprocal inhibition. Using these principles, Mary Jones associated the fear-evoking rabbit with pleasurable, relaxed responses associated with eating.

- • Joseph Wolpe's (1958, 1982) refined Jones technique and introduced progressive relaxation. You cannot simultaneously be anxious and relaxed; therefore if you can repeatedly relax when facing anxiety-provoking stimuli, you can eliminate anxiety. Gradually is the key.

Progressive relaxation:

- o A relaxation response is repeatedly paired with a stimulus that evokes anxiety in the hope that the anxiety will be alleviated.

- o Client relaxes while thinking about increasingly more threatening images of phobic object.

Example1: Systematic Desensitization
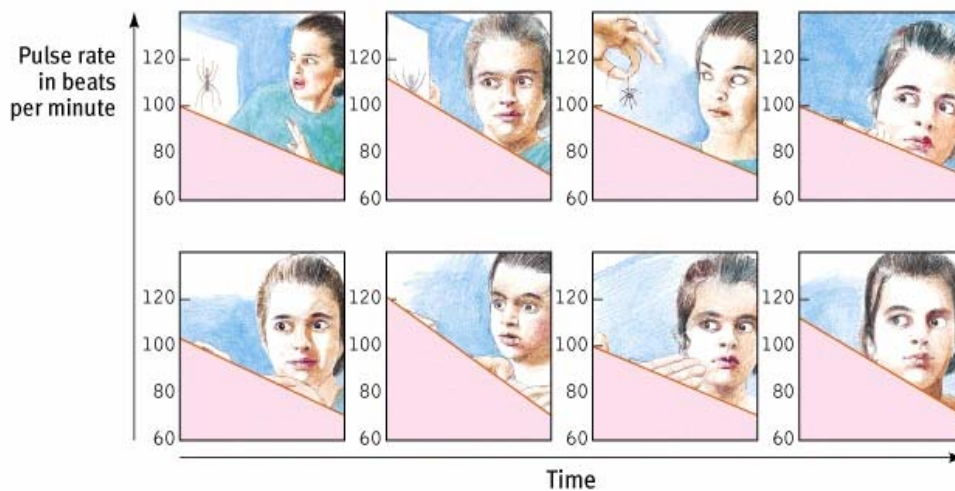
(Source: Myers, Psychology, 7th Edition)

**Example 2: Systematic Desensitization**
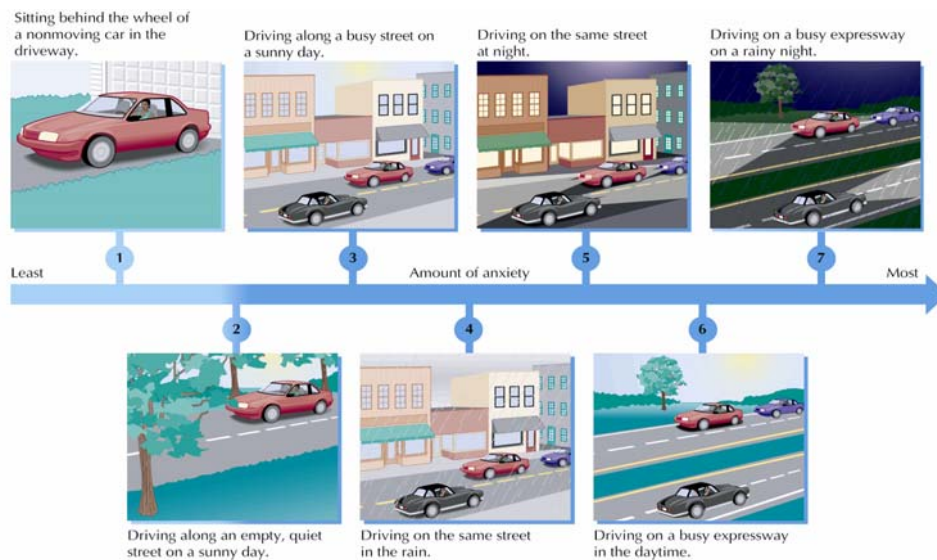
(Source: Huffman/ Vernoy/ Vernoy, Psychology in Action, 5th Edition)

Implosion & Flooding

- Implosive technique first introduced by Thomas Stamfl.
    - Desensitizing a client by exposing to a situation with direct consequences.
- In flooding anxiety producing scene/ situation does not have dire consequences. Flooding forces persons to confront fears.

Biofeedback & Tension Headaches

- Sensors on the head detect muscle activity.

- System converts signal to visual display.

- Patient watches the display, tries to reduce tension signal.
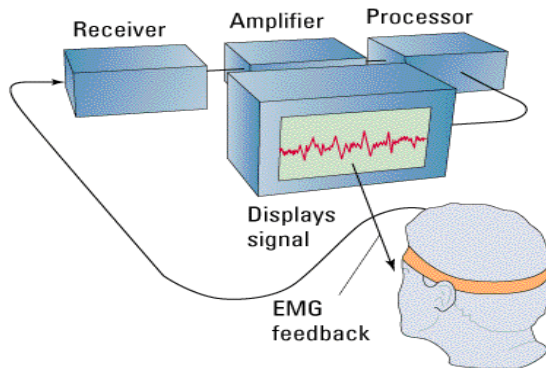
(Source: Kassin, 2001)

- **Assertiveness training:**

  A person shall be free to express feelings. Techniques consist on counter conditioning anxiety and reinforcing assertiveness. Assertiveness training uses both operant conditioning and modeling principles.

- **Contingency contracts**

  It refers to spelling out the behaviors to be performed, changed, or discontinued. Usually it is performed with children, and the contract is written in a quasi-formal document.

- **Environmental planning:**

  To overcome anxiety in particular situations, environmental planning is done. For example, the most anxiety provoking situations may be avoided if it does not create any problem in client's adjustment to normal life situations.

Aversive Techniques

These techniques are the reverse of systematic desensitization. The idea is to associate unpleasant feelings with unwanted behavior

Examples:

  o Quit biting fingernails by placing in nasty tasting solution.

  o Show a pedophile picture of a child while delivering a shock.

These techniques have negative emotional effects. That is why they are not very much recommended to apply. A few aversive techniques are described below:

- ***Time-out***

  Separating from the opportunity of pleasure.

- ***Overcorrection***

  By making something better than normal

- ***Covert sensitization***

  An undesirable behavior is eliminated by associating with unpleasant stimulus.

  Aversive Conditioning: classically conditioned people react with aversion to alcohol, etc.

Aversion Therapy for Alcoholism

The procedure is straightforward classical conditioning. Figure given below illustrates the use of aversive approach to treat alcoholism. Alcohol is paired with a chemical that causes nausea and vomiting.
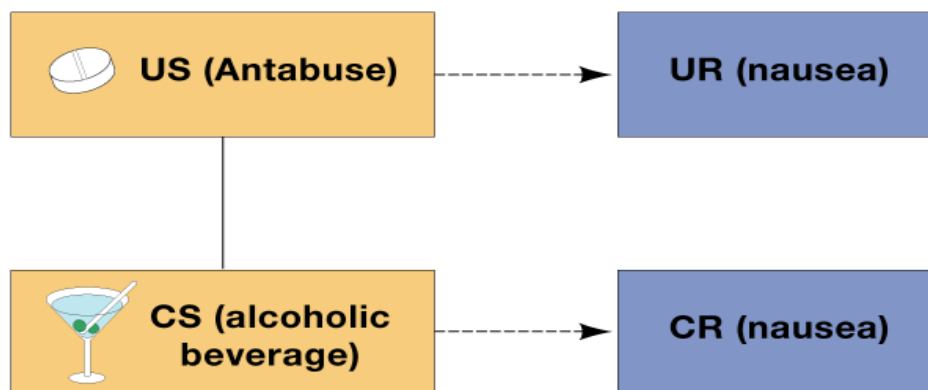
(Source: Davis & Palladino, 1997)

Cognitive Behavioral Techniques

- o It originated in 1970 and 1980s. Cognitive restructuring is done, taught to identify self-defeating thoughts. An attempt is made to modify the way one thinks.

- o Stress Inoculation: It is a preventive technique where coping skills are taught to handle stress. Three stages are important for stress inoculation:

  - Understand nature of stress and coping

  - Teaching coping skills

  - Practice

- o Thought stopping: To progress from outside to inner control; also teaches to replace with positive thoughts.

LESSON 37

REALITY THERAPY

Behavioral Approaches (Link to previous lecture)

Evaluation: Strengths

- *Effectiveness*: This approach has variety of techniques effective to deal with various problems.

- *Efficiency*: The technique is shorter, and also requires less training on the part of the administrator.

- *Empirically supported techniques*

- *Breadth of application*: Behavioral approaches are effective for different types of patients, and applicable to different situations. For Example, it is used effectively with ADHD, conduct disorder, eating disorders, substance abuse, phobia, impulse control, psychosexual dysfunction, etc.

Critics of Behavior Modification

The approach is criticized to be dehumanizing and overly controlling. One question is often raised whether it is ethical for one human to control another's behavior?

- Reinforcement and real life?

  Another question is that what happens when the reinforcers stop, for example, when the person leaves the mental hospital or clinic? The person may become so dependent on extrinsic rewards that the appropriate behaviors quickly disappear.

- Does not deal with the total person.

  The approach does not promote any inner growth; just relieves symptoms or provides a few skills. Also it is not beneficial for nonspecific or existential problems.

- Best demonstrated only under controlled conditions.

- Does not consider developmental stages:

  Skinner and others believe that acquisition of learning has universal characteristics, and do not pay much attention to developmental stages.

REALITY THERAPY

What is Reality Therapy?

- Reality Therapy is a relatively new counseling theory that emphasizes change, people can make in their actions and thoughts.

- It has a phenomenological base and an existential heart, which maintains that people's inner words will determine what behaviors they choose.

- It is action oriented, concrete, didactic, directive, behavioral and cognitive.

- Overall, reality therapy emphasizes the fulfillment of psychological needs and is preventive in nature.

- Developed by Dr. William Glasser in 1965.

William Glasser

- William Glasser was born in Cleveland, Ohio, USA, in 1925; the third and youngest child in a close-knit family. He played the band, and had a strong interest in sports.

- He finished work for a Master's degree in 1948, but his doctoral dissertation was rejected. He then entered medical school at Western Reserve University, graduating with a medical degree in 1953.

- After obtaining a medical degree, he finished his psychiatric residency from UCLA, USA, in 1957.

- He had doubts about psychoanalysis. His faculty supervisor Harrington helped him develop some concepts of reality therapy. In the 1960s he began to formalize his approach to counseling. He indicates that "conventional psychiatry wastes too much arguing over how many diagnoses can dance at the end of a case history".

- Glasser's first book, *Mental Health or Mental Illness?* (1961), continued many of the ideas that were later more formally expressed in *Reality Therapy: A New Approach to Psychiatry (1965).*

- Shortly after the publication of *Reality Therapy*, Glasser founded the institute of Reality Therapy in Canoga Park, California.

- He applied reality therapy to various areas, as propagated many of his books given below:

    o Schools Without Failure (1969)

    o The Identity Society (1972)

    o Positive Addiction (1976): he asserted that individuals can become stronger instead of weaker from so-called addictive habits. Two examples of habits that improve physical and mental health are jogging and meditation.

    o Control Theory (1984) which argues that all behavior is generated from inside persons. Two of Glasser's more recent books, *Stations of the Mind (1981)* and *Control Theory: A New Explanation of How We Control Our Lives* (1984), reflect his theoretical stance and emphasizes how the brain influences our perceptions.

View of Human Nature

- A major tenet of reality therapy is its focus on consciousness: human beings operate on a conscious level; they are not driven by unconscious forces or instincts.

- A second belief about human nature is that there is a health/growth force within everyone which is manifested on two levels:

    o *Physical* Orientation

      There is need to obtain life-sustaining necessities such as food, water, and shelter and use them. According to Glasser, human behavior was once controlled by physical needs for survival, such as breathing, sweating, digesting, etc. Survival is associated with old brain, because it is automatically controlled by body.

    o *Psychological Orientation*:

      ❖ Belonging: the need for friends, family and love.

      ❖ Power: the need for self-esteem, recognition and competition.

      ❖ Freedom: the need to make choices and decisions.

      ❖ Fun: the need for play, laughter, learning and recreation.

- An Associated need is of *Identity:* i.e., the development of a healthy sense of self. Identity needs are met by being accepted as a person by others. Especially important in this process is experiencing love and worth. When this happens, people achieve a *Success identity;* those whose needs are not met establish a failure identity, a maladjusted personality characterized by a lack of confidence and a tendency to give up easily. Because "almost everyone is personally engaged in a search for acceptance as a person rather than as a performer of a task," personal identity precedes performance. Failure identity develops in a child if:

    o The child does not get love, support, and guidance during 2-5 years of age.

- o   There are problems in learning and relating during 5-10 years of age.

- It presents an optimistic view of human nature that learning is a life-long process.

- Control theory: people have mental images of their needs and behave accordingly. Personal actions are based on perceptions. Human beings create behaviors, including mentally disturbing ones like hallucinations, to satisfy internal pictures (perceptions).

Role of the Counselor

- The counselor primarily serves as a teacher and model, accepting the client in a warm involved way while focusing him or her on the control of displayed thoughts and actions. The counselor increases focus by using 'ing' verbs like bullying, arguing, angering to describe thoughts and actions.

- There is an emphasis on choice- on what the client chooses to do. It indicates that behavior is linked with feeling and physiology that is why other positive changes also become possible at the same time.

- Counselor-client focus is on the areas of change and making desires a reality.

- It emphasizes positive constructive actions in bringing change.

- There is a little attempt in reality therapy to test, diagnose, interpret, or otherwise analyze client's action except to ask questions, e.g., what are you doing now? Is it working?

- Do not concentrate on early childhood experiences, clients insightful of them, unconscious, blame, etc.

Goals

- To help clients become psychologically healthy and rational. Become autonomous and responsible.

- To help clients clarify what they want in life, and to be aware of life goals. Poor mental health is sometime the outcome of not knowing how to achieve goals. The counselor thus helps the client finding out alternatives.

Willingness of the counselor to express faith in the client's ability to change

- Six criteria to judge a healthy behavior:
  - o   Behavior is competitive
  - o   Easily completed
  - o   Can be done by oneself
  - o   Has value for the person
  - o   Improvement in life-style by the practice of behavior
  - o   Person can practice the behavior without becoming self-critical

- To help the client formulate a realistic plan to achieve personal needs.

- To have the counselor become involved with the client in a meaningful relationship.

- To focus on the behavior and present.

- Aims to eliminate punishment and excuses from the client's life. The client should not be punished for failure by either the counselor or other people.

Techniques

This approach uses Action oriented techniques as described below:

- Teaching

"The specialized learning situation ….is made up of 3 separate but interwoven situations:

  o Involvement between client and counselor.

  o Counselor rejects the unrealistic behavior without rejecting the person.

  o The counselor teaches the client better ways to fulfill needs within the confines of reality.

- Posititiveness: the counselor talks about, focuses on, and reinforces positive and constructive planning and behavior.

- Employing humor

- Confrontation: Asking or confronting about a behavior as a way of helping the client accept responsibility.

- Role playing: role-playing past or future behavior.

- Feedback: The counselor provides feedback on client's behavior.

Application of Reality Therapy

The WDEP System

The focus of the therapy is on what do the clients want, what they have been doing, evaluation of the helplessness of their behavior, and then planning their future behavior.

- W: What do you want

- D: Will this choice get you in the right direction? What you have been doing?

- E: Self-Evaluation

- P: Planning

Steps Incorporating Goals & Techniques

- Establishing a relationship

- Focusing on present behavior

- Client evaluation of his/her behavior

- Developing a contract or plan of action

- Getting a commitment from the client

- Not accepting excuses

- Allowing reasonable consequences without punish

- Refusing to give up on the client

Strengths

- A real working model for different problems, populations, and settings, e.g., for troubled adolescents, victims of abuse, drug addicts, etc. It has been pointed out that "it is crucial for group counselors who work in school settings to create a trusting climate within their groups (Corey, 2004)."

- Accountability and concrete outcomes.

- Emphasizes short-term treatment.

- Promotes responsibility and freedom within individuals without blame or an attempt to restructure the entire personality.

- The approach addresses the resolution of conflict:
  - Conflict occurs on 2 levels: on true level it develops over interpersonal disagreements (no single solution); on false level it can be changed, like weight loss.

Limitations

- Too much emphasis on here and now

- Simplistic and Superficial

- Ignores biology as a factor in mental illness

- Does not deal with the full complexity of human life

- Depends on two-way communication or establishment of a good client-counselor relationship

- Approach keeps changing its focus

Skill Enhancement Activity

- Decide on specific changes you want in your life.

- You are held responsible for implementing these changes -Take ownership!

LESSON 38

GROUPS IN COUNSELING

Specialties in the Practice of Counseling

This lecture and the next ones are linked with the fourth part of the course: Specialties in the practice of counseling. Professional counselors work in many different settings and ways. Because of interest, background, and educational qualifications, many counselors choose to focus on specific populations. Some counselors have more general domains and they see clients who have a wide range of problems. Before starting the first lecture in this part of the course, we will see how different counselors with behavioral, cognitive behavioral, and transactional analysis background will deal with Farzana's (case described earlier) problems, and which techniques will be employed:

Case of Farzana

Behavioral Perspective/Techniques

- Relaxation training

- Behavioral rehearsal and role playing

- Sensible eating habits

- Homework assignments

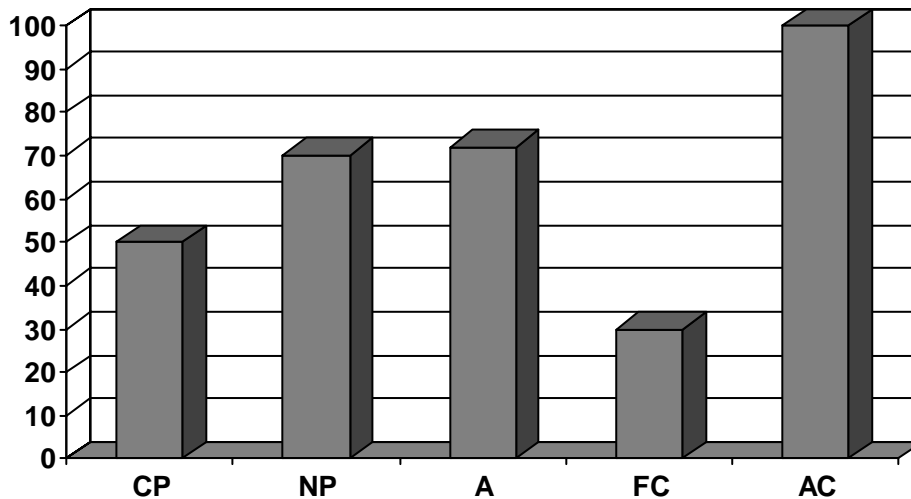- Imagery

- Psycho-educational adjuncts

REBT Perspective/Techniques

- Dispute her irrational "musts".

- Do RE Imagery

- Do some shame attacking exercises

- Acceptance from the counselor

- Role playing

- Create rational coping statements

Transactional Analysis Perspective

Figure 1

Farzana's Egogram

The diagram illustrated above indicates that Farzana is very low in free child, and is very high in adapted child. Similarly, she is low in critical parent, while is average in nurturing parent and adult. The treatment will focus on enhancing her adult ego state.

SPECIALTIES IN THE PRACTICE OF COUNSELING
GROUPS IN COUNSELING

The Place of Groups in Counseling

Everyone typically spends some time in group activities each day. Counselors who limit their competencies to individual counseling limit their options for helping.

- A group is defined as two or more people interacting together to achieve a goal for their mutual benefits.

- Groups differ in purpose, composition and length but they all involve "*work*".
    - Work is described as "the dynamic interaction between collections of individuals for prevention or remediation of difficulties or for the enhancement of personal growth/enrichment" (Gadza, 1989).

- When, where and with whom to use groups?
    - Groups are not effective with diverse groups in status and seniority. It is wise to take groups with common concerns.
    - It is appropriate to conduct groups in a quiet uninterrupted setting. A safe environment is required to express emotion and sufficient engagement and feedback for reality testing, which refers to examining incident with other members, recognizing inappropriate interpersonal feelings/behaviors and facilitation of the individual's ability to interact with others more honestly and deeply.
    - Groups can be effectively used with students, women, people with physical health problems, adolescents, drug addicts, etc.

Major benefits

Major benefits include economy, time consumption, support and encouragement, new outlooks, insight from others.

- Group approach attempts to change maladaptive beliefs and behaviors through feedback from others; interpersonal nature can offer social skills.

- Major advantage is economy, and less time consumption especially in time limited group treatments. For therapist group therapy is second option of treatment but it takes less time for many similar clients.

Limitations

- People sometime find it difficult to self-disclose in groups, hence they may not be suitable for everyone. In case of personal problems, sometime there is an issue of self-disclosure.

- Sometime groupthink, in which stereotypical, defensive and stale thought process can become the norm, can exert bad effects on group interactions.

- Those who have not gone through developmental stages properly may be involved in scapegoating, projecting, etc.

- It is difficult to find appropriate time for all participants

.

A Brief History

Group methods have now achieved considerably more visibility and respectability, but in early 20th century this was not the case.

- J.L.Moreno was pioneer in Vienna in early 1900s and in 1925 introduced psychodrama to U.S.A. and used the term group therapy.

- After World War II group methods became popular developed to deal with overload of work.

Role of the Counselor

- *Creation and maintenance of the group*: patient selection is the key. Interpersonally oriented intake interview can help in selection of the group. The counselor needs to think whether a heterogeneous or homogeneous group will be taken.

- *Culture Building*: The therapist must establish norms that will guide the interaction of the group.

  Use techniques that are maximally conducive to interactions.

- *Activating and processing the here-and-now*: The primary task of the counselor is to help members attend to and discuss interpersonal dynamics as they occur in the group. It consists on two parts:

  o *Experiencing*: members live in the here and now; immediate behaviors and experiences are addressed.

  o *Illumination of Process*: the group must recognize, examine and understand the nature of the relationship between interacting individuals. The role of the counselor is to help members reflect back on and learn from interactions they have in the group.

- The counselor *examines the group interaction,* how was a comment delivered, what was the timing of the remark, or context of discussion when the comment was made? The counselor also observes individual patients and the group as a whole.

Types of Groups

A number of group models are appropriate for a wide variety of situations

- *Guidance/ Psycho-educational groups:*

  These groups are usually effective for potential threats like AIDS, a developmental life event (such as growing old), or an immediate life-crisis. They are often employed in educational setting. In schools puppets and stories are used, whereas in adults, age-appropriate means are adopted for effective outcomes.

- *Counseling/Interpersonal problem-solving groups:*

  Resolve the usual yet often difficult problems of living.

- *Psychotherapy/ Personality reconstruction groups*

  To help remediate in-depth psychological problems.

- *Task/ Work groups*
  - To improve practices
  - To accomplish identified work goals, like task forces, committees, discussion groups, and study circles.

Traditional & Historical Groups

These were developed before groups were classified as they are today.

- **T-Groups**

  T refers to training. First T-group was conducted at the National Training Laboratories in Bethel, Maine, in 1947. Kurt Lewin' ideas about group dynamics formed the basis of T-groups. The primary focus is on task accomplishments to enhacing interpersonal interactions. These groups are similar to family system approach.

- **Encounter Groups:**

  Encounter groups focus on growth of the individual group members rather than the group itself. Primary emphasis is on individual expression and recognition of affect.

- **Group Marathon:**

  The concept of marathon group was developed by Stoller and Batch in 1960. It is an extended one-session group experience to reduce defenses. They have been used effectively with substance abused people. Its duration can be to 24 hour.

- **Psychodrama:**

  Its role playing was developed by Moreno (1946, 1959). Moreno argued that it is far more therapeutic by bringing about a degree of emotional relief (catharsis) and self-understanding. It basically involves the client as actor, counselor as director, auxiliary egos (other patients) and audience (other counselors or other people present there).s

- **Self-help/ Support Groups:**

  Self help groups have grown in prominence since the 1970s. The primary focus is on a single problem; usually is led by a layperson who has little formal group training but who has experienced stress. Support group is similar to self help group but is organized by a professional helping organization, like Alcoholics Anonymous, Weight Watchers, etc. Some support groups charge fees some do not.

LESSON 39

GROUPS IN COUNSELING

Theoretical Approaches

Psychoanalytic Group Counseling

- Members of group often free associate to each other without therapist, report dreams analyze resistance and transference of feelings towards therapist and other group members. Gives improved levels of self-expression and to the development of heightened social skills.

- Focus is still on free association, transference of resistance and working through.

- The experience gives deeper analytic experience as individual learns anxiety tolerance in group.

- Wolf's groups consist of eight to ten members (equal males and female) met for ninety minutes thrice a week.

- Counselor tells the clients that it's a problem of self understanding, learning what unconscious motives excite us to behave.

- Goals of counseling are increased satisfaction with one's self and greater improvement in social behavior.

- Finally one may experience all sorts of positive and negative attitudes about one another. Authority and intimacy may develop within a group.

Transactional Analysis

- Goal of TA therapy is to help people to relate to others as adults.

- Developed by Eric Berne (1961)

- Different aspects of group members' interactions are analyzed in TA.

- Analysis focus is on three chief ego states within each person: Child, Adult, and Parent. People sometimes try to act toward others as if they are that person's parent or child, which creates problems in human interactions.

- Other aspect of emphasis is games.

- TA is swift-moving, action oriented approach.

Humanistic Groups

Sensitivity groups and encounter groups are two types of group therapy derived from the humanistic approach.

Gestalt Groups

- Oriented towards experience of the individual patient.

- Bits of role playing.

- Reporting the dreams is also important.

- Dialogue between patients is emphasized.

- Hot seat approach –patients are asked to experience their feelings and behavior to lose their minds and find their senses.

Other members may be asked to participate.

Behavioral Groups

Behavior groups are used to conduct desensitization sessions, model interpersonal skills, or use cognitive restructuring interventions in groups. Groups are usually time limited with same clients and clients learn assertiveness and self expression.

Rating of Theory Strength at Three Group Levels (Ward, 1982)

Below is illustrated a model for the more effective use of theory in group work as well as the theory strengths of various approaches:.

Theory	Individual	Inter-personal	Group
Freud	Strong	Weak	Weak
Perls	Strong	Weak	Weak
Behavioral	Strong	Weak	Weak
Ellis	Strong	Medium	Weak
Berne	Strong	Strong	Weak
Rogers	Strong	Medium	Medium

Issues in Groups

- Selection and preparation of group members
- Group size and duration
    o Groups consist of five to ten patients; Sessions are at least once a week for 90 minutes to two hours.
- Open versus closed groups
    o Open group admits new members but closed group doesn't.
- Confidentiality
- Physical structure
    o Counselor sees all group members concurrently on individual basis or only at group therapy meetings. Some counselors use heterogeneous group while others use homogeneous. People are often seated in circle, or around table. Both heterogeneous and homogeneous groups are suggested.
- Co-leaders
    o Co-leaders are usually beneficial when new counselors organize groups. They can have some experienced co-leader. They are also beneficial when there are more than 10 people in the group. Usually group leaders sit opposite to each other.
- Self-disclosure
    o Self-disclosure is dependent on mutual trust.

- Feedback
    - Feedback is the most important and abused part. The appropriate timing of feedback is at the end of a session or before termination. The feedback should be clear, concise and concrete it shall be beneficial for the receiver and not serve the needs of the giver.
- Follow-up
    - Follow-up is appropriate after 3 months according to Corey.

Stages of Groups

- Forming
    - Foundation is laid down in the forming stage. It is similar to infancy period, when infant is dependent and faces anxiety.
- Storming
    - Like adolescence, group members seek to establish themselves in group hierarchy
- Norming
    - It refers to the period of group cohesion. It is similar to young adulthood, when people have survived the storm.
- Performing
    - Like adults, people perform productively at this stage.
- Adjourning/ Mourning
    - This is the good-bye time when members feel either fulfilled or bitter.

The Curative Factors

Yalom(1975) specified a set of curative factors in a group setting:

- *Imparting information.*

    Information giving occurs through didactic instruction. Psychoeducation occurs explicitly through therapist but also comes from other members

    Instruction from members: not the content that is relevant but the process

- *Instilling hope.*

    Hope is required to keep the client in counseling and faith in the treatment. This is therapeutically effective and can be given as pre-group orientation.

- *Universality.*

    Clients initially feel unique, however, group approach allows them to learn that others have similar problems; "top secret task"

- *Altruism.*

    Patients receive altruism through giving.

- *Interpersonal learning.*

    Is one of the primary mechanisms of change.

- *Development of Socializing Techniques:* present in all groups but the nature of the skills and the process of teaching varies
- *Imitative behavior.*

    Therapists model certain behaviors; is also possible through role playing

- *Corrective recapitulation of the family group.*

  Group resembles a family; members will interact with others in modes that are reminiscent of the way they once acted with siblings and parents; fixed roles are explored and challenged in the group. Corrective recapitulation of primary family in group context can help clients understand and resolve problems related to family. Corrective emotional experience: expose patient under favorable conditions to emotional situations that he/she could not handle in the past

- *Catharsis.*

  A necessary but not sufficient condition for therapeutic change; the feelings behind the catharsis are more relevant.

- *Group cohesiveness.*

  Refers to condition of members feeling warmth and comfort in the group, belonging, valuing the group and feeling they are valued and unconditionally supported and accepted by other members.

MARRIAGE & FAMILY COUNSELING

"It is the relationship that heals" Yalom (1989)

Factors Affecting Marriage/ Family Counseling

- ### Developments in psychoanalysis

    Psychoanalytic therapists began to extend their approach to include a family orientation in the late 1960s. Ackerman applied psychoanalytic practices to the treatment of families.

- ### Systems Theory

    All family members are part of interacting system. Identified "patient" may not be locus of problem. It is generally assumed that we can't change one without changing others, so we shouldn't try.

    - Dysfunctional roles (e.g., making one person black sheep in the family)

    - Mis-alliances (e.g., conflicts across generations)

    - Secrets ("don't tell") and secret rules (double bind, in the form of double messages)

- ### Schizophrenia and families

    Two main teams of researchers conducted pioneer studies in the area of family dynamics and the etiology of schizophrenia: the Gregory Bateson group. Theodore Lidz group. They found out that in families where there is some schizophrenic patient, often there is conflict between parents. Also there is an inordinate intrusiveness between parents and disturbed offspring. Regarded Schizophrenia, a Palo Alto research group (Bateson, Jackson, Harley, Satir, et al.,) approached the problem of communication. All observed how couples and families functioned when a family member was diagnosed as schizophrenic.

    Among the most important concepts to emerge were double bind, and material schism and skewness. The last two concepts attracted a lot of researchers at that time.

    In a *double bind,* a person receives two contradictory messages at the same time and is unable to follow both.

    Marital schism is overt marital conflict; marital skewness is a pathology in marriage in which one partner dominates the other. The latest research in the area concentrates on the expression of negative emotions in families and relapse in schizophrenic relative.

- ### Focus on marriage relationship

    The pioneers' focus on the marriage relationship, rather than just the individuals involved, was important. The new emphasis meant that three entities were considered: two individuals and one couple. Early marriage counseling set a precedent for seeing couples together in conjoint sessions.

- ### Growth of the Child Guidance Movement

    Early research in this area tended to focus on parental behavior such as maternal over-protectiveness, clinicians and counselors eventually began to concentrate on the family as a whole.

- ### Emphasis on Group Work

    First T-group was conducted at the National Training Laboratories in Bethel, Maine (USA) in 1947. Experiences in group settings showed the powerful influence of groups on individuals. Techniques developed in psychodrama and Gestalt therapy further influenced work in marriage and family counseling.

- *Postwar changes*

  At the end of World War II, the United States experienced an unsettling readjustment from war to peace that manifest itself in three trends that had an impact on the family:

  - About 50-60% of couples dissolved their marriages.

  - Half of the work force was comprised of women

  - Expansion of the life span.

- *Multicultural Counseling*

  The most recent trend to influence marriage and family counseling is multiculturalism. Before the early 1980s, little attention was given to culture and ethnicity in family life. The multiculturalism of the 90s went beyond encouraging individuals to rediscover their roots. Instead, it was aimed at exposing the link between peoples' culture and their behaviors within families and society.

Associations, Education and Research

Research studies summarized by Wohlman and Stricker (1983) report a number of interesting findings. First, family counseling interventions are at least as effective as individual interventions for most clients' complaints and lead to significantly greater durability of change. Second, some forms of family counseling (such as using structural-strategic family therapy with substance abusers) are more effective in treating problems than individual counseling approaches. Third, the presence of both parents, especially noncompliant fathers, in family counseling situations greatly improves the chances for success. Similarly the effectiveness of marriage counseling when both partners meet conjointly with the counselor is nearly twice that of counselors working with just one spouse. Finally, when marriage and family counseling services are not offered to couples conjointly or to families systematically, the results of the intervention may be negative and problems may worsen.

Marriage/ Family Organizations

Early pioneers in marriage counseling were instrumental in establishing the American Association of Marriage Counselors in 1942. That fledging organization grew in time to become the American Association of Marriage and Family Therapists (AAMFT).

The pioneers' focus on the marriage relationship, rather than just the individuals involved, was important. The new emphasis meant that three entities were considered: two individuals and one couple. Interest in marriage and family counseling had grown rapidly since the 1970s, especially in regard to the number of individuals receiving training in this specialty. Different professional associations attract these specialists.

Family Life Cycle

The *family life cycle* is the name given to the stages a family goes through as it evolves over the years. It is considered the heart of marriage and family counseling

Becvar and Becvar's 9-stage cycle (1993):

Becvar and Becvar (1993) outline a nine-stage cycle that begins with the unattached adult and continues through retirement. Regardless of timing all families have to deal with cohesiveness (emotional bonding) and family adaptability (change and flexibility). Families very high and low on both are dysfunctional.

- Unattached adult

- Newly married

- Childbearing

- Preschool-age child

- School-age child

- Teenage child

- Launching center

- Middle-aged adult

- Retirement

Marriage Counseling

- Reasons for counseling?

  Couples seek marriage counseling for a wide variety of reasons, including finances, fidelity, communication and compatibility, and children. It is crucial to see both members of the couple from the beginning

- *Format?*

  If a counselor does not structure counseling in this way and starts to treat one spouse alone for even one or two sessions, it increases the other spouse's resistance to counseling. Moreover, if one member of a couple tries to change without the knowledge or support of the other, conflict is bound to ensue.

Different Marital Therapy Approaches

- Psychoanalytic

- Social learning

- Behavioral

- Bowen family systems

- Structural-strategic

- Rational-emotive

Psychoanalytical Theory

- Psychoanalytical based marriage counseling is based on the theory of object relation which addresses how relationships are developed across the generations.

Counseling Process and Techniques:

- Transference

  In the process, the counselor uses the process of transference where each partner restructures internally based perceptions of, expectations of, and reactions to self and others and projects them onto the counselor.

- Individual histories of each partner of relationship:

  Objects are significant others in one's environment, such as a mother with whom children form an interactive emotional bond. Preferences for certain objects as opposed to others are developed in early childhood in parent-child interactions. Individuals bring these unconscious forces into a marriage relationship.

- Dream work

- Analysis of resistance

- Catharsis: Catharsis, the expression of pent-up emotion, is a must.

Goal:

> The goal of this approach is for individuals and couples to gain new insights into their lives and change their behaviors.

Social Learning Theory

- *Social learning theory* is a form of behaviorism that stresses learning through modeling and imitation.

- According to this approach, marriage partners-either have -a deficit or excess of needed behaviors. A deficit may be the result of one or both partners' never having witnessed a particular skill, like how to fight fairly. An excess may come as a result of one or both partners thinking that just a little more of a certain behavior will solve problems. For examples, telling every negative or positive feeling to the other partner or what one likes and does not like in the marriage in the hope that honest communication will be beneficial. While such honesty may be admired, research shows that marriages grow more through positive reciprocity than negative feedback. Selective communication and interaction with one's spouse seem to work best.

- The focus of social learning theory is on skill building in the present.

- Techniques:

  Within the treatment process, counselors may use a wide variety of behavioral strategies to help couples change, such as:

  - Self-reports
  - Observations
  - Communication-enhancement training exercises
  - Contracting
  - Homework assignments

  Much of social-learning theory is based on *linear* thinking, that A is the likely cause of B.

Behavioral Marriage Counseling

- In behavioral marriage counseling, the behavior is maintained or eliminated by consequences. It is based on direct, careful assessment and intervention. The focus is on presenting problems.

  Treatment process: The treatment process in Behavioral Marriage Counseling is based on patient training, marriage relationship and couple communication, and the treatment of sexual dysfunctions and the emphasis is on dyadic interactions.

- *Role of Counselor*

  The counselor plays roles as teacher, expert, and reinforcer.

- *Techniques*

  Systematic desensitization

  Positive reinforcement

  Generalization

  Extinction

  Modeling
  Reciprocity

  Punishment

  Token economics

  Psychoeducational methods

Bowen Family Systems Marital Theory

- The focus of Bowen family system marital theory is on differentiation (distinction) of one's thoughts from one's emotions and of oneself from others.

  When there is a great deal of friction within a marriage, the less mature partners tend to display a high degree *of fusion* (undifferentiated emotional togetherness) or *cutoff* (physical or psychological avoidance). They have not separated themselves from their families of origin in a healthy way nor have they formed a stable self-concept. When they are stressed as persons within the marriage, they tend to triangulate (focus on a third party). The third party can be the marriage itself, a child, or even a somatic complaint. Regardless, it leads to unproductive couple interactions.

- Techniques
  - To differentiate oneself from family of origin
  - Assessment of self and family through Genograms

Structural Strategic Theory

Structural Strategic Theory is based on the belief that when dysfunctional symptoms occur in a marriage, they are an attempt to help couples adapt.

- The job of a structural-strategic marriage counselor is to help couples try new behaviors because their old behaviors are not working.

- How to learn new behaviors:
  - Relabelling: Giving a new perspective to a behavior.
  - Paradoxing: Insisting on the opposite of what one wants.
  - Prescribing the symptoms: Having the couple display voluntarily what they had previously manifested involuntarily, like fighting.

Rational Emotive Therapy (RET)

The premise behind RET is that couples, like other individuals, often become disturbed because of what they think rather than because of specific actions that occur in relationships. That is "highly exaggerated, inappropriately rigid, illogical and absolutist" is what leads to neurosis and relationship disturbance.

- The focus is on helping individuals first and marriages second.

- The RET counselor works with them separately and together in the ABC method of RET.

  Goal:

  The goal is to understand the illogical beliefs, otherwise they tend to catastrophize and awfulize and the emphasis is on particular problems like jealousy, sexuality, etc.

LESSON 41

MARRIAGE & FAMILY COUNSELING

Family Counseling

- Families enter counseling for a number of reasons. Usually, there is an identified patient (an individual who is seen as the cause of trouble within the family structure) that family members use as their ticket of entry. Most family counseling practitioners do not view one member of a family as the problem but instead work with the whole family system.

- Family counseling has expanded rapidly since the mid-1970s and encompasses many aspects of couples counseling. While a few family counselors are linearly based and work on cause-and-effect relationships, most are not. Family therapy deals with problems involving family structure and family interaction patterns. Many family therapists assume that family members fall into rigid roles - with one person "designated" as the scapegoat (i.e., as the "disturbed" family member). Majority operate form a general systems framework.

Goals:

- Improving communication between family members.

- Deemphasize individual problems and emphasize joint problems of family.

## The Concept of Communication in Family Therapy

- Pathology develops with communication failure among family members.

- Deals with relationship between individual member and family system.

- Therapy works on correcting information or changing manner of feedback.

- Ackerman believes that a constant interchange between client, family, and society gives better output.

Uses:

- To increase marital intimacy, to treat adolescent drug abusers, to treat anorexics, and to deal with bereavement issues after the death of some family member, conflict values in family, and significant marital problems, etc.

- Individual person's problems in family approach are considered secondary problems because focus is on joint problems faced by every member in family.

- Began with an adolescent as principle patient.

Circular Causality versus Linear Thinking

Family approaches stress the structural causality: the idea that events are related through a series of interacting feedback loops.

| A | Circular Causality | B |

A	←─────────────────────────→	B
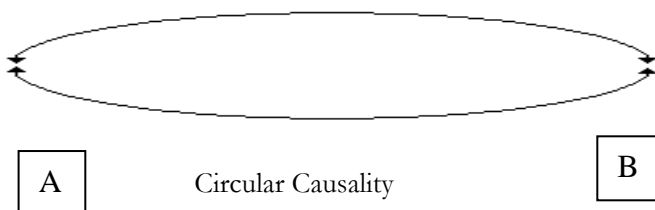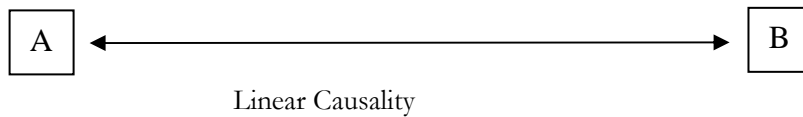
Linear Causality

Concepts Related to Circular Causality

- *Nonsummativity*:
    - The family is greater than the sum of its parts. It indicates that it is necessary to see the patterns rather than the actions of any specific members alone.

- *Equifinality*:
    - Families that experience a natural disaster may become stronger or weaker as a result. Likewise, healthy families may have quite dissimilar backgrounds. Therefore, the focus of treatment is on interactional family patterns rather than particular conditions or events.

- *Communication*:
    - It is important to attend to the two functions of interpersonal messages: content (factual information) and relationship (how the message is to be conveyed).

- *Family rules:*
    - A family's functioning is based on explicit and implicit rules. Family rules provide expectations about roles and actions that govern family life. To help families change dysfunctional ways of working, family counselors have to help them define or expand rules under which they operate.

- *Morphogenesis:*
    - The ability of the family to modify its functioning to meet the changing demands of internal and external factors is known as morphogenesis. Instead of just talking, family members may need to try new ways of behaving.

- *Homeostasis:*
    - Like biological organisms, families have a tendency to remain in a stable state of equilibrium unless otherwise forced to change. When a family member unbalances the family through his or her actions, other members quickly try to rectify the situation through negative feedback.

Often, a genogram is constructed to help family members to detect intergenerational patterns of family functioning that have an impact on the present.

Different Forms of Family Therapy

- Psychoanalytic Family Counseling

- Behavioral Family Counseling

- Structural Family Counseling

- Strategic Family Counseling

- Solution-focused Family Counseling

Psychodynamic Family Counseling

- As traditionally practiced, psychoanalysis concentrates on individuals rather than social systems such as family. However, it broke the tradition by working with intact families. An initial goal of

psychodynamic family counseling is to change the personalities of the family members so they can work with one another in a healthy and productive way.

- Object relations are internalized residues of early parent-child interactions. In dysfunctional families, object relations continue to exert a negative influence in present personal interpersonal relationships.

- Psychodynamic family counselors concentrate on helping family members obtain insight and resolve family-of-origin conflicts or losses, eliminating distorted projections, reconstructing relationships, and promoting individual and family growth.

Structural Family Counseling

- Structural family counseling is based on general system theory. In working with families, structural family counselors join with the family in a position of leadership. Counselors map within their mind the structure of the family and determine how it is stuck in a dysfunctional pattern. They then employ a number of techniques aimed at getting the family to change the way it operates.

- **Techniques:**
  - *Working within the family interaction:*

    One primary technique is to work with the family's interaction. When family members repeat nonproductive sequences of behavior or demonstrate a detached or enmeshed position in the family structure, the counselor will rearrange the physical environment so they have to act in a different way.

  - *Reframing*

    Structural family counselors also use reframing, a technique that involves helping the family see its problem from a different and more positive perspective. For example, if a child is misbehaving, the behavior may be labeled as a naughty rather than crazy, so child's behavior may be considered less pathological.

Strategic Family Counseling

- Strategic counselors take a systemic view of problem behavior and focus on the process rather than the content of dysfunctional interactions. They strive to resolve presenting problems and pay little attention to instilling insight.

- *Techniques:*
  - One technique is to prescribe the symptom.
  - Original Homework assignments are to be completed between sessions.
  - Overall treatment is short term and pragmatic.

Solution-focused Family Counseling

It traces its roots to the work of Milton Erickson (1954), particularly his *utilization principle.*

- The essence of solution focused family counseling is that clients create problems because of their perceptions such as "I am depressed". To treat and solve problems, concentration should be on some exceptional time when the person is not depressed.

- Client families are directed toward solutions to situations that already exist in the exceptions

- One way of helping individuals change perspective (from concentrating on the negative to emphasizing the positive) is called miracle question. In this intervention clients are asked to imagine that the problem is already solved. What will happen in regard to their behavior? And how will they know that the problem is solved?

Varieties of Family Counseling

- Conjoint Family Counseling

  In its process entire family is seen by the counselor at the same time. Counselor assigns tasks and imparts direct instruction regarding human relationship. Satire (1967) sees counselor as the resource person and model of communication. Through clear, crisp communication and by assigning tasks to different members, counselor plays active role during therapy sessions.

- Concurrent family counseling

  In the process of concurrent family counseling one counselor sees all family but in individual sessions.

- Collaborative family counseling

  In collaborative family counseling each family member sees a different counselor. Then counselors collaborate and discuss family as a whole.

Career Counseling

Historical Perspective

- Systematic vocational guidance by Frank Parsons.

  He differentiates counseling from other similar helping professions.

  He coined the term counselor and talked about 3 elements pertaining to career selection in his book "Choosing a Vocation". These three elements are: traits of the individual, demands of the job, and the congruence between the both. He is known as the father of systematic vocational guidance. His conceptualization provided the basis for a major early theoretical approach, the trait-factor theory.

- What used to be called vocational guidance at that time is now referred to as career counseling. In career counseling, all aspects of individual needs (including family, work and leisure) are recognized as integral parts.

- Career counseling includes all counseling activities associated with career choices over a life span. Interchangeable terms are job, occupation and vocation but they refer to different job positions and activities of employment, but career is much broader.

Importance of Career Counseling (Crites, 1981)

Crites lists important aspects of career counseling which includes the following:

- Career counseling can deal with the inner and outer world of individuals, whereas other counseling approaches deal only with internal events.

- "Career counseling can be therapeutic." Super (1957), Williams (1962), Williams and Hills (1962), Crites (1969), and Krumboltz (1994) have all found a positive correlation between career and personal adjustment.

- "Career counseling is more difficult than psychotherapy" Crites states that to be an effective career counselor a person must deal with both personal and work variables and must know how the two interact.

Career Counseling Theory

- A theory of career development can be defined as a conceptual system that identifies, describes, and interrelates important factors affecting lifelong human involvement with work.

- *Five major types (Herr & Cramer, 1984)*
    - The trait-factor approach
    - Decision theory
    - Situational approaches
    - Psychological-personality based approach
    - Developmental approach

CAREER COUNSELING

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  - Situational approaches
  - Decision theory
  - Developmental approach

The Trait-Factor Approach (Williamson)
- It is the theory of individual differences which focuses on matching of personal characteristics with the job requirements. Accordingly, it refers to a highly cognitive process.
- The origin of trait-factor approach can be traced back to Frank Parsons. It stresses matching an individual with a job that fits that person's talents. Hence, it works according to Parsonian equation given below:
  - Knowledge of self + Knowledge of work + counseling = ability to choose

Psychological-personality based approach
- It is based on Holland's theory that personality is the major factor influencing career choices. This theory indicates that adopting a particular kind of work is not simply a matter of choice but is the result of complex environmental and personal factors. Four factors are important in these connections:
  - Major assumptions of his theory are that there are basically six personality types: Realistic, investigative, artistic, social, conventional, enterprising
  - There are also six environmental categories: Realistic, investigative, artistic, social, conventional, enterprising
  - People search for suitable environment
  - Interaction between the person and environment
- Client's response may be assessed on instruments, like on Strong-Campbell Interest Inventory. A person gets a three-letter code which describes the kind of work hat person is suitable for. For example, if a person gets a code of "RIA", it will indicate that the person is Realistic, investigative, and artistic. The next task will be to determine the kind of jobs that are congruent with that RIA profile, for example, architectural draftsman, and dental technician. The counselor then looks for the congruence between personality and job requirement. He may look for the details of different suitable jobs for that person. For that person, different books can also be consulted, like, "Occupational Outlook Handbook" published by the US Dept. of Labour.

Situational Approaches
Emphasis is on situational factors such as location in space and time; political and social factors; ethnic, religious, and family beliefs, and value systems. Although personal and job related problems are very important, it is often difficult to disregard the situational factors.

Decision Theory
- The career selection is not simply a good fit between the person and the requirements of a given job, but it actually depends on learning experiences as well as different other factors.
- It is a social learning approach developed by Krumboltz (1976)
- Factors influencing career decisions:
  - Genetic endowment & special abilities
  - Environmental conditions & events

- o Learning experiences
- o Task approach skills

Developmental Approach

- Career decision is a lifelong process with counseling interventions depending on the person's life stage
- Levinson's midlife transition (1977) theory indicates that people in their middle age often face many problems regarding career counseling.
- This approach includes much of the previously mentioned approaches.
- Most influential developmental approach is that of Donald Super (1957).
  - It focuses on the influence of self-concept on occupational choices. Although self-concept is fairly stable after late adolescence, any change with time and experience make choices a continuous process
  - Built on the ideas of many developmental theorists, such as Havighurst (1953)
    - o Growth (0-14): self concept develops through identification toward others; needs and fantasy are dominant early in this stage. Different behaviors, like industriousness, social interaction, goal setting, and self direction are learned.
    - o Exploration (14-24): time for self examination, try-outs and occupational explorations;
    - o Establishment (24-44): having found an appropriate field; having made a place in the world of work, the concern is how to hold on it.
    - o Maintenance (44-64): how to hold on the world of work, competition with young workers, try to maintain status
    - o Decline (64 years–death) selective participation, new roles and adjustments

Comprehensive Career Counseling (Crites, 1981)

- In contrast to these five theories, Crites (1981) developed his own model. It is based on the five major approaches just discussed, the more general systems of counseling and psychotherapy, and his own wide experience as a career counselor. He advocates that counselors make three diagnosis of a client's career problems:
  - o differential (what the problems are)
  - o dynamic (why problems have occurred)
  - o decisional (how the problems are being dealt with)
- o Crites employs eclectic methods in his career counseling. He uses client-centered and developmental counseling at the beginning to identify problems. The middle stage of his process is dominated by psychodynamic techniques, such as interpretation, to clarify how problems have occurred. The final stage of the process uses trait-and-factor and behavioral approaches to help the client resolve problems areas.
- Comprehensive career counseling also advocates the use of tests in working with clients.

Career Counseling Strategies

- Assessment
  - o Use of inventories, tests, rating scales, etc.
  - o Specialized training many be required for psychological testing
  - o Use of computers and computerized testing
- Guidance
  - o Information attainment and sharing
  - o Use of different resource books and manuals like "Directory of Occupational Titles" (DOT)
  - o Published information about these jobs is available in diverse sources, like CDs, videos, audios, books, etc.
    - Work adjustment

- Work adjustment:
  - Work adjustment is more than career choice; everyone who is unhappy with the job need not definitely change the job. May be the person has to improve interpersonal skills, behave differently, and change perceptions

Issues & Trends

- **Educational & Economic consideration**
  - Low income people have fewer resources to be educated, to move to another geographical area, etc.
- **National Career & Development Association Survey** conducted in USA indicated the following:
  - 44% of adults felt that schools do not devote enough attention
  - 53% felt that more attention is required for people who are not college bound
  - Two thirds stated that they would seek more information if they were to start over
- **Racism, prejudice, and discrimination**
  - Occupational titles are culture, gender and class bound. Strengths and abilities of disadvantaged people are often overlooked. Since 1970, there has been a dramatic rise in research on and interest in the career development of women. The trend parallels the increase in women's participation in the work force. Many people often assume that as group females prefer social, artistic and conventional occupations (as opposed to realistic, investigative, and enterprising occupations for men). Only a relatively small portion of women are pioneers who become highly committed to working in nontraditional occupations. Counselors must be sensitive to such issues and at the same time help individuals overcomes artificial and real barriers that prohibit them from maximizing their potential.

School Counseling

Career counseling and education are conducted with a wide variety of individuals in diverse settings. Brown (1985) observes that career counseling typically is offered in college counseling centers, rehabilitation facilities, employment offices, and public schools. He thinks it could be applied with great advantage in many other places as well, including mental health centers and private-practice offices. Because the concept of careers encompasses the entire life span, counselors who specialized in this area find themselves working with a full age range of clients, from young children to octogenarians.

Herr and Cramer (1992) cite numerous studies to show that during the first six years of school, many children develop a relatively stable self-perception and make a tentative commitment to a vocation. Jesser (1983) indicates that this awareness can be raised through activities such as field trips to local industries, bakeries manufacturing plants, or banks.

Cole (1982) stresses that in the middle and junior high school, career guidance activities should include the exploration of work opportunities and students' evaluation of their own strengths and weaknesses in regard to possible future careers. Several techniques have proven quite effective in helping adolescents crystallize ideas about careers. Some involve the use of fantasies, such as imagining a typical day in the future, an awards ceremony, a mid-career change, or retirement. More concrete exercises might include completing an occupational family tree to find out how present interests compare with the careers of family members.

American Counseling Association (ACA), call for a 48 hour Master's program that includes extensive practice and internships, along with the major content areas like professional orientation, helping relationships, counseling theories, human development theory, social and cultural foundations, group counseling, career and lifestyle counseling, appraisal, research and evaluation, school counseling, and consultation.

Types of Program Interventions

- Direct Services

  The basic purposes of counseling interventions in the school are to:
  - Promote students' personal and social growth
  - To enhance their educational and career development.

  Issues appropriate for school counseling include attitudes and behaviors, peer relationships, study skills, career planning, college selection, sexuality concerns, substance abuse, and family issues such as abuse, divorce, death of family member, and blended families. Counseling related to educational and career planning may often involve the administration of assessment instruments and subsequent test interpretation.

- Indirect Services

  Indirect services refer to consultation and coordination.
  - Consultation interventions include working with consultees (teachers, staff, and parents) to help the consultees improve their interactions with children. Counselors in the consultant role may use individual conferences, seminars, or training workshops to teach specific skills or to focus on strategies for dealing with a specific problem.
  - Coordination refers to the process in which the counselor helps organize and manage the comprehensive counseling program and related services.

University Counseling

- Herr and Cramer (1992) list a number of services that a comprehensive career guidance and counseling program in an institution of higher education attempts to provide. Among them the important ones are:

  1. Help with the selection of a major field of study
  2. Offer self-assessment and self-analysis through psychological testing
  3. Help students understand the world of work
  4. Teaching decision making skills
  5. Facilitate access to employment opportunities through career fairs
  6. Meet the needs of special populations.

- In the past, campus counseling may have tended to be a rather narrow specialty, with counselors working primarily with 18- to 22-year-olds who often had similar religious and ethnic backgrounds. More recently, however, there has been increased diversity on most college campuses, especially in multicultural societies. There is increased age, ethnic and racial diversity and greater numbers of students with disabilities. Campus counseling centers in higher education, particularly in areas with large ethnic mix, are expected to offer the full range of services.

LESSON 43

COMMUNITY COUNSELING & CONSULTING

Background

- The emergence of both communities counseling and consulting came as a result of the final report of the Joint Commission on Mental Illness and Health in 1961 and Community Mental Health Centers Act of 1963. As a result of the mental health center legislation, helping professionals were encouraged to move toward more developmental and preventive interventions and away from remedial interventions. Major changes proposed by the legislation included the construction of 2,000 community mental health centers and the gradual reduction and elimination of the overcrowded state mental hospitals.

- The Commission on Mental Health developed a formula that encompassed most mental health efforts:

$$\text{Incidence} = \frac{\text{Organic factors} + \text{Stress}}{\text{Coping skills} + \text{Self-esteem} + \text{Support groups}}$$

- The incidence of mental disorders in an individual is equivalent to the presence of difficult life circumstances over available resources and strengths. Problems occur whenever the numerator is greater than the denominator. Effective efforts to alter factors in the numerator or denominator alter incidence at the other side of the equation. This is rooted in the public health tradition in which incidence of a physical disease is reduced either by increasing the resistance of the host (strengthening the factors in the denominator) or by reducing or eliminating the noxious agent (reducing factors in the numerator).

Community Counseling

- Community counseling is a multifaceted approach combining direct and indirect services to help community members live more effectively and to prevent the problems most frequently faced by those who use the services.

- Their interventions are aimed primarily at populations who are most in need of mental health services and usually most excluded from receiving them, such as ethnic minorities and the poor and elderly. Community counselors' strategies reach out to the community and include:

  - Identifying and working with groups who are at risk for certain problems such as substance abuse; poor health; physical, emotional, and learning disabilities; poverty; and emotional and physical abuse in order to reduce their incidence.

  - They also attempt to empower and increase the amount of coping skills of their target populations through:

    - Education

    - Client advocacy

    - Political involvement such as influencing policy makers.

Different Forms of community counseling

The following are some of the ways counselors work to meet the mental health needs of the community:

- Substance Abuse Counseling

- Gerontological Counseling

- Health Counseling

- Rehabilitation Counseling

- Crises/and Disaster Counseling

- Client Advocacy

Substance Abuse Counseling

Substance abuse includes the abuse of all drugs, including alcohol. The definition even includes foods such as sugar when the foods are used to alter a person's mood or psychological state, usually for the purpose of avoiding dealing with difficult situations.

<u>**Interventions:**</u>

Detoxification and medical treatment

- In many cases the problem may be so severe that detoxification is necessary, preferably under medical supervision. Medication may also need to be provided as part of a treatment plan.

Group and family counseling approaches

- In most cases of substance abuse, medical treatment alone is not sufficient; generally many types of counseling services are offered. These services include group and family counseling, both of which may be extremely important in helping a person decide to change an undesirable behavior pattern and then to maintain the new behavior. Groups like psychodrama and marathon sessions are quite popular. The group leader establishes rules, screens and prepares members for admission, educates clients about drugs, and tries to ensure that the group norms are followed. The support of the group allows for individual resolution to give up alcohol or other drugs.

Supplemented by support groups

- For the best results, counseling is usually supplemented by support groups, such as Alcoholics Anonymous or Overeaters Anonymous, to help maintain the desired behavior for life. Exercise and relaxation programs are often prescribed to improve physical well-being and establish positive addictions

- An area of specialization related to substance abuse counseling is working with the adult children of alcoholics (ACOAs). Alcohol abuse causes problems for the abusers and their immediate families and also for the adult children of the abusers regardless of whether they drink themselves. Having been part of a dysfunctional family has left the ACOAs with deficiencies in coping and in relationship skills that have a significant impact on their personal and emotional development. Counseling processes include working with grief and shame and helping clients learn to accept themselves, express their needs, and have fun without guilt.

<u>**Methods**</u>

- Interventions might include instructional lectures, discussions, deep analytic explorations, hypnosis, and confrontation.

- Substance abuse counselors often participate in specialized programs and in some cases can receive special certification as drug and alcohol abuse counselors.

Gerontological Counseling

- Another area of growth in the counseling field is gerontological counseling, the counseling of older citizens. In a survey of counseling education in USA, Daniel and Weikel (1983) found that the primary trend identified was an increase in gerontological counseling as a specialty.

- This movement toward working more with the older members of society was highlighted in 1988, when the Association for Adult Development and Aging (AADA) became a division of ACA.

- In 1900, life expectancy was 49 years; today it is 76 in USA and in 60s in Pakistan. Schlosberg (1995) pointed out that the life expectancy is expected to continue to inch up slowly and in the next 20 to 30 years we will probably see more people between 100 and 110 years of age. This is more likely in the developed countries because of the developments rapidly taking place in the medical field. With the increasing number of people living longer, there has been a corresponding increase in interest in working with the aged in a variety of settings, such as community centers, retirement centers, nursing homes, and hospice programs.

Health Counseling

- Another major speciality area for trained counselors is health counseling. "Health counseling uses the skills of the counselor to help clients make the kind of lifestyle changes that enhance their physical health" (Lewis et al., 1993).

- Rejecting the medical model that focuses on the diagnosis and treatment of disease, Thoreson and Eagleston (1985) prescribe an educational model that emphasizes training people to think, make decisions, and solve problems. These skills are considered necessary for the ongoing prevention of disease and the maintenance of wellness. Such an approach requires an educated, informed public. Skilled counselors may be employed in a variety to settings to work with health-related issues of men, women, and children of all racial and ethnic groups to ensure that these skills are learned. This area includes the concept of wholistic counseling, an approach that looks at the total person and works to integrate the physical, psychological, and spiritual dimensions of a person's life.

Uses and Techniques?

- Health professionals work with current cases and strive to prevent future occurrences through encouraging community education, starting AIDS support groups, establishing hotlines, and counseling AIDS' victims and their families. Research into a number of areas has produced results indicating that some chronic diseases are not as inevitable as once feared. These diseases include lung cancer, heart disease, and adult-onset diabetes.

Rehabilitation Counseling

- Rehabilitation counselors are specialists who help clients with disabilities overcome deficits in their skills. Disabilities can manifest themselves in many different ways. Even though a major objective of a rehabilitation counselor is to help a client learn to cope with specific mental or physical disability, such as deafness, the full goal is wholistic in nature: to help the client become fully functioning in all areas in spite of any disability or limitation.

Uses:

- In addition to its applicability to clients with physical disabilities such as blindness or loss of a leg, rehabilitation counseling is necessary for prisoners after release from prison, for psychiatric patients after release from mental hospitals, and for people with developmental disabilities. Much substance abuse counseling might be considered rehabilitative. People who have lost their jobs after many years of employment also need to go through a rehabilitative process. Many companies and unions

have established counseling programs for workers who have lost their jobs as a result of plant closings or downsizing.

- In USA, certification as a certified rehabilitation counselor (CRC) can be attained through the American Rehabilitation Counseling Association (ARCA), a division of ACA.

Crises/and Disaster Counseling

- Many counselors have responded to events that devastate communities, such as storms, floods, fires, earthquakes, and riots.

- On a smaller scale, counselors regularly become involved in local crises, such as working with the victims of a school bus accident or of a shooting at a fast food restaurant. Crisis intervention research shows that if interventions are made quickly by helping professionals when these events occur, those affected will recover quickly.

- One fast intervention of psychological first aid is critical incident stress management (CISM). It was originally developed in USA to treat public service workers exposed to extreme levels of trauma. Currently it has found widespread application in a variety of settings for treating anyone exposed to natural or manmade disasters.

Client Advocacy

- Often counselors engage in client advocacy for those who do not have the awareness or resources themselves or who are disenfranchised, such as rape and child abuse victims, oppressed minorities, neglected elderly populations, and homeless persons, such as rape and child abuse victims, oppressed minorities, neglected elderly populations, and homeless persons.

Consultation

- Consultation involves one person (the client) who has a problem with a person, group, organization, or community but lacks the knowledge or skill for its solution and who turns to another (the consultant), a specialist who has the requisite ability to aid in the problem's solution.

- The consultant's goals are to help consultees deal with their current work problems and to provide information or teach skills that help them to deal effectively with similar problems in the future.

Types of Consultation

Client-Centered Case Consultation

In client-centered or clinical consultation, a referral is made to a specialist who provides direct service to the client. The service may be in the form of an examination and diagnosis with recommendations for treatment, or the specialist may take over full responsibility for subsequent treatment of the client. For example, a counselor may refer a client to a psychiatrist for a medical evaluation and the possible need for drug therapy.

Consultee-Centered Case Consultation

In consultee-centered case consultation, the consultant works with the consultee's difficulties in dealing with a particular client or groups of clients. The consultant may work to resolve a specific problem that the consultee is having with a client, expand the consultee's overall skill in dealing with a particular type of client, or improve the consultee's skills in general. In each instance, the focus of the consultant is on the consultee's work and would rarely, if ever, involve firsthand service to a primary client. Because the consullee is directly involved, there is a distinct advantage in this approach. Consultees may learn information and skills that will allow them to work effectively with similar clients in the future without the help of consultants. The consultant's roles include being an educator and a facilitator, for example, a counselor working with a teacher on classroom management skills is a consultant.

Program-Centered Administrative Consultation

In program-centered consultation, the focus is on working with a specific program or organizational structure and not on the consultee's difficulties with the program or structure. For instance, a consultant might be employed to make recommendations to a college counseling center that is contemplating making programmatic changes. Professionals performing this type of consultation are often referred to as organizational consultants and are concerned with organizational development (OD).

Consultee-Centered Administrative Consultation

In consultee-centered administrative consultation, the consultee's difficulties in working with a program or organization form the primary objective; the various components of the program or organization are secondary. For example, a consultant might work directly with an administrator on leadership or management skills.

Consulting Skills in Business & Industry

Human Resource Development (HRD)

HRD consists of a process by which the employees of an organization are helped, in a continuous, planned way, to acquire or sharpen capabilities required to perform various functions associated with their present or expected future roles.

Career Development Programs

Business organizations do not deliberately remain static, and working from within an HRD framework, employees are not expected to either. Career development has been defined as a process of human development that involves self-investigation, learning, information gathering, decision making and change on the part of the individual. The basic philosophy of providing for career planning is based on the belief that employees who arc working satisfactorily within their career goals and expectations are more likely to be productive. A few developmental programs are as under:

Training and Education

Training includes making assessment of employee's needs as far as knowledge and skills are required. This objective can be achieved by providing instructional material and conducting training sessions.

Organizational development (OD)

- OD specialist works to maintain a psychological climate within the company that is conducive to high productivity. Experts help organization to deal absenteeism, low production, or interpersonal conflicts.

Employee assisted programs (EAPs)

- To help employees who may have personal difficulties that could be interfering with their productivity on the job. Personal difficulties could include money, marriage, or substance abuse. The recent focus of employee assistance has shifted from intervention to prevention.

Quality of work-life programs

- Focus on making the place in which employees spend 40 hours or so a week a generally positive and attractive environment; experts work on improving physical conditions, plan recreational facilities, fringe benefit packages, health and medical benefits, to help develop the sense of belonging, and loyalty to the company, that in the long run benefits all.

LESSON 44

DIAGNOSIS & ASSESSMENT

The DSM-IV Multiaxial Assessment

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV), published by the American Psychiatric Association in 1994, is basic instrument in making and reporting formal mental diagnosis all over the world. It has gone through 5 revisions since it was published first time. A text revision of DSM-IV (DSM-IV-TR) was published in 2000. The DSM-IV attracts controversy and criticism as well as praise. The major advantage of DSM-IV is its multiaxial system divided into five Axes:

Axis I – Major clinical disorders

Axis II – Stable, enduring problems

Axis III – Medical conditions related to abnormal behavior

Axis IV – Psychosocial problems

Axis V – Global clinician rating of adaptive functioning

Following are the main characteristics of DSM-IV:

- Five axes describe full clinical presentation.

- Clear inclusion and exclusion criteria have been described for disorders.

- Disorders are categorized under broad headings.

- Empirically grounded prototypic approach to classification is adopted.

- The major advantage in using this multiaxial classification system is that it ensures that attention is given to certain types of disorders, aspects of the environment and areas of functioning that might he overlooked if the focus were on assessing a single presenting problem.

- In addition to diagnosing the client as to mental health, personality disorders, and physical condition, scales have been developed to help the clinician make consistent determinations of the severity of the psychosocial stressors (Axis IV) and the global assessment of functioning (GAF) (Axis V). When using the GAP on Axis V, the clinician should record a current determination and an estimate of the highest GAF for the past year.

- Thus, rather than give a one- or two-word label to a diagnosed person, such as "depressive neurosis," as was the practice prior to the adoption of the DSM , the practitioner now can come up with a diagnosis such as the following:

DSM-IV: An Example

Axis I: 296.24 Major depression, single episode; severe without psychotic features

Axis II: 301.60 Dependent personality disorders

Axis III: Diabetes

Axis IV: Psychosocial stressors: separated from spouse; conflicts with children

Axis V: Current GAF = 44 Highest GAF past year = 55

Use of Tests: A Controversial Issue

Among the ranks of counseling professionals, there also has been a great deal of controversy related to the nature and appropriateness of assessment and diagnosis. Leo Goldman, an expert in the use of tests in counseling, indicates that "there is increased feeling that the use of tests in counseling on the whole is a sad disappointment and that in recent years matters have actually become worse" (Leo Goldman, 1972, p. 213). However, a full understanding of assessment concepts and practices is necessary whether or not counselors choose to use tests and other diagnostic instruments. It is necessary to communicate with those who do use these tools in case conferences, referrals, and correspondence, as well as to understand the professional literature.

Sugarman (1978) points out that the objections to the use of assessment and appraisal techniques are based on five different grounds:

- It is reductionistic, reducing the complexity of the person into diagnostic categories.
- It is artificial.
- It ignores the quality of the relationship between the examiner and the test taker.
- It judges people, casting a label on them.
- It is overly intellectual, relying on complex concepts, often at the expense of a true understanding of the individual.

Businesses and industries have used tests and inventories for many years as primarily aids in the selection of job candidates. Testing has been and continues to be a general accepted function in mental health centers, employment offices, and other private public clinics and agencies. Tests and their use have not changed significantly since objections were raised in 1970s and earlier. Basically, what seems to have changed is the overall attitude of people toward tests. Recent Gallup polls of the U.S. population indicate a general acceptance in the use of standardized tests. In Pakistan also, people feel more satisfied as clients if tests are used for assessing their psychological problems or for career counseling. Assessment procedures of all types are now an accepted form of contemporary society.

Assessment Techniques

Counselors use a variety of techniques and procedures in the process of gathering data. Some can be highly structured and designed so that each time a procedure is used the process is exactly the same. This is called using a **standardized format.** A less rigorous but also important way of obtaining information is through the use **of nonstandardized instruments.** Such tools may be idiosyncratic, specific only to a given client or set of circumstances, with a minimal chance for replication. A brief description of some nonstandardized formats follows:

Nonstandardized Techniques

Observation

- Observation is the most fundamental assessment procedure. Highly developed skills in the use of other assessment tools are negated if the powers of observation are not well developed.
- Signs vs. samples of behavior: Behavioral observation is common to all psychological approaches. It is the use that is made of the data that distinguishes between approaches. In the psychodynamic orientation behaviors serve as indirect signs of hypothesized underlying dispositions and motives. Behavioral approaches treat observed behavior as a sample, and the focus is on how the specific sample is affected by variations in the stimulus conditions.
- Importance in counseling: Half of the message that a client communicates is nonverbal. Counselors should be attuned to all of the nonverbal cues available and note the discrepancies and inconsistencies between these and verbal messages.

Gibson and Mitchell (1981) describe casual observation and two higher levels:

- *First Level: Casual Information Observation:*
  - The daily unstructured and usually unplanned observations that provide casual impressions. Nearly everyone engages in this type of activity. No training or instrumentation is expected or required.
- *Second Level: Guided Observation:*
  - It is planned and directed observations for a purpose. Observation at this level is usually facilitated by simple instruments such as checklists or rating scales. This is the highest level used in most counseling programs. Some training is desired.

- *Third Level: Clinical Level:*
  - These are the observations, often prolonged, and frequently under controlled conditions. Sophisticated techniques and instruments are utilized, with training usually at a doctoral level.

Observational Instruments

Checklists

The purpose of a checklist is to focus the observer's attention to the presence or absence of predetermined characteristics. A simple check mark or "yes" or "no" indicates whether the characteristic is observed.

Rating Scales

- A rating scale is a special kind of checklist on which the observer can note not only the presence of a given characteristic or attribute but also the degree to which it manifests itself. Rating scales can be particularly helpful in making observations of individuals. A sample rating scale format is given below:

1____   2____   3____   4____ 5____
Never   Rarely   Sometimes   Usually   Always

- The benefits of rating scales and checklists include having an easy to use approach for making objective observations of selected characteristics. They also offer the possibility of comparing the observations of more than one observer using identical criteria.

- There are also some limitations in the use of such instruments, including 1) often poor and unclear directions for the scales' use; 2) a failure to define terms adequately; 3) limited scales for rating; 4) items that tend to prejudice how one responds; 5) overlapping items; 6) excessive length; 7) tendency to endorse middle rating, which means playing it safe by giving a middle or average rating to everyone on every item; and 8) biased ratings.

Anecdotal Reports:

- Anecdotal reports are subjective descriptions of a client's behavior at a specific time or for a specific situation. These reports generally start out by noting the time, date, and place. These are followed by a general description of the event and the manner in which the client participated in it. The report ends with observer comments that may be evaluative in nature.

Self-Report Instruments

They can be short enough to be filled out by a client a few minutes before the first visit to a counselor and can be designed to provide a variety of data. A few self-reported instruments are described below:

Questionnaires

Questionnaires can be used to collect vital information to determine the counseling or consulting needs of groups or organizations.

Interviews

An interview is a form of questionnaire that is read to a client by a counselor. The client is encouraged to respond as directly as possible to all questions, and the counselor has the opportunity to ask for clarification or elaboration of any question. Such an interview may be required of all first time clients by a mental health agency as part of a case management process. One purpose is to assign the client to the

staff member or program that best meets the needs of the client. Another type of interview focuses on a specific issue or syndrome, such as depression or alcoholism, and the questions are designed to highlight related aspects of behavior. Careful records, including tape recordings, are generally made in the case of interviews to be sure that all comments are noted and that nonverbal behaviors are also included.

Personal Essays and Autobiographies

More extensive written material, such as having a client write a personal essay on a given topic (for example, "the kind of job that I believe I would enjoy the most"), is another way to gather useful data in a short time and can be given as a homework assignment. A more elaborate version of the personal essay is to have the client write an autobiography.

Journals

Having a client keep a journal on a regular basis and noting new issues and changes provides another method of obtaining self-report data on an ongoing basis. A journal is more than a diary or log of daily events. It is an opportunity to record thoughts and feelings.

Standardized Assessment Techniques

There is also a need for assessment devices that can be administered in a consistent manner to a wide variety of people. Many different tests, usually published instruments, are standardized. A **standardized test** is one that has detailed, specific directions for the administration of the instrument, including the exact words with which to introduce the instrument to the client and any time limits. The procedures for scoring are also specifically detailed so that all people scoring a given test will record results in the same manner. There are two basic categories of standardized tests: norm-referenced and criterion-referenced tests:

Norm-Referenced Tests

Another characteristic of most published instruments is that they have norms to which test scores can be compared. Norms, or normative tables, are generally included in the manual accompanying published tests. These tables provide data on the performance of various groups of people taking the same instrument during the period of time when the test was being developed. Norm groups are often nationwide samples, but they can also be regional or local. Test items are carefully tested and analyzed before being included in the final instrument. The **reliability,** or consistency, of scores and the instrument's **validity,** the ability of a test to measure what it purports to measure, are determined for constructing a standardized measure.

Three concepts, reliability, validity and standardization, determine the Value of assessment. Figure given below illustrates this:
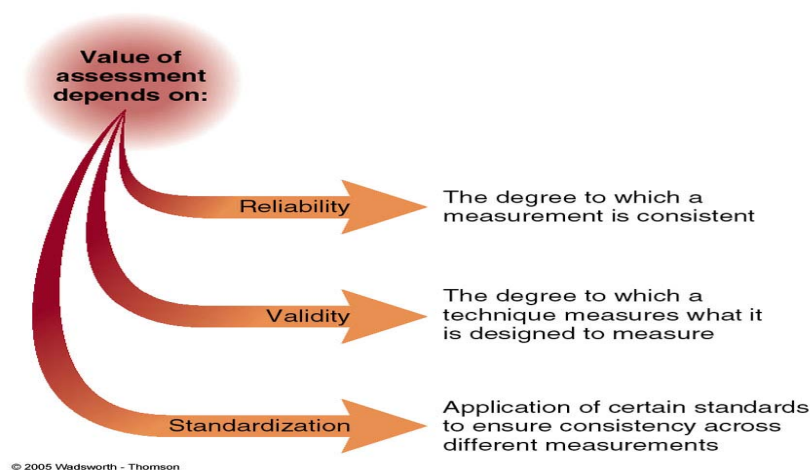
Criterion-referenced tests

A criterion-referenced test is a test that is used to ascertain an individual's status with respect to a well-defined behavioral domain. A well-constructed criterion-referenced test yields a clear description of what a client can or cannot actually do.

Types of Standardized Instruments

Assessment instruments have been developed to measure virtually all aspects of humans. Published standardized instruments are generally catalogued and reviewed in a series of volumes entitled the *Mental Measurement Yearbook.*

Achievement Tests

Achievement tests are designed to assess what a person has learned in a given subject, such as music, mathematics, or German, as a result of specific curricular experience. The instrument can be designed for one subject or can include a variety of subjects. Examples of the latter type of instrument are the Iowa Tests of Basic Skills and the Metropolitan Achievement Tests.

Aptitude (Intelligence) Tests

A test used as a predictor of some future performance is called an aptitude test. Aptitude tests are designed to measure the propensity to perform certain tasks that may not already be a part of a person's repertoire. Aptitude tests can be considered a form of ability testing, measuring the potential ability that a person has in a specific area. Intelligence tests can be considered measures of general ability. There is no generally agreed-on definition of intelligence; however, most intelligence tests are designed to be indicators of the ability to be successful in school. Intelligence tests are used primarily as screening devices in counseling and are followed by more specialized aptitude tests that assess aptitude in particular area.

Examples of Aptitude Tests:

- Differential Aptitude Test (DAT)
- Aptitude Classification Test (ACT)
- Scholastic Aptitude Test (SAT) which was renamed the Scholastic Achievement Test in 1993.

Examples of Intelligence Tests:

- Stanford-Binet Intelligence Scale: Stanford Binet is the father of American Intelligence tests. It is a revision of Binet-simon scales, and was published in 1916 by Terman and colleagues. It has traditionally been used with children than adults. In 1986, it underwent a fourth revision to include More material for adults.

- Wechsler Adult Intelligence Scale-Third Edition (WAIS-III): It is the most popular test of intelligence which is used worldwide for assessment and research.

Problems with intelligence tests

According to Anastasi (1982) intelligence tests are usually overloaded with certain functions, such as verbal ability and they are validated against scholastic ability.

Personality Assessment Instruments

Thorndike and Hagen (1977) describe several characteristics of personality other than abilities that can be identified and assessed, including temperament, character, adjustment, interests, and attitudes:

Attitude Questionnaires

Attitude questionnaires are designed to assess the intensity of a person's sentiments with regard to a specific subject such as women's liberation, abortion, or gun control. A major limitation of questionnaires is their low reliability. The responses people make to the statements on a questionnaire may not correspond to their actions.

Interest/ Career Inventories

- Instruments designed to determine patterns or tendencies that an individual has with regard to personal interests are called interest inventories. Interest inventories can be designed for almost any purpose—to determine interest in music, art, or athletics. Many inventories have been designed for use in counseling and, in particular, for use in helping clients make career choices. Interest instruments are usually constructed in the form of checklists or forced choice questions, on which the client has to select a preference from a choice of activities.

- There is generally a very low correlation between interest and ability, so having an interest in an area does not guarantee success in it. The reverse is also true. Having a high degree of ability in an area does not guarantee that a person will be satisfied with a career in that area. However, some people maintain that a person's achievement in a learning situation or a career is greatly influenced by his interests (Anastasi, 1982).

Examples:

Strong Vocational Interest Blank (SVIB)

Instruments that measure career/ interests began in a systematic and standardized way with the 1928 publication of SVIB. The revised form, SVII (Strong Vocational Interest Inventory) includes description about 207 occupations. The manual suggests ways to deal with different cultures and special populations and has more specific and general ways of examining people's interests.

Self-directed Search (Holland, 1985)

It is self administered, self scored and sometimes self interpreted. A total of 228 items are divided into three sets: activities, competencies, and occupations. After scoring the client examines a three-letter occupational code.

Kuder Occupational Interest Survey (1939)

Kuder Occupational Interest Survey (1939) provides 10 broad career areas: social services, persuasive, clerical, computational, musical, artistic, literary, mechanical, outdoor, and scientific.

California Occupational Preference System

Personality Tests

A number of self-report instruments have been developed that are related to personal adjustment and temperament, such as the Guilford-Zimmerman, MMPI, etc. There are two types of personality tests: objective and projective

Objective Tests

The scoring in objective tests is independent of any judgment of the scorer. A few examples are:

Woodworth's Personal Data Sheet

The prototype of personality test was a self-report inventory developed during World War I.

MMPI-II

The most widely used test in the world. Norms have been developed according to geographically end ethically diverse population. It has 10 clinical and 3 validity scales. The client responds to 567 items, and answers in three ways: true, false, cannot say.

Edwards Personal Preference Schedule (EPPS, 1938)

The EPPS is based on the need-press theory of personality developed by Henry Murray (1938). There are 225 forced choice items that examine the strength of 15 individual needs in relation to a person's other needs.

Myers Briggs Type Indicator

This test reflects Carl Jung's theory of personality. There are 166 two-choice items concerning preferences in feeling and behavior. It yields 4 bipolar scales, e.g., extroversion or introversion, thinking or feeling, etc.

- California Psychological Inventory (CPI)
- Guilford-Zimmerman Temperament Survey
- Sixteen Personality Factor Questionnaire (16 PF)

Projective Tests

Projective tests have following characteristics:
- Project aspects of personality onto ambiguous stimuli, like inkblots, pictures, and incomplete sentences.
- Roots in psychoanalytic tradition
- High degree of inference in scoring and interpretation
- Examples include the Rorschach Inkblot Test, Thematic Apperception Test
- Reliability and validity data tend to be mixed

LESSON 45
FINAL OVERVIEW

Major Parts of the Course
- Part I: Introduction to foundation and historical background of counseling
- Part II: Counseling process and methods
- Part III: Counseling Approaches
- Part IV: Specialties in the practice of Counseling

Part I: Introduction to Foundation and Historical Background

Introduction
Counseling is a distinct profession that has developed in a variety of ways in 20th century. Counseling is defined as:

- "An interaction in which the counselor offers another person the time, attention, and respect necessary to explore, discover and clarify ways of living more resourcefully, and to his or her greater well-being" (The BAC, 1999)

  - Distinction between help, guidance, and psychotherapy
  - Historical overview: 20th century- To date
  - **Vocational Guidance Movement: Parsons**
  - **Mental Health Movement: Clifford Beers**
  - **Standardized testing: World Wars**
  - **Licensure and legislation**

  Ethical issues
- **Clients' rights**
- **Keeping Relationships Professional**
- **Professional responsibility**

  Effective counselor
  - Personal characteristics
  - **Empathy**
  - **Positive regard**
  - **Genuineness**
  - **Other: Motives, values, emotions, etc.**

  - Daily world of counselor
  - The Multidimensional Health and Wellness Model

Part II: Counseling Process & Methods
- Microskills are observable actions of counselors & therapists that appear to effect positive change in the session:
- Attending skills
- Listening skills
- Influencing skills
- Focus and selective attention
- Confrontation & challenging

Attending skills

Nonverbal communication

- **Body language & movement, touch**
- **Paralinguistics: pitch, tone, volume,**
- **Physical space**
- **Timing**

Listening & Understanding Skills
- Possess an Attitude of Respect & Acceptance
- Tune into the Client's Internal Viewpoint
- Opening remarks
- Open questions
- Paraphrasing
- Reflection of feeling
- Summarization

Basic Listening Sequence (BLS)

Influencing skills

- **Interpretation/ reframing**
- **Directive**
- **Advice/information**
- **Self-disclosure**
- **Feedback**
- **Logical consequences**
- **Influencing summary**

Focused and selective attention:

- **Initial focus**
- **Focused responding**

Challenging skills
- Speak for themselves
- Mixed messages
- Challenging possible distortions of reality
- Acknowledging choice
- Reframing

How to challenge?

Counseling Process
- Structure
- Initiative (resistance and reluctance)

- Setting
- Client Qualities
- Counselor Qualities

Phases of Counseling Interviews

- Initial session: resistance
- Action and understanding phase: transference
- Termination

Part III: Counseling Approaches
Psychoanalytic Approach

- Classical Psychoanalytic approach
- Neo-Freudians:
    - **Adler**
    - **Jung**
    - **Karen Horney**
    - **Sullivan**

Affective Approaches

- Emphasize human phenomenology
- Emphasize person-to-person relationship
- Humanistic in orientation
- Share a common problem: Vagueness

Cognitive Behavioral Approaches

- **Cognitive Approaches**
    - Stress inocculation
    - Beck's cognitive therapy:
    - RET
    - Eric Berne's Transactional Analysis

- **Behavioral Approaches**

Part IV: Specialties in the Practice of Counseling
- **Groups**
- Marriage & Family counseling
- Career counseling
- Career Counseling
- Community counseling & Consulting

Diagnosis and Assessment