Theories of Counseling

A. Psychoanalytical Theory (Sigmund Freud)

1. View of Human Nature

a. Freud's view of human nature is considered to be dynamic, meaning that there is an exchange of energy and transformation. Freud used the term *catharsis* to describe this release of this energy .

b. Freud saw the personality as composed of a conscious mind, a preconscious mind and an unconscious mind. The conscious mind has knowledge of what is happening in the present. The preconscious mind contains information from both the unconscious and the conscious mind. The unconscious mind contains hidden or forgotten memories or experiences .

2. Structure of Personality

a. The personality has three parts: the id, the ego, and the superego

b. The id is present at birth and is part of the unconscious. The id is the site of the pleasure principle, the tendency of an individual to move toward pleasure and away from pain. The id does not have a sense of right or wrong, is impulsive, and is not rational. It contains the most basic of human instincts, drives, and genetic endowments. .

c. The ego is the second system to develop and it functions primarily in the conscious mind and in the preconscious mind. It serves as a moderator between the id and the superego, controlling wishes and desires. The ego is the site of the reality principle, the ability to interact with the outside world with appropriate goals and activities .

d. The superego sets the ideal standards and morals for the individual. The superego operates on the moral principle which rewards the individual for following parental and societal dictates. Guilt is produced when a person violates the ideal ego denying or ignoring the rules of the superego .

3. Developmental Stages .

    a. *Oral stage* is centered on the mouth as a source of pleasure.

    b. *Anal stage* is centered on the anus and elimination as a source of pleasure.

    c. *Phallic stage* is centered on the genitals and sexual identification as a source of pleasure.
        i. Oedipus Complex is described as the process whereby a boy desires his mother and fears castration from the father, in order to create an ally of the father, the male learns traditional male roles.
        ii. Electra Complex is described a similar but less clearly resolved in the female child with her desire for the father, competition with the mother; and thus, learns the traditional female roles.

    d. *Latency stage* is a time of little sexual interest in Freud's developmental view. This stage is characterized with peer activities, academic and social learning, and development of physical skills.

    e. *Genital stage* begins with the onset of puberty. If the other stages have been successfully negotiated, the young person will take an interest in and establish sexual relationships.

4. Ego Defense Mechanisms

    a. were believed by Freud to protect the individual from being overwhelmed by anxiety. He considered them normal and operating on the unconscious level. Some of the ones most often referred to are:
        i. **Repression** is the defense mechanism whereby the ego excludes any painful or undesirable thoughts, memories, feelings or impulses from the conscious
        ii. **Projection** is the defense mechanism whereby the individual assigns their own undesirable emotions and characteristics to another individual
        iii. **Reaction Formation** is the defense mechanism whereby the individual expresses the opposite emotion, feeling or impulse than that which causes anxiety
        iv. **Displacement** a defense mechanism whereby the energy that is generated toward a potentially dangerous or inappropriate target is refocused to a safe target.

v **Sublimation** is a positive displacement is called whereby the frustrating target is replaced with a positive target

vi. **Regression** is the defense mechanism whereby returns to an earlier stage of development.

vii **Rationalization** is the defense mechanism in which an individual creates a sensible explanation for an illogical or unacceptable behavior making it appear sensible or acceptable.

viii. **Denial** is a mechanism whereby an individual does not acknowledge an event or situation that may be unpleasant or traumatic.

ix. **Identification** is a defense mechanism whereby a person takes on the qualities of another person to reduce the fear and anxiety toward that person

5. Role of the Counselor

a. To encourage the development of transference, giving the client a sense of safety and acceptance. The client freely explores difficult material and experiences from their past, gaining insight and working through unresolved issues. The counselor is an expert, who interprets for the client .

6. Goals of therapy include .:

a. Helping the client bring into the conscious the unconscious

b. Helping the client work through a developmental stage that was not resolved or where the client became fixated

c. Help the client adjustment to the demands of work, intimacy, and society.

7. Techniques

a. *Free Association* is a process where the client verbalizes any thoughts that may without censorship, no matter how trivial the thoughts or feeling may be to the client .

b. *Dream Analysis* is a process where the client relates their dreams to the counselor. The counselor interprets the obvious or manifest content and the hidden meanings or latent content .

c. *Analysis of transference* is a process where the client is encouraged to attribute to counselor those issues that have caused difficulties with significant authority figures in their lives. The counselor helps the client to gain insight by the conflicts and feelings expressed .

d. *Analysis of resistance* is a process where the counselor helps the client to gain insight into what causes form the basis for a hesitation or halting of therapy .

e. *Interpretation* is a process where the counselor helps the client to gain insight into past and present events .

B. Individual Psychology (Alfred Adler)

1. View of Human Nature

a. The Adlerian concept of social interest is the individual's feeling of being part of a whole, spanning both the past, present, and the future. Adler believed that people were mainly motivated toward this feeling of belonging. He did not believe that social interest was innate but rather a result of social training .

b. Adler expressed that people strove to become successful and overcome the areas that they perceived as inferior. He referred to this process of personal growth as striving for perfection. Those who did not overcome feelings of inferiority developed an inferiority complex. Those who overcompensated for feelings of inferiority developed a superiority complex.

c. Adler believed that a person's conscious behavior, not their unconscious, was the mainstay of personality development. Because of this concept, Adlerian theory emphasizes personal responsibility for how the individual chooses to interpret and adjust to life's events or situations .

d. Maladjustment is defined in Adlerian theory as choosing behavior resulting in a lack of social interest or personal growth. Adler believed that misbehavior would take place when the person had become discouraged or when positive attempts at good behavior had failed to get the needed results. Encouragement to good behavior was often the recommended antidote to misbehavior .

e. Another concept is that of teleology, which simply put means that a person is as influenced by future goals as by past experiences .

f. Adlerian espoused the belief that the birth of each child changed the family substantially. He thought that the birth order of the children in the family influenced many aspects of their personality development. Briefly, characteristics of these birth positions are:

> **i.** *Oldest children* are usually high achievers, parent pleasers, conforming, and are well behaved.
> **ii.** *Second born* children are more outgoing, less anxious, and less constrained by rules than first borns. They usually excel as what the first born does not.
> **iii.** *Middle children* have a feeling of being squeezed in and are concerned with perceived unfair treatment. These children learn to excel in family politics and negotiation. However, they can become very manipulative. This position also tends to develop areas of success that are not enjoyed by their siblings.
> **iv.** The *youngest child* is the most apt at pleasing or entertaining the family. While they run the risk of being spoiled, they are also the most apt at getting what they want through their social skills and ability to please. They are often high achievers, because of the role models of their older siblings.

g. Only children or children born seven or more years apart from siblings are more like first born children. Children with no siblings often take on the characteristics of their parents birth order, as the parents are the only role models. While these children may mature early and be high achievers, they may lack socialization skills, expect pampering, and be selfish.

h. Adler saw the family as the basic socialization unit for the child. He believed that children's interpretation of the events in their life was determined by the interaction with family members before the age of five. The family interactions taught the children to perceive events and situations through certain subjective evaluations of themselves and the environment. These perceptions that guided the children's behavior were called fictions. Basic mistakes could be made based on these fictions. Adlerians believe that some of those mistakes are (Mozak, 1984):

> **i.** Over-generalizing in which the individual believes that everything is the same or alike.
> **ii.** False or impossible goals of security which leads the individual to try to please everyone in seeking security and avoiding danger.

iii. Misperceptions of life and life's demands which leads the individual to expect more accommodation than is reasonable and to interpret their failure to get accommodation as never getting any breaks.

iv. Minimization or denial of one's worth results in the individual believing that they cannot be successful in life.

v. Faulty values results in a "me first" mentality with little or no regard for others.

vi. Adler believed that life took courage or a willingness to take risks without knowing the outcome. He believed that a person with a healthy life style contributed to society, had meaningful work, and had intimate relationships. He espoused cooperation between the genders as opposed to competition. He believed that well adjusted people lived in an interdependent relationship with others in a cooperative spirit .

2. Role of the counselor

a. The counselor is as a diagnostician, teacher and model. The counselor helps the client to explore conscious thoughts, beliefs and logic for behaviors that are not in the client's best interest or social interest. The client-counselor relationship is an equal one with the counselor sharing insights, impressions, opinions, and feelings with the client to promote the therapeutic relationship. Therapy is very cognitive with an emphasis on the examination of faulty logic and empowering the client to take responsibility to change through a re-educational process. The counselor encourages the client to behave "as if" the client were who they wised to be and often provides the client with "homework" assignments outside the sessions. Adlerians are eclectic in technique with an emphasis on encouragement and responsibility .

3. Goals of Adlerian counseling

a. Goals focus on helping the client develop a healthy lifestyle and social interest. The counselor assists the client through four goals of the therapeutic process, establishing a therapeutic relationship, examining the style of life, developing client insight, and changing behavior. The behavior change is the result of the individual taking personal responsibility for behavior .

4. Techniques

a. Most commonly used are establishing *rapport, defining style of life* and *helping the client to gain insight*. While Adlerians may borrow many techniques from other theories, specific theories used to encourage change are .

b. *Confrontation* consists of challenging the client's private logic and behavior.

c. Asking "*the Question*" consists of asking the client how their life would be different if they were well? The question often asked to parents is what would be the problem if this child were not the problem?

d. *Encouragement* consists of the counselor supporting the client by stating the belief in the client's ability to take responsibility and change behavior.

e. *Acting "as if"* consists of instructing the client to behave "as if" there were no problem or as the person that the client would like to be.

f. *Spiting in the client's soup* means that the counselor points out the purpose of the client's behavior. Afterward, the client may continue the behavior, but cannot do so without being aware of their motivation for engaging in the behavior.

g. *Catching oneself* consist of helping the client learn to bring destructive behavior into awareness and stop it.

h. *Task setting* consists of helping the client set short-term goals leading toward the attainment of long-term goals.

C. Person- Centered (Carl Rogers)

1. View of Human Nature

a. Rogers viewed human nature as basically good
b. He believed that if given the appropriate environment of acceptance, warmth and empathy, the individual would move toward self-actualization

c. Self-actualization is the motivation that makes the individual move toward growth, meaning, and purpose

d. Person-centered is considered a phenomenological psychology whereby the individual's perception of reality is accepted as reality for the individual .

e. Person-centered is often referred to as a self theory, because of Rogers's emphasis on the self being an result of the person's life experiences and the person's awareness of comparisons to others as the same or different

f. Rogers believed that most people were provided conditional acceptance as children, which lead them to behave in ways that would assure their acceptance. However, in their need for acceptance, the individual often behaved in ways that were incongruent with the real self. Thus, the greater this incongruence between the real self and the ideal self, the greater isolated and maladjusted the person became.

2. Role of the counselor

a. The counselor sets up a environment where the client is safe to explore any aspect of the self. The counselor's job is to facilitate the exploration through a special I-Thou relationship of unconditional positive regard, empathy and warmth .

b. The person-centered counselor uses psychological testing on a limited basis. The Q-sort is sometimes used in assessment by the person-centered counselor. A series of 100 statements are written on cards. The statements are self-descriptions, i.e. I am capable, I am dependent, I am worthless. The client is asked to read and sort each of these statements into nine piles from most like me to least like me. Then the stacks are recorded. The client re-sorts the cards into what they would like to be like. The Q sort gives an indication of the incongruence between the perceived real self and ideal self.

c. The use of diagnostic categories is discouraged as incompatible with the philosophical view of the individual as unique. Diagnosis places the counselor in a position of authority and imposes a treatment plan

3. Goals

a. In person-centered theory are directly concerned with the individual. The counselor facilitates the client toward .:
- i. Realistic self-perception
- ii. Greater confidence and self-direction
- iii. Sense of positive worth
- iv. Greater maturity, social skill, and adaptive behavior
- v. Better stress coping
- vi. More fully functioning in all aspects of their lives.

4. Techniques

a. The techniques used in person-centered therapy have changed over time.

b. Three periods of time in which different techniques were stressed.:
- i. *Nondirective Period (1940-1950)*. In this period of theory development, the counselor focused on listening and creating a permissive atmosphere. The counselor did not provide interventions, but communicated acceptance and clarification
- ii. *Reflective Period (1950-1957).* During this period of time, counselors emphasized being non judgmental of the client, while responding to the client's feelings and reflecting the affect accurately
- iii. *Experiential Period (1957-1980*) This is the period of the EWG: Empathy, Warmth and Genuineness. Empathy is the ability of the counselor to understand the emotions of the client and correctly communicate this understanding. Warmth is also referred to as acceptance and positive regard in person-centered literature. Warmth is the ability of the counselor to convey a unconditional acceptance of the client's personhood. Genuineness or congruence is the ability to be who one really is without assuming roles or facades

c. The counselor helps the client through accurate reflections of feelings, keeping the client focused on the concern, and clarification of feelings and information. The counselor uses open-ended questions or phrases to help the clients gain insight into experiences and necessary changes in their lives

D. Existential Counseling (Rollo May and Viktor Frankl)

1. View of Human Nature

a. Existentialists believe that the individual writes their own life story by the choices that they make.

b. Psychopathology is defined by existentialists as neglecting to make meaningful choices and accentuating one's potential

c. Anxiety is seen as the motivational force that helps the clients to reach their potential. Conversely, anxiety is also seen as the paralyzing force that prevents clients from reaching their full potential. Therefore, through awareness, this anxiety can be helpful in living more fully

d. Frankl shares that each person searches for meaning in life, and that while this meaning may change, the meaning never ceases to be.

e. According to Frankl, life's meaning can be discovered in three ways:
- i. by doing a deed (accomplishments or achievements),
- ii. by experiencing a value (beauty, love, nature, and arts)
- iii. by suffering (reconciling ourselves to fate.

2. Role of the Counselor

a. Each client is considered a unique relationship with the counselor focusing on being authentic with the client and entering into a deep personal sharing relationship

b. The counselor models how to be authentic, to realize personal potential, and to make decisions with emphasis on mutuality, wholeness and growth.

c. Existential counselors do not diagnosis, nor do they use assessment models like the DSM-IV.

3. Goals

a. A goal of existential counseling is to have the clients take responsibility for their life and life decisions.

b. A goal of existential therapy is to develop self-awareness to promote potential, freedom, and commitment to better life choices

c. A major goal is to help the client develop an internal frame of reference, as opposed to the outward one .

4. Techniques

a. The most common technique used in existential counseling is the relationship with the client .

b. Confrontation is also used by existential counselors, when they challenge the clients with their own responsibility for their lives

E. Gestalt (Fritz Perls)

1. View of Human Nature

a. A Gestalt means a whole, and Gestalt therapy is based on the person feeling whole or complete in their life

b. Gestalt therapy is considered to be a here-and-now therapy focusing on awareness with the belief that when one focuses on what they are and not what they wish to become, they become self-actualized. The idea being that through self acceptance one becomes self-actualized

c. The Gestaltists believe that the individual naturally seeks to become an integrated whole, living productively

d. Gestaltists are antideterministic because they believe that people have the ability to change and become responsible

e. Gestalt borrows heavily from the viewpoints of existenitalist, experientialist, and phenomenologicalist with the emphasis on the present and awareness. Gestalt focuses on the client's own inner world of interpretation and assessment of the present life situation

f. Gestaltists believe that individuals emphasize intellectual experience, diminishing the importance of emotions and senses, resulting in an inability to respond to the situations or events in their life

g. Gestaltists believe that thoughts, feelings, and reactions to past events or situations can impede personal functioning and prevent here-and-now awareness. The most common unfinished business is that of not forgiving one's parents for perceived mistakes in one's parenting

h. Awareness is considered on a continuum with the healthiest person being most aware. These people are aware of their needs and deal with them one at a time. The emphasis in on reality and not on embellished or imagined needs. The individual recognizes their internal need and meets that need through manipulation of the need and the environment

i. Difficulty may arise in several ways .:
    i. Loss of contact with the environment and its resources.
    ii.. Loss of contact with self through over involvement with environment.
    iii. Fail to put aside unfinished business.
    iv. Loss the Gestalt resulting in fragmentation or scattering.
    v. Experience conflict between what one should do and what one wants to do.
    vi Experience difficulty with life's dichotomies, i.e. love/hate, pleasure pain, masculinity/femininity.

2. Role of the Counselor

a. The counselor creates an environment for the client to explore their needs in order to grow.

b. The counselor is fully with the client in the here-and-now with intense personal involvement and honesty.

c. The counselor helps the client to focus on blocking energy and to positively and adaptively use that energy.

d. The counselor also helps the clients to discern life patterns.

e. Among the rules that counselors use to help client:
    i. The principle of the now requires the counselor to use present tense.
    ii. I and Thou means that the client must address the person directly rather than talk about them or to the counselor about them.
    iii. Making the client use the I instead of referring to own experiences in the second (you) or third (it) person.
    iv. The use of an awareness continuum that focuses on how and what rather than on why.
    v. The counselor has the client convert questions into statements.
    vi. DSM-IV categories and standardized assessment is not considered necessary within this theory (Gladding, 19960.

3. Goals

a. The emphasis is on the here-and-now of the client's experience

b. The client is encouraged to make choices based on the now as opposed to past

c. Help the client resolve the past

d. Assist the client to become congruent.

e. Help the client to reach maturity intellectually.

f. Help the client shed neuroses.

4. Techniques

a. Techniques in Gestalt therapy one of two forms, either an exercise or an experiment
  i. Exercises include activities such as:
    i. frustration actions
    ii. fantasy role playing
    iii. fantasy
    iv. psychodrama
  ii. Experiments are unplanned creative interventions that grow out of the here-and-now interaction between the client and the counselor.

b. Dream work in Gestalt therapy consist of the client telling the dream and then focusing their awareness on the dream from the perspective of each character or element in the dream

e. Empty chair is a process where the client addresses parts of the personality , as if it were an entity sitting an empty chair. The client may switch perspectives by switching chairs or may simply address the chair. The technique is contraindicated for severely disturbed clients
f. Confrontation is another of the Gestalt exercises that is very powerful. Basically, the counselor calls attention to the incongruence between the client's verbalizations and observed emotions or behaviors

g. Making the rounds is a group exercise in which the client is instructed to say the same sentence to each member of the group and then adding something personal to each person

h. I take responsibility is the phrase that follows each statement expressing statements or perceptions that the client states. The process is to help the client to integrate their internal perceptions and their behaviors

i. Exaggeration is over-dramatizing the client's gestures and movements to help gain insight into their meaning.

j. May I feed you a sentence is the question that the counselor asks before giving the client a more specific expression of what the counselor believes is the underlying message of the client

F. Rational-Emotive Therapy (Albert Ellis)

1. View of Human Nature

a. RET assumes that the individual has the capacity to be completely rational, irrational, sensible or crazy, which Ellis believes is biologically inherent .

b. Ellis is most concerned with irrational thinking especially that which creates upsetting or irrational thoughts.

c. Ellis lists the most common irrational beliefs that clients find disturbing (Ellis, 1984, p.266)
    i. It is absolutely essential to be loved or approved of by every significant person in one's life.
    ii. To be worthwhile, a person must be competent , adequate, and achieving in everything attempted.
    iii. Some people are wicked, bad, and villainous and therefore should be blamed or punished.
    iv. It is terrible and a catastrophe whenever events do not occur as one hopes.
    v. Unhappiness is the result of outside events, and therefore a person has no control over such despair.
    vi. Something potentially dangerous or harmful should be cause to great concern and should always be kept in mind.

vii. Running away from difficulties and responsibilities is easier than facing them.
viii. A person must depend on others and must have someone stronger on whom to rely.
ix. The past determines one's present behavior and thus cannot be changed.
x. A person should be upset by the problems and difficulties of others.
xi. There is always a right answer to every problem, and a failure to find this answer is a catastrophe.

d. Ellis sees the individual as being easily disturbed because of gullibility and suggestibility

e. Ellis is a proponent of the individual thinking of their behavior as separate from their personhood, i.e. "I did a bad thing" rather than "I am a bad person."

f. Ellis believes that each individual has the ability to control their thoughts, feelings and their actions. In order to gain this control, a person must first understand what they are telling themselves (self-talk) about the event or situation .

g. Ellis believes that cognitions about events or situations can be of four types: positive, negative, neutral, or mixed. These cognitions result in like thoughts with positive leading to positive thoughts, negative leading to negative thoughts, etc.

2. Role of the Counselor

a. Counselors are direct and active in their teaching and correcting the client's cognitions
b. Ellis believes that a good RET counselor must be bright, knowledgeable, empathetic, persistent, scientific, interested in helping others and use RET in their personal lives (Ellis, 1980).
c. The counselor does not rely heavily on the DSM-IV categories .

3. Goals
a. The primary goal is to help people live rational and productive lives

b. RET helps people see that it is their thoughts and beliefs about events that creates difficulties, not the events or situations themselves

c. RET helps the client to understand that wishes and wants are not entitlements to be demanded. Thinking that involves the words must, should, ought, have to, and need are demands, not an expression of wants or desires.

d. RET helps clients stop catastrophizing when wants and desires are not met

e. RET stresses the appropriateness of the emotional response to the situation or event. An situation or event need not elicit more of a response than is appropriate

f. RET assists people in changing self-defeating behaviors or cognitions

g. RET espouses acceptance and tolerance of self and of others in order to achieve life goals

4. Techniques

a. The first few sessions are devoted to learning the ABC principle:
    i. Activating event
    ii. Belief or thought process
    iii. Emotional Consequences

b. Cognitive disputation is aimed at asking the client questions challenging the logic of the client's response

c. Imaginal disputation has the client use imagery to examine a situation where the become upset. The technique is used in one of two ways:
    i.The client imagines the situation, examines the self-talk, and then changes the self-talk leading to a more moderate response.
    ii. The client imagines a situation in which they respond differently than is habitual, and are asked to examine the self-talk in this imagery.

d. The Emotional Control Card is an actual card intended for the client to carry in their wallet which has a list of inappropriate or self-destructive feelings countered with appropriate nondefeating feelings. In a difficult situation, the client has this reference card on their person to help them intervene in their own self-talk

e. Behavioral disputation involves having the client behave in a way that is opposite to the way they would like to respond to the event or situation

f. Confrontation occurs when the counselor challenges an illogical or irrational belief that the client is expressing

g. Encouragement involves explicitly urging the client to use RET rather than to continue self-defeating responses

G. Transactional Analysis (Eric Berne)

1. View of Human Nature

a. T.A. has a optimistic view of human nature that believes that people can change despite life's events and that it is never too late to change one's life. All decisions that are made in life can be re-decided
b. TA uses four major methods to analyze and predict behavior:
> **i.** Structural analysis looks at what is happening within the individual.
> **ii.** Transactional analysis looks at what is happening between two or more people.
> **iii**. Game analysis looks at transactions between individuals leading to negative feelings.
> **iv.** Script analysis looks at the life plan the individual has chosen to follow.

c. Structural Analysis describes each person in terms of three ego states:
> **i.** *Parent ego state* contains the parental admonishments and values with dos, shoulds, and oughts
> **ii.** *Adult ego state* contains the objective, thinking, rational and logical ability to deal with reality
> **iii.** *Child ego state* is the source of childlike behaviors and feelings

d. Transactional analysis
> **i**. Complementary transaction are characterized by both people communicating from the same ego state
> **ii**. Crossed transactions are characterized by both people coming from different ego states and resulting in an unexpected hurtful response.

iii. Ulterior transactions are characterized by people coming from different ego states, but the responses appear to be from the same ego state .

iv. Game analysis involves three levels of games or ulterior transactions that appear to be complementary. These three level of games are:

a. First degree which are games played in social situations leading to mild upsets.

b. Second degree games are played in more intimate circles and lead to really bad feeling.

c. Third degree games are violent usually ending in jail, hospital or the morgue.

e. Script Analysis involves the plans that a person makes for their life. Some of the common ones are:

i. Never scripts result in a person who believes he/she is a never do well.

ii. Until scripts result in the person who continues to wait until they can deserve the reward.

iii. Always scripts results in a person continuing without change.

iv. After scripts results in anticipation of difficulty after a certain event.

v. Open-ended scripts result in lack of direction after a given time or event.

vi. The ideal life script is one that is characterized by the I am ok and you are ok . Less desirable scripts are characterized by the statements: I'm Ok, you are not OK; I 'm not Ok , You're OK; and I'm not OK, You are not OK.

2. Role of the Counselor

a. The counselor is a teacher of transactional analysis and its unique language.

b. The counselor contracts with the client for the changes that they desire

3. Goals

a. The goal is to not only learn to adjust to life but to attain health and autonomy

b. Through the gaining of autonomy the client can be more aware, intimate and spontaneous living a life free of games and self-defeating life scripts .

4. Techniques

a. In addition to structural, transactional, game and script analysis, TA counselors other techniques. Some of these techniques are:

    i. *Treatment contract* which is a agreement between the counselor and the client about what is to be accomplished and what responsibilities are agreed upon.

    ii. *Interrogation* involves forcing the client to answer from the adult ego state through a succession of confrontive questions

    iii. *Specification* is identifying the ego state that is the source of the transition.

    iv. *Confrontation* is the process of pointing out inconsistencies

    v. Explanation is a process where the counselor teaches the Adult ego state of the client a tenet of TA

    vi. *Illustration* is a story or example that is used to portray a point

    vii. *Confirmation* is a technique where the counselor directs the client's attention to a previously modified behavior that is reoccurring

    viii. *Interpretation* involves the counselor explaining tot he child ego state the reason's behind the client's behavior

    ix. *Crystallization* occurs when the client realizes that game playing can be given up and the client can enjoy the freedom of choice in behavior

H. Behavioral Theories (B. F. Skinner)

1. View of Human Nature

a. Behaviorists, with the exception of cognitive behaviorists, concentrate on be observed .

b. Behaviorism has a here-and-now focus

c. A basic tenet of Behaviorism is that all behavior is learned whether the behavior is maladaptive or adaptive

d. Behaviorists believe that adaptive behavior can be learned to replace maladaptive behavior

e. Behaviorists believe in setting up well-defined, measurable and observable goals in therapy

f. Behaviorists reject the idea that human personality is composed of traits

g. Behaviorists strive for empirical evidence to support their use of specific techniques and to support the usage of behavioral therapy techniques

h. Respondent learning is often referred to as stimulus-response learning in which the learner does not need to be an active participant. The outcome is the conditioning of involuntary responses. The unlearning of these conditioned responses is called counterconditioning

i. Operant conditioning requires that the participant be actively involved. This type of learning involves rewarding the desired behavior or punishing the undesired behavior until the person learns to discriminate the desired behavior that elicits the reward. Operant conditioning differs from respondent conditioning in that operant conditioning is the conditioning of voluntary responses through rewards or reinforces

j. Social modeling is the process where new behavior is learned from watching other people and events without experiencing the consequences from the behavior or engaging in the behavior

2. Role of the Counselor

a. Roles of the behavioral counselor are varies and include being a consultant, a reinforcer, and a facilitator

b. The counselor is active and may supervise other people in the client's environment to achieve the goals of therapy

c. Counselors using social learning may model the desired behavior, while respondent and operant conditioning counselors are more directive and prescriptive in their approach to the therapy goals

d. Use of tests and diagnosis varied greatly among behavioral counselors

3. Goals

a. The goal of behaviorists counselors like other theories is to improve the life of the client through better adjustments to life and to achieve personal goals professionally and personally .

b.Four steps in developing therapeutic goals are .:

    i.Define the problem concretely specifying when, where, how and with whom the problem exists.

    ii. Take a developmental history of the problem eliciting conditions surrounding the beginning of the problem and what solutions the client has tried in the past.

    iii. Establish specific subgoals in small incremental steps toward the final goal.

    iv.Determine the best behavioral method to be used help the client change.

4. Techniques

a. Reinforcers increase the desired behaviors, when they follow the behavior. b.Reinforcers can be negative or positive. Positive reinforcers are those that are desired by the client; while negative reinforcers are contingencies to be avoided. Primary reinforcers are those that are intrinsically; while secondary reinforcers are tokens that aquire their value by being associated with a primary reinforcer .

c. Schedules of Reinforcement

    i. Fixed-ratio means that the reinforcer is delivered after a set number of responses .

    ii. Fixed-interval means that the reinforcer is delivered after a set time lapses .

    iii. Variable-ration means that the reinforcer is delivered after varying numbers of responses .

iv. A variable-interval means that the reinforcer is delivered at varying time intervals .

b. Shaping is learning behavior in small steps that are successive approximations toward the final desired behavior. Chaining is the order of the desired sequence of skills leading to the desired behavior .

c. Generalization is the transfer of the learnings from the behavioral therapy room to the outside world .

d. Maintenance is the consistent continuation of learned behaviors without support from external sources to the client's self-control and self-management .

e. Extinction is the elimination of a behavior through withholding a reinforcer

f. Punishment is the delivery of aversive stimuli resulting in suppressing ro eliminating a behavior .

g.Behavioral rehearsal is the of repeating and improving a behavior until the client accomplishes the behavior that is desired .

h. Environmental planning is a process where the client arranges the circumstances to promote or inhibit particular behaviors .

i. Systematic desensitization a process accomplished through successive approximations to reduce anxiety toward an anxiety provoking event or situation. The steps needed to accomplish the behavior are listed and prioritized from no anxiety to most anxiety. The hierarchy is reviewed with the counselor helping the client to learn relaxation techniques to reduce or overcome anxiety. As a client cannot feel anxious and relaxed at the same time, the phenomenon is termed reciprocal inhibition. Through this process, the client can ultimately perform the desired behavior .

j. Assertiveness training is a technique where the client is taught to express their appropriate feelings without hostility, anxiety, or passivity. The actual training may include all of the other behavioral techniques to achieve the desired behaviors .

k. Contingency contracts are written agreements in which the desired behaviors are specifically described, what reinforcers are to be given and under what circumstances the reinforcers will be administered to the client. Contingency contracts are most often used in working with children .

l. Implosion is having the client desensitized by imagining a anxiety provoking situation that may have a dire consequences. Flooding is similar except the anticipated outcome of the anxiety provoking situation is not dire. This technique is contraindicated for use by beginning counselors .

m. Time out is an aversive technique where the client is prevented, usually through some form of isolation, from receiving a positive reinforcer.

n. Overcorrection is an aversive technique where the client is required to restore the environment and to improve it substantially .

o. Covert sensitization is an aversive technique where a behavior is eliminated by pairing its association with an unpleasant thought .

p. Cognitive restructuring is helping the clients change how they think about an event or situation by examining their thoughts and challenging the irrational or self-defeating thoughts .

q. Stress inoculation is a three step preventive technique .:

r. Define the nature of stress and coping for the client.

s. Teach specific stress reduction and coping skills to expand those stress and coping skills the client already uses.

t. The client practices these new skills outside of the therapy room in real life situations

u. Thought stopping is a series of procedures which help the client to replace self-defeating thoughts with assertive, positive or neutral thoughts. The initial procedure is one in which the counselor asks the client to think obsessively in a self defeating manner, then suddenly and unexpectedly yells, "stop." The client cannot continue the self-defeating thoughts after this disruption .

I. Reality therapy (William Glasser)

1. View of Human Nature
a.Glasser maintains that people act on a conscious level and that they are not driven by instincts and the unconscious .
b. Glasser believes that there is a health/growth forces in every person that seeks both physical and psychological health/growth. He separates these into the old brain or primitive physical needs and into the new brain or psychological needs. While the old brain contents itself with maintaining life, the new brain seeks belonging, power, freedom and fun .
c. Glasser believes that identity or a healthy sense of self is necessary. A success identity comes from being loved and accepted. A failure identity comes from not having needs for acceptance, love and worth met. A person must experience identity before they can perform a task .
d. Glasser espouses two critical periods of development in children (Gladding,
i. Children ages 2 to 5 first learn socialization and learn to deal with frustrations and disappointments. Children not getting support and love from their parents during this critical time begin to establish a failure identity.
ii. The second critical period is between 5 and 10 years or the early school years. Children who have socialization or academic problems may establish a failure identity.
e. Glasser suggests that human learning is a life long process; therefore, one can change one's identity at any time in one's personal history by learning what needs to be learned .
f. Glasser believes that humans are self-determined. He believes that each person has within themselves a picture or perception of themselves. Each person then behaves in a way that is determined or controlled by this image of self so that the self image can be maintained. This control theory has three parts (Gladding:
i. B is the behavior
ii. C is the control, where a comparison is made between the desired image and the image the behavior is producing.
iii. P is the perception or the development of the image.

2. Role of the Counselor
a. The counselor is a teacher and a model to the client .
b. The counselor creates an atmosphere of acceptance and warmth helping the client focus on the control of displayed thoughts and actions .
c. The reality counselor used "ing' verbs to help the client describe their thoughts and actions, i.e. angering, bullying, intimidating, excusing .

d. The focus of therapy is on the behavior that the client needs or wants to change and how to change that behavior in a positive manner .
e. Reality therapy does not generally use formal assessment techniques or diagnostic categories .

3. Goals

a. The first goal of reality therapy is to help the client to become psychologically strong and rational. A strong and rational person is one that is autonomous and behaves responsibly toward self and others .
b. Reality therapy's second goal is to help the clients to determine what they want in life .
c. An important goal is to help the client to develop a practical plan to accomplish their personal needs and desires .
d. Establishing an involved and meaningful relationship with the client is another goal of therapy .
e. The counselor helps the client put the past behind and focus on the present and the outcome of present behaviors .
f. Another goal is to accept no excuses and to eliminate punishment from the client's life .

4. Techniques

a. The main technique has three basic steps .:
b. Through involvement with the client, the counselor helps the client to see the reality and understand how a behavior is unrealistic.
c. The counselor separates the client from the behavior and rejects the behavior without rejecting the client.
d. The final step is to teach the client how to fulfil their needs realistically and positively.
e. Glasser uses humor to point out absurdity without being sarcastic (Gladding,
f. Glasser uses confrontation to help the client accept responsibility for behavior
g. Reality therapy uses a system termed WDEP. The system consists of establishing what the clients want, what they have doing, evaluate how helpful their actions have been, and to plan for how they want to behave in the future
h. The eight steps that reality therapy uses to accomplish its goals and techniques:
    i. Establishing a relationship.
    ii. Focusing on present behavior.
    iii. Client evaluation of his or her behavior.
    iv, Developing a contract or plan of action.
    v. Getting a commitment from the client.

vi. Not accepting excuses.

vii. Allowing reasonable consequences but refusing to use punishment.

viii. Refusing to give up on the client.

ix. Glasser's final technique is NEVER GIVE UP .

The preceding material was outlined from the following text:
Gladding, S.T. (1996).

A. Consultation

1. The Stages of Consultation (Daugherty, 1995)
   a. The first stage is called the entry because it is the point at which the consultant enters the organization and/or relationship. During this stage the relationship is built, the problem and its parameters are defined, a contract is agreed upon, and contact with the consultees are made. This stage establishes the foundation for the remainder stages.
      1. The consultant explores the organizations needs (Dougherty,
      2. Should consultation take place?
      3. Why am I here?
      4. Who are you?
      5. What is likely to happen?
      6. What will be the result?
      7. What can go wrong?
   i. Phase 2: A contract is developed to agree upon consultation, fees, expectations of participants, and deadlines. The elements of a contract include (Gallessich 1982
      1. general goals of consultation;
      2. tentative time frame;
      3. consultant's responsibilities:
      4. services to be provided
      5. methods to be used
      6. time to be committed to the agency
      7. evaluation of the degree to which goals are achieved
      8. agency's responsibilities:
      9. nature and extent of staff contributions to consultation,
      10. fees to be paid to consultant, including expenses;
      11. consultant's boundaries
      12. the contact person to whom the consultant is to be responsible.
      13. people to whom the consultant is to have access (and those who are out of bounds)
      14. consultant's access to departments, meetings, and documents,
      15. conditions for bringing in other consultants or trainees,
      16. confidentiality rules regarding all information;
      17. arrangements for periodic review and evaluation of the consultant's work; explication of freedom of either party to terminate the contract if consultation progress is unsatisfactory.

ii. .Phase 3: The consultant physically enters the organization and begins contact with consultees

iii Phase 4: The consultant psychologically enters into the system by establishing rapport and the relationship and minimizes resistance.

b. Stage two is the diagnosis stage. The problem is examined more in depth than in the entry stage. The consultant and the consultee establish goals and generate method to meet these goals (Dougherty, 1995).

i. Phase 1: Gathers information.

1. Decide to proceed.

2.Select dimensions.

3. Decide the personnel to be involved in data collection.

4. Select data collection methods. Possible types of data to be collected are:

5. genetic data or common information.

6. descriptive data

7. process data

8. interpretative data

9. consultee-client system relationship data

10. client system behavior data

ii. Phase 2: Defines the problem.

iii. Phase 3: Sets goals.

iv. Phase 4: Generate interventions.

c. Stage three is called the implementation. The emphasis in on taking action and planning (Dougherty, 1995).

i. Phase 1: Choose an intervention.

1. Individual Interventions

2. Consultee-centered case consultation

3. Problem-solving/decision making education/training

4. Stress management

5. Cognitive restructuring

6. Stress inoculation training

7. Transactional analysis

8. Coaching and counseling

9. Life- and career-planning activities

10. Sensitivity training

11. Dyadic and triadic interventions

12. Activities to increase effectiveness

13. Third-party peacemaking

14. Groups and Team Interventions

15. Team building involves improving the teams functioning by examining and evaluating the interactions among the team members.

16. Nominal group technique involves group problem solving through the groups involvement and creativity.
17. Quality circles involves small group that usually work together that focus on work quality, productivity and motivation.
18. Work teams provide advice and involvement, production and service, projects and development, and action and negotiation.
19. Adventure activities and social drama with intact groups are usually used for team building, i.e. ropes courses, retreats, etc.
20. Interventions to use between Group
    a. intergroup team building involves improving communication and cooperation, reducing inappropriate competition, and developing interdependence.
    b. organizatonal mirroring involves one group, called the host group, invites other groups to share their perceptions of them.
21. dispute systems design (conflict management)
22..Interventions for the entire organization
23. Process consultation looks at the communication patterns, problems solving and decision making.
24. Survey feedback/action research is based on data collected about the organization.
25. Collateral organization is working with a small unit within the organization.
26. Strategic planning is planning for future outcomes and potential problems.
    ii. Phase 2: Formulate a plan.
    iii. Phase 3: Implement the plan
    iv. Phase 4: Evaluate the plan.
d. Stage four is called disengagement. The consultation goes through a process whereby there is a gradual reduction in the activity and dependency on the consultant (Dougherty, 1995).
    i. Phase 1 Evaluate the consulting process.
    ii. Phase 2: Plan for postconsultation concerns.
    iii. Phase 3: Reduce involvement and follow up.
    iv. Phase 4 Terminate

B. Organizational Consultation

a. Organization consultation involves a professional working either inside or outside of the organization to provide technical, diagnostic/prescriptive, or facilitative assistance to individual or group from the organization to change, maintain, or enhance the organization's effectiveness (Dougherty, 1995).

1. Key Concepts
    a. The organization or some part of it is the client. Synergy is the idea that the products are greater than the sum of its parts and is used to explain the complexity of organizations.
    b. Process is an important as content…in other words, the way that information and communication occurs within the organization is as important as the structure of the organization.

2. Organizational consultation Process
    a. Consulcube (Blake & Mouton; 1976,1983) is a cube with one hundred cells each depicting a relationship between the units of change (clients), the kinds of interventions and the focal issues (problems). The consulcube is used to illustrate the interrelatededness and fundamental principles in organizational strategies.

3. Interventions
    a. Acceptant based on the feelings of acceptance from the consultant that allows objective view of the problem.
    b. Catalytic allows the consultee to understand work-related situations through existing or new information.
    c. Confrontation interventions leads to the consultees to examine values about problems.
    d. Prescriptive interventions relies on diagnosis of the problems and providing potential solutions.
    e. Theories and principle intervention provides the consultee with systematic and empirically tested methods to view problems…more of a psychoeducational approach.
    f. Units of change can be a group, an individual, selected groups, organizations, or other social systems.
    g. Focal Issues
        i. power/authority issues
        ii. morale/cohesion
        iii. norms/standards (rules)
        iv. goals/objectives
        v. Schein's Models of Organization Consultation (Dougherty, 1995)

h. Purchase of Expertise Model essentially for this model to be successful the consultee knows what the problem is, how to solve it, and who can be of help. The most frequently used approach in this model is the education/training consultation, where the consultees are given information and taught skills.

i. Doctor-Patient Model in this model the consultee knows that something is wrong, but cannot identify it. The consultant diagnoses the problem and then prescribes a solution.

j. Process Model involves the consultant and consultee forming a team to define the problem and explore solutions to the problem.

C. Mental Health Consultation

a. Mental health consultation is process consulting between professionals to assist in the mental health aspects of work-related problems that concerns the client or the organization (Dougherty, 1995).

1. Key concepts (Dougherty, 1995)

a. .Basic characteristics of mental health consultation from Caplan's view:

b. Consultation between two professionals in respect to a client or program.

c. The consultee defines the problem as being mental health related problem of the client and the consultant has the expert knowledge to help.

d. The consultant has no administrative responsibility or professional responsibility for the outcome of the client's case. The consultant is not responsible for the consultee's conduct in the case.

e. The consultee does not have to accept the consultant's ideas and suggestions.

f. The consultant and the consultee are equal in the relationship.

g. The relationship is improved by consultant and consultee having different professional identities or being external to the consultee's agency.

h. The consultant usually meets only a few times with the consultee individually and does not encourage a dependent relationship with continuing contact beyond the current concern. In group consultation, the independence of its members is encouraged by the peer support.

i. Consultation is expected to continue throughout the professional life of the consultee as the consultee becomes more sophisticated and competent.

j. The consultant does not have an agenda of information to be given to the consultee, but simply assists in the areas that the consultee requests.

k. The two goals of the consultation is to help the consultee with the current problem and how to approach future similar concerns.

l. The aim of the consultation is to help the consultee to improve their job performance.

m. Consultation is not intended to be therapy for the consultee, but if a personal issue effect the consultee's ability to work with the client, then personal issues are discussed.

n. Consultation is provided by a person with a training specialty.

o. This form of consultation is a type of communication between the mental health specialist and other professionals.

p. Psychodynamic Orientation used by the Caplan model is based on the concept that behavior is a product of unconscious motivation. The childhood experiences of the consultee may create issues that result in inner conflicts that govern behavior. The consultant does not deal with these issues directly, but rather through indirect methods (Daugherty, 1995).

q. Transfer effect is the concept that something that is learned in one situation will be transferred or used in other similar situations. Transfer of Effect is a major focus of Caplan's model (Daugherty, 1995).

r. "One-Downmanship" is the descriptions of the relationship in which the consultant stays in an equal or peer relationship with the consultee.

2. Types of Consultation (Daugherty, 1995)
   a. Focuses on a case
   b. client-centered case consultation
   c. consultee-centered case consultation
   d. Focuses on administrative problems.
   e. program-centered administrative consultation
   f. consultee-centered administrative consultation

3. The Consultation Process (Daugherty, 1995).
   a. Client-Centered Case Consultation Process
      i. Goals include helping the consultee to develop a interventions plan and to gain information and/or skills to help in future similar cases.
      ii. The consultant services as an expert in assessment, diagnosis, and recommendations for the consultee's client.
      iii. The consultee's experience in the consultation is a peer relationship in which the consultant provides information, opinions, collaboration, and recommendations to the consultee about the case. The consultee is free to accept and/or adapt the consultant's recommendations.
      iv. Application usually requires a written letter or report.
   b. Consultee-Centered Case Consultation Process (Daugherty, 1995)

i. The primary goal is to help the consultee to overcome shortcomings in working with a particular type or class of clients.

ii. The function of the consultant is to be more directive in analiyizing the consultee's lack of skills, knowledge, and to provide the training or self-exploration needed to help the consultee help the client.

iii. The consultee's experience is that of one who is responsible for the case, but who seeks to broaden and enrich their understanding and emotional mastery of the case.

iv. In application, four types of intervention are used:

    1. Education to help with lack of knowledge.

    2. Training to help with lack of skills

    3. Support and encouragement to provide self-confidence.

    4. Provides an objective perspective of the case. Areas that may cause the consultee to lose the objectivity are:

vi.Simple identification with the client.

    1. Transference where the consultee attributes emotions and attitudes to the client.

    2. Characterological distortions where minor disturbances in the consultee prevent them from seeing the client's case clearly.

    3. Theme interference is best explained by the consultee experiencing blocking with the client.

c. The Program-Centered Administrative Consultation Process (Daugherty, 1995)

    i. The consultant enters the organization and consults with the administrator concerning the functioning of the organization and makes recommendations in writing.

    ii. The consultant functions in the role of data-collector, action-plannner, and communicator to accurately and clearly present the findings and recommendations to the administration and its representatives.

    iii. The consultee usually initiates the process and is the person that the consultant provides with the recommendations and the written report. Basically, the consultee is the primary resource for information and the receiver of what the consultant disseminates.

    iv. The consultant provides services in a written form as determined by the contract with the principal consultee.

d. The Consultee-Centered Administrative Consultation Process (Daugherty 1995)

    i. The consultant works with the organization's administrative-level personnel to problem solve in personnnel management or implementation of organizational policy.

ii. "The consultant enters the organization, performs relationship-building activities, studies the social system of the institution, plans an interventions, and intervenes at the individual, group, or organiational level, and then evaluates and follows up" (Doughtery, 1995, p. 261).
iii. Basically, the consultees takes the information and recommendations that the consultant provides and applies, alters or implements them as they see fit.
iv. In the application two unique problems exist: 1) who will be included in the dissemination of information and 2) is the free movement of the consultant in a nonthreatening manner.

4. Recent modifications in the Caplanian Model (Doughtery, 1995).
   a. Collaboration has been considered to complement consultation goes beyond consultation in that the consultant may intervene in a hands on fashion.
   b. Mediation and conciliator are also expanded types of consultation in which the third party helps problem solve.
   c. Ecological Perspective is an emerging theory of mental health consultation that espouses that the consultant needs to be part of the community system and initiate changes that will produce an environment that promotes mental health. The focus is on prevention (Doughtery, 1995).

5. Behavioral Consultation (Dougherty, 1995)
   a. Behavioral consultation is much like other forms of consultation with the exception that the consultant uses techniques taken from behavior therapy with focus on problem solving using behavioral interventions, like modeling, social learning, token economies, etc (Dougherty, 1995).
   b. Key concepts of behavioral consultation focus on the scientific view of behavior, the influences on behavior, and the principles of behavioral change (Dougherty, 1995).
   c. Behavioral consultants use the scientific view in that they define a problem, prescribe an intervention and then test the intervention to see if or to what degree the intervention was successful as defined by the initial problem definition. This scientific view often leads the consultant to use empirical testing of controlled experiments. An example might be two possible problem solutions provided to two different but similar groups compared to a control group, before implementing a program throughout a company.
   d. Behavioral consultation looks at the current behaviors and focuses on what changes are needed in those to alleviate the problem.

e. Behaviorists consider behavior to follow certain rules and that by changing the consequences of behaviors, the problematic behaviors can be changed. The behaviorist consultant may employ reinforcement, punishment, extinction, shaping, or modeling to change a problem behavior.

f. Behavioral technology training, behavioral system consultation, and behavioral case consultation are the three forms of behavioral consultation (Dougherty,

g. In behavioral technology training, the consultant provides training in how to use behavior modification procedures or cognitive-behavioral approaches within the context of the consultee's environment.

h. In behavioral system consultation the behavioral principles are applied to the system. The consultant works an expert in applying behavioral principles to the system through the following techniques (Daugherty, 1995):

    i. System definition which looks at both the process and the structure of the system.

    ii. System assessment which includes gathering data and determining the strengths and weaknesses of the system.

    iii. System intervention which includes prioritizing the system's needs, specifying the behavioral outcome goals, and designing and implementing intervention programs.

    iv. System evaluation which concerns looking at how much of change can be attributed to the interventions and what level of change is experienced.

i. In behavioral case consultation the consultant provides direct services to the consultee in the direction of interventions and management of a client. The consultant relies on verbal interaction techniques in which the consultant encourages specific verbal responses or specific types of verbal responses. These verbal interchanges can be classified as message source, message content, message process, and message control (Daugherty, 1995).

j. Behavioral consultation can be characterized by the following stages (Daugherty,

    i. Problem identification stage

    ii. Problem analysis stage

    iii. Plan (treatment) implementation stage

    iv. Problem (treatment) evaluation

6. School-Based Consultation (Daugherty, 1995)

a. Consulting with School Administrators may include case consultation, program consultation, or organizational development consultation. Organizational development is used to help the school to make changes or

adaptations using a systems approach. The approach generally follows the generic model first presented in this review (Daugherty, 1995).

b. Consulting with Teachers may include enhancing professional skills and to assist in the psychoeducational interventions (Daugherty, 1995).

    i. Adlerian Consultation is based on four assumptions:

        1. Students must take responsibility for their behavior.

        2. Encouragement is more powerful than praise.

        3. Failure is not always the teacher's fault.

        4. Affective needs of students is an important as the cognitive needs of students.

c. Instructional consultation is used to improve or train teachers in new models for instruction.

d. Consulting with Parents include consulting with parents about their children on an individual basis or consulting with parents through providing parent education/training (Daugherty, 1995).

e. Pragmatic issues in School-Based Consultation include (Daugherty, 1995):

    i. Ethical issues, especially informed consent and confidentiality.

    ii. Training issues especially the lack of formal training for consultation for school supervisors.

    iii. Working with other school-based consultants include both the opportunity for collaboration and for conflict among the consultants.

    iv. Unique school-based interventions can include such things as teacher support groups, media programs, and focused problem prevention themes or units.

    v. Systems view of the school is a difficult one for the school to implement as it entails changes in communication between the home and the school.

f. Developing a framework for prevention and intervention.

    i. The empowerment model is more often used to encourage the teacher to seek and answer problems as opposed to the problem solving model used in other types of consultation.

    ii. Time constraints tend to provide difficulties as there is little free time for parents and teachers to receive consultation.

    iii. Cultural change involves changing the culture or environment within and without the school setting. This concept is not so much a diversity issue as an environmental and organizational change.

A. Helping Models

    1. The Skilled Helper (Gerard Egan)

a. Basic Communication Skills (Egan, 1994)
- i. Attending (SOLER)
    1. Face the client Squarely.
    2. Adopt an Open posture.
    3. Remember to Lean toward the other.
    4. Maintain Eye contact.
    5. Appear Relaxed.
- ii. Active listening
- iii. Nonverbal behavior as communication
- iv. Bodily behavior i.e. posture, body shifts and gestures.
- v. Voice-related behavior, i.e. tone, pitch, volume, intensity.
- vii. Observable automatic physiological responses, i.e. breathing, flushing, blushing, paleness, pupil dilation.

b. Physical characteristics, i.e. level of fitness, height, weight, complexion, etc.
- i. General appearance, i.e. grooming, clothing choice

c. Nonverbal behavior as punctuation
- i. Confirming or repeating what is verbally said.
- ii. Denying or confusing what is said verbally.
- iii. Strengthening or emphasizing what is verbally being said.
- iv. Controlling or regulation verbal responses.
- v. Verbally listen to the expressed
    1. experiences
    2. behaviors
    3. affect

d. Listen for and to the context of the client's life.

e. Listen for the distortions or misperceptions of self the client may have.

f. Obstacles and distractions to active listening are:
- i. Inadequate listening.
- ii. Evaluative listening
- iii. Filtered listening
- iv. Labeling used as a filter for listening.
- v. Fact-centered rather than client centered listening
- vi. Rehearsing….thinking about what you the counselor will say next as opposed to just hearing the client.
- vii. Sympathetic listening (involves feeling sorry for the client and allowing those feelings to prevent the counselor from being helpful).

g. Interrupting is a obstacle when it is used to meet the counselor's need, but can be useful when used to refocus the client or assure the client of understanding.

h. Empathy is the ability to draw from your own experiences, emotions and behaviors and making a response to the client that indicates an shared understanding of the client's experiences, emotions, and behaviors.

i. Search for Core Messages

j. Feelings as expressed in the formula statement You feel….(followed by the appropriate level of intensity and emotions).

k. Experiences and behaviors are expressed by the addition of "because" to the formula statement…..You feel……because…

l. Empathy has to be accurate as confirmed thorough the client's verbal and/or nonverbal behaviors.

m. Uses of Empathy
    i. Build the relationship.
    ii. Stimulate self-exploration
    iii. Check understandings.
    iv. Provide support.
    v. Lubricate communication.
    vi. Focus attention.
    vii. Restrain the helper.
    viii. Pave the way.

n. Responses that Indicate a lack of Empathy are:
    i. Failure to respond at all.
    ii. A question
    iii. A Cliché
    iv. An interpretation
    v. Advice
    vi. Parroting
    vii. Sympathy and agreement
    viii. Probing
        1. Probes do not have to be questions they can be statements that encourage the client to talk or to clarify.
        2. Probes can be interjections that help the client to focus.

o. Questions can help the clients to talk more freely and concretely. Questions should follow these guidelines:
    i. Do not ask two many questions.
    ii. Ask questions that serve that serve a purpose.
    iii. Ask open-ended questions that help clients talk about specific experiences, behaviors and feelings.
    iv. Questions should keep the focus on the clients and their interests.
    v. Ask questions that help clients get into the stages and steps of the helping model.

2. Stages of Counseling (Egan, 1994)

a. Stage I: Reviewing the Problem: The goal is to help the clients to identify, explore and clarify their problem issues and unused opportunities.

    i. Step I-A: Telling and Clarifying the Story
    ii. Step I-B: Identifying and Challenging Blind Spots
    iii. Step I-C: Searching for Leverage (Egan uses the word leverage much like other theories use the word empowerment or personal strength)

b. Stage II. Developing the Preferred Scenario: The goal is to help the clients identify what they want as outcomes based on the problems situation and the opportunities.

    i. Step II-A: Developing Preferred-Scenario possibilities
    ii. Step II-B: Translating Possibilities into Viable Goals
    iii. Step II-C: Commitment to a Program of Constructive Change

c. Stage III: Determining How to Get There: Help the clients take action based on what they have learned in counseling and translate these learning into strategies for accomplishing goals.

    i. Step III-A: Brainstorming Strategies for Action
    ii. Step III-B: Choosing the Best Strategies
    iii. Step III-C: Turning Strategies into a Plan

3. Natural Problem Management Process from the Client's Point of View (Egan, 1994)

a. Aware of concern, issue, or set of issues.
b. Sense of Urgency as the situation becomes increasingly uncomfortable.
c. Look for remedies to situation.
d. Examine the Costs of pursuing different solutions. The costs can be emotional, physical, relationship, and monetary.
e. Weighing of choices to evaluate the cost of the taking action against withdrawing.
f. Intellectual decision is made in favor of one of the choices and the action taken.
g. The heart joins the head or the emotions come into line with the cognitive decision.

4. Helping Process Values (Egan, 1994)

a. Pragmatism or using what will work in the counseling process.
b. Maintain a real life focus.
c. Stay flexible
d. Develop a bias toward action.
e. Do Only what is necessary
f. Be realistic.

g. Competence is the helper's ability to add the client's program of change and life.

h. Become good at helping.

i. Continue to learn.

j. Practice what you preach.

k. Be assertive

l. Find competence, not in behavior, but in outcomes.

m. Respect

n. Understanding and valuing diversity.

o. Understanding and valuing the individual

p. Do no harm.

q. Appreciate how people are different.

r. Treat clients as individuals.

s. Suspend judgment.

t. Make it clear that you are on the client's side.

u. Be available.

v. Assume the client's goodwill.

w. Be warm within reason.

x. Keep the client's agenda in focus.

y. Help client through the pain.

z. Genuineness

aa. Do not overemphasize the helping role.

bb. Be spontaneous

cc. Avoid defensiveness.

dd. Be open

5. Client Self-Responsibility

a. Start with the premise that clients can change if they choose.

b. Help clients see counseling sessions as work sessions.

c. Help clients discover and use their own resources.

d. Do not overrate the psychological fragility of clients.

e. Help clients turn self-dissatisfaction into a lever for change.

f. Reconciling Self-Responsibility and social influence

g. Use a participative rather than a directive model for helping.

h. Help clients discover and use the power that they have.

i. helping as a natural, two-way influence process.

j. Become a consultant to clients

k. Democratize the helping process.

6. Microskills Hierarchy (Allen Ivey)

a. Attending behavior means that the counselor is using culturally and individually appropriate (Ivey, 1994):

i. eye contact (look at the client)

ii. body language (face squarely, lean forward slightly, have a pleasnat expression, use facilitative gestures)

iii. vocal qualities (tone and speech rate indicating a positive attitude toward client)

iv. verbal tracking skills (keeping to the topic that the client indicates).

b. Open and closed questions (Ivey, 1994)

i. Questions help begin the interview

ii. Open questions help elaborate and enrich the interview

iii. Questions help bring out concrete specifics of the client's world

iv. Questions are critical in the diagnosis and assessment of a problem

v. First word of open questions many times with result in predictable outcomes.

vi. What leads to facts

vii. How leads to discussion of processes and sequences.

viii. Why leads to discussion of reasons.

ix. Could leads to often leads to a short answer…"no".

x. Questions have certain potential problems

1. Bombardment/grilling

2. Multiple questions or a series of questions at once.

3. Questions that are statements of opinion of the counselor.

4. Cultural differences sometimes makes questions inappropriate.

xi. Why questions make people defensive

1. Questions used to control

xii. Questions can be used to monitor the comfort and pace of the interview.

c. Client observation skills (Ivey, 1994)

i. Nonverbal behavior

ii. Verbal behavior

iii. Discrepancies

d. Encouraging, Paraphasing and summarization (Ivey, 1994)

i. Encouragers are those gestures, comments, or nonverbal gestures that prompt the client to continue talking.

ii. Paraphrases is using the client's word and your own to sorten or clarify the client's comments.

iii. Summarizations are used to help the client organize their thinking.

e. Reflections of feeling (Ivey, 1994)

7. Five-stage interview structure (Ivey, 1994)

a. Rapport/structuring

b. Defining the problem
c. Defining a goal
d. Exploration of alternatives and confronting incongruity
e. Generalization to daily life.

8. Confrontation (Ivey, 1994)
a. Identify incgruities and mixed messages.
b. Work toward the resolution of incongruity and mixed messages
c. Evaluating the change process

9. Focusing (Ivey, 1994)
a. Focus on the client
b. Focus on the main theme or problem.
c. Focus on others.
d. Focus on mutual issues or group.
e. Focus on interviewer.
f. Focus on cultural/environmental/contextual issues.
10. Reflection of Meaning (Ivey, 1994)
a. Influencing skills and strategies (Ivey, 1994)
b. Developmental questioning skills (helps the client discuss their issues from different cognitive/emotional orientations)
c. Directives (the interviewer clearly indicates what they want the client to do)
d. Logical consequences (are the probably results of a client's actions.)
e. Interpretation/reframe (gives the client another point of view to a life situation)
f. Self-disclosure (sharing of thoughts and feeling between client and counselor)
g. Advice/information/explanation/instruction (gives information to the client)
h. Feedback (gives the client accurate data on how the counselor or others may view the client)

B. The Facilitative Model (Wittmer & Myrick)

1. Guidelines for effective listening (Wittmer & Myrick, 1980):
a. Look directly at the person who is speaking.
b. Avoid being preoccupied with your won thoughts.
c. Listen to more that just what is being spoken.
d. Indicated that you are listening and following the conversation and try to keep the person talking.
e. Do not evaluate or judge a person.

2. Facilitative Responses (Wittmer & Myrick, 1980) from the lowest ranked responses to the highest ranked responses:
    a. Advising or Evaluating
        i. Advising responses tell a person what they should do in the way of feeling or behaving.
        ii. Evaluating statements convey the correctness or lack of correctness of a behavior or feeling.
    b. Analyzing and Interpreting
        i. These responses have the intention of explaining behaviors or feelings. They may also try to connect one event with another so as to give insights, to teach, or to bring special meanings into focus. The responses imply what the client should think or do.
    c. Reassuring and Supporting
        i. While the intention is to indicate to the client a belief in his/her ability to solve the problem, the response can also imply that the client should not feel as he/she does feel. These responses tend to dismiss the client's feelings and indicate a lack of concern on the part of the counselor.
    d. Questioning
        i. A question seeks more information, provokes further discussion, or queries an individual about a specific matter. Several types of questions are considered in this response category.
            1. Least Person-Centered Questions are those that can be painful or threatening making the individual feel inadequate. These questions can pull the focus away from the concern at hand.
            2. Binding Question is one that is asked in such a way that there is no alternative to answers.
            3. Soliciting Agreement Question suggests that one answer would not provoke an argument or disagreement.
            4. Forced Choice Question is one that usually contains an "either-or" statement and forces the respondent to choose.
            5. Double Bind Question provides within itself a judgment of the client no matter how the client responds to the question.
            6. "Why" question lacks sensitivity and intimidates the client.
            7. Most person-centered question keeps the focus on the client and solicits communication in response to the counselor's interest.
            8. Open questions encourages the client to talk freely.
            9. The closed question usually requires a yes or no answer.
    e. Clarifying and Summarizing

i. A clarifying response indicates a desire to be accurate in the communication.

ii.. A summarizing response helps focus the client and indicates that the counselor is accurately hearing what the client has said.

f. Reflecting and Understanding of Feeling

i. This response conveys an accurate perception on the counselor's part of the client's emotional experience.

3. Six Facilitative Conditions (Myrick, 1987)

a. Caring

b. Understanding

c. Acceptance

d. Respect

e. Friendliness

f. Trustworthiness

4. Stages of Counseling (Myrick, 1987)

a. Stage One: Beginning and Orientation which is characterized by getting acquainted, collecting background data, establishing rapport, defining roles and expectations, initial assessments, and setting counseling goals.

b. Stage Two: Building the Relationship and Assessment

i. Formal assessments usually are standardized evaluation measures.

ii. Informal assessment are the counselor's observations and the counselor's impressions of the client. Informal assessment includes observations in the following areas:

1. Physical

2. Social

3. Cognitive

4. Cultural

5. History

6 Future Perspective

7. Presenting Problem

c. Stage Three: Exploring and Discovery is the stage which is considered the working stage.

d. Stage Four: Centering and Setting Goals is a time to determine and establish the a clear picture of what the client wishes.

e. Stage Five: Planning and Taking Action is defining the steps and skills needed to accomplish the goal/desire of the client.

f. Stage Six: Collecting Data and the Interim the action plan is implemented and progress is monitored with adjustments as needed.

g. Stage Seven: Follow-up and Evaluation is a review of accomplishments, assessment of progress, and whether there are new goals.

h. Stage Eight: Closing and Separation is basically a time to say good bye and review what has been learned.

5. Systematic Problem-Solving Model (Myrick, 1987)
    a. What is the problem or situation?
    b. What have you tried?
    c. What else could you do?
    d. What is you r next step?

6. Contingency Contract (Myrick, 1987)
    a. Problem defined and stated in behavioral terms.
    b. The contract should be clear, explicitly stated, fair, and honest.
    c. Small steps with frequent rewards toward final desirable behavior.
    d. Rewards must be agreed upon and given immediately following the completion of the behavior. the rewards must be seen as rewarding by the client.
    e. Systematic monitoring and follow through are important.
    f. Focus is on the accomplishment not on the failures.

A. Helping Special Populations

1. Substance Abusers are considered to be abusers when they use any substance to the extent that it causes or threatens damage to the individual or society or both. Alcoholics are individuals who can no longer control the intake of alcohol or stop drinking for any appreciable period of time. The counselor's role includes (Gibson & Mitchell, 1995):
    a. Prevention, intervention and crisis treatment.
        i. Specialized training in pharmacological, physiological, psychological and sociocultural aspects of addiction.
        ii. Uses both group and individual counseling techniques.
        iii. Working with both formal and informal treatment teams.

2. Women (Gibson & Mitchell, 1995)
    a. While women have made progress toward legal equality, evidence still indicates a lack of application and enforcement of such legislation.
    b. Most common sex role stereotypes include:
    c. Women are more easily duped than men.
    d. Women have lower self-esteem.
    e. Women are better at rote learning and repetitive tasks, while men are better at higher learning cognitive processing and the inhibition of previously learned responses.
    f. Men are more analytic.

g. Women are affected by heredity, while men are affected by environment.

h. Women lack achievement motivation.

i. Women are more fearful, timid, and anxious.

j. Women are passive and men are active.

k. Women are less competitive.

l. Women are more compliant.

m. Women are more nurturing.

n. Women are more emotional.

o. Women are less aggressive than men.

p. Women are better at verbal ability. Men are better at mathematical ability.

q. Guidelines for nonsexist counseling include:

r. Be aware of one's own values.

s. Realize that there are no prescribed sex-role behaviors.

t. Reversals of traditional sex-roles is not pathological.

u. Marriage is not a better outcome of therapy for a female than for a male.

v. Women can be as autonomous and assertive as men; and men, can be expressive and tender as women.

w. Anatomical differences are not a basis for theories of behavior.

x. Failure to achieve culturally prescribed sex-role behaviors is not a basis for diagnosis.

y. Testing instruments that are sexually biased are not used.

3. Ethnic Groups and Cross-Cultural Counseling (Gibson & Mitchell, 1995)

a. Many culturally different populations do not wish to be acculturated and lose their cultural identity.

b. Nondirective counseling techniques and role of the counselor is inconsistent with the expectations and values of some minority groups.

c. Failure and ineffectiveness in the literature have been found to exist in the following areas for minority clients:

d. Because most assessment instruments are culturally biased and diagnosticians are not generally from a minority group, minority clients are diagnosed as having more severe mental illnesses and than are white persons.

e. As opposed to the white population, the minority population tends to use mental health services only in the most extreme circumstances, which greatly skews the statistics about persons using mental health services.

f. Minority clients tend to drop out of treatment within the first six session, the reason for this is unknown but speculation is that they may either be less motivated or they may not perceived the services as helping.

g. Definite differences have been noted wbetween Black and White clients with the Black clients receiving more punitive therapies, i.e. stronger medications, restraints, seclusion.

h. Minority group attitudes concerning sources of mental illness is markedly different .i.e. organic, inherited illnesses.

i. Few trained therapists in whom the minority client can feel comfortable and share cultural identity.

j. Minority clients are often misperceived by the counselor as because of differences in culturally defined nonverbal communication.

k. Counseling may be viewed by the minority client as a control device forcing them away from their cultural behavior and toward a White culture.

l. In order to help the minority client, Pedersen (1988) recommends awareness in the following areas.

m. ability to recognize direct and indirect communication styles;

n. sensitivity to nonverbal cues;

o. awareness of cultural and linguistic differences;

p. interest in the culture;

q. sensitivity to the myths and stereotypes of the culture;

r. concern for the welfare of persons from another culture;

s. ability to articulate elements of his or her own culture;

t. appreciation of the importance of multicultural teaching;

u. awareness of the relationships between cultural groups; and

v. accurate criteria for objectively judging "goodness" and "badness" in the other culture. (p. 9)

w. Based on Sue's work, Gibson and Mitchell (1995) suggests that the culturally effective counselor has these characteristics:

> i. Culturally effective counselors understand their own values and assumptions of human behavior and recognize that those held by others may differ.
>
> ii. Culturally effective counselors realize that "no theory of counseling is politically or morally neutral."
>
> iii. Culturally effective counselors understand that external sociopolitical forces may have influenced and shaped culturally different groups.
>
> iv. Culturally effective counselors are able to share the world-view of their clients rather than being culturally encapsulated.
>
> v. Culturally effective counselors are truly eclectic in their counseling, using counseling skills because of their appropriateness to the experiences and lifestyles of the culturally different (p. 165-166.)

4. Older Adults (Gibson & Mitchell, 1995)

a. Physical needs seem to be most obvious, but more public education needs to be provided about the counseling needs of the older adult.

b. Each community has an older adult population with older adults tending to be grouped in specific areas, which suggest that each community needs to identify the geographical area representing the concentration of older adults.

c. Because there are more older females than males, counselors need to be trained to handle problems unique to the older female, but emphasis needs to be placed also on the older male as he may become a minority within minority.

d. Of special interests are services for the older adults living alone that provides opportunities to meet others and for companionship.

e. Fixed incomes means that older adults will need more public than private fee services.

f. Existing counseling services in employment service and vocational rehabilitation may need to be expanded to include services for aging population.

g. While most of the older adults will be able to travel to received services, transportation, home deliveries, homebound and human or mechanical aid needs to be considered in providing services.

h. The age to which older persons can expect to live is greater than that of those just born or the general population; therefore, counselors need to help them plan for the future with better data or most recent data on life expectancy.

i. Demographics for study need to take in consideration the gender and the race of the person, as conditions may vary greatly in these two areas.

j. Individual uniqueness is much more a consideration in the older adults. As an example no where else in the population does the counselor find that marital counseling may need to be for the couple married over 60 years as well as for newlyweds.

k. Counselors need to be social activists against ageism that prevents the older adult from receiving adequate mental health care.

l. Specific developmental points of crisis are:
  i. Retirement
  ii. Loss of spouse
  iii. Physical and mental decline
  iv. Financial security decline
  v. Decline in mobility

m. Counselor need to be aware of the following in working with the older adult:
  i. The living environment of the older adult
  ii. Psychological factors of anxiety, loss, and interpersonal struggles
  iii. Need to build a trusting relationship

iv.cAdapt counseling techniques to concerns of older adults.
n. The counselor's goal is to help the older adult to find new meaning and roles in life.

5. Business and Industry (Gibson & Mitchell, 1995)
   a. Employee Assistance Programs (EAPs) usually are either in house or contracted programs to provide mental health care to employees. EAPs usually focus mainly on addictions; however, they may also provide psychological, family , legal and financial assistance.
   b. The essential components for an EAP includes these:
      i. Crisis and early intervention
      ii. Referral system that includes self, peer and supervisory referrals
      iii. Easily accessible services that are confidential
      iv. Support from management, leadership and union.
      v. Informed consent to all participants
      vi. Insurance involvement
      vii. Work evaluation is not effected by treatment evaluation
      viii. The staff is made up of trained helping professionals
      ix. The services offered are a wide variety
      x. Services are followed up and evaluated.

6. AIDS Patients (Gibson & Mitchell, 1995)
   a. Counselor's need to be aware of:
      i. Isolation and alienation of client
      ii. Drop in self-esteem
      iii. Denial as a coping strategy
      iv. The counselor risks over identification and personalization of the client.
   b. Services to high-risk groups includes:
      i. Assessment of risk
      ii. Education about disease, risk behaviors, and safe sex.
      iii. Learning and continuing new behaviors
      iv. The objectives of the psychological interventions include:
      v. Help the individual to reconcile the diagnosis and its meaning
      vi. Encourage the improvement in quality of life.
      vii. Encourage the person to take more control of their life and their illness.
      viii. Provide emotional and practical support as needed by the client.

7. Abuse Victims (Gibson & Mitchell, 1995)
   a. Spousal abuse has been associated with poverty, substance abuse and career disappointments. The most used intervention is crisis hotlines and

shelters, which less than half have employed trained helping professionals.

b. Sexual abuse statistics indicate:

c. 8% to 38 % of women and 5% to 9 % men in the U.S. have been sexually victimized.

d. Sexual abuse is reported as an international concern, although exact statistics are not available.

e. Male perpetrators are most common with 95% of the women and 80% of the men being abused by males.

f. Sexual abuse is considered to be harmful.

g. The most common age for abuse is 8 to 12 years of age.

h. Step fathers are more likely to incest daughters than are biological fathers; although other family members may be offenders

i. Women are more likely to be victimized by persons within the family.

j. Men are more likely to be abused by persons outside the family.

k. Counselors who work with abuse victims need to have special skills in individual, group, crisis, short-term, and family therapy. Special knowledge of how to work with the guilt, stigma, fear, and PTSD is essential.

l. The emotional effects of child sexual abuse may result in the following:
  i. Loss of childhood
  ii. Guilt
  iii. Low self-esteem
  iv. Fear
  v. Confusion
  vi. Depression
  vii. Anger
  viii. Low trust level
  ix. Helpless
  x. Altered attitudes toward sexuality

8. Gays and Lesbians (Gibson & Mitchell, 1995)

a. Because of the controversy that exists in the research, recommended guidelines for counseling this special population remains confusing.

b. Major concerns that are faced by gay and lesbian clients , while not unique to them, include:
  i. Social prejudice
  ii. Family conflicts
  iii. Ridicule and rejection from peers
  iv. Health concerns, especially AIDS

c. Suggested techniques to employ to help the gay and lesbian client deal lifestyle concerns are:
  i. Cognitive approaches may be used to overcome negative thinking and self-talk.

ii. Empty chair may be used to express ambivalence and confusion.
iii. Feminist approaches may help with empowerment and examination of roles.
iv. Bibliotherapy may be used to help define a healthy gay or lesbian lifestyle and provide role models.
v. Family/systems therapy used to work on relationship issues.
vi. Group therapy may be used to help with alienation.
vii. Cross-cultural approaches may be important to culturally diversity in the gay and lesbian community.