

Effective Characteristics of Therapists and The Therapeutic Relationship Stages and Process

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Characteristics of Effective Counselors / Psychotherapists

Counselor's / Psychotherapist's Personal Qualities

1. Sincere interest in the welfare of others
2. Ability & willingness to be present in client's joy or pain
3. Recognition & acceptance of one's strength & vitality; no need to diminish others
4. Found one's own counseling style.

Cormier & Hackney, 1999, p.7. Attributed to Corey, Corey, and Callanan (1998).

Counselor's / Psychotherapist's Personal Qualities

5. Willingness to be vulnerable & take risks
6. Self- respect, self-appreciation, strong sense of self-worth
7. Serve as models for clients
8. Risk mistakes & admit making them
9. Growth orientation
10. Sense of humor

Cormier & Hackney, 1999, p.7. Attributed to Corey, Corey, and Callanan (1998).

Counselor's / Psychotherapist's Interpersonal Skills

- Pragmatism
- Competence
- Respect
- Genuineness
- Promotion of client empowerment & self-responsibility

Cormier & Hackney, 1999, p.7-8. Attributed to Egan (1998, pp. 43-55).

Effective Helpers

- Self awareness
- Psychological health
- Sensitivity to racial, ethnic, & cultural factors
- Open-mindedness
- Objectivity
- Competence
- Trustworthiness
- Interpersonal attractiveness

Hackney & Cormier, 2001, pp. 13-21.

Self-Awareness

Of Your:

- **Need to**
 - Give or nurture
 - Be liked, respected, loved; receive approval
 - Control, be critical, be right
- **Motivation for helping**
- **Feelings**
 - Happiness, satisfaction
 - Hurt, disappointment
 - Anger, sadness
 - Fear, confusion
- **Personal strengths, limitations, & coping skills**

Psychological Health

- Psychologically intact
- Free from over-whelming problems
- Recognize and manage personal issues
- Refer clients with problems like your own to other counselors
- Seek services of a counselor for yourself, if necessary.

Cultural Sensitivity

Focused

Culture-Specific

All cultures must be understood for their uniqueness.

Universal

Broadens the definition of minority and argues for a subjective, more inclusive understanding of cultural impacts.

Cultural Sensitivity

- ***Focused culture-specific***: too many variables confuse multiculturalism; render it meaningless.
- ***Universal***: culture must be defined by more than just racial or ethnic factors.
 - Gender, age, and physical disabilities
 - Race, ethnicity
 - Sexual orientation
 - Socioeconomic level
 - Religion and spiritual affiliation

Hackney & Cormier, 2001, pp. 15.

Cormier & Hackney, 1999, p. 8

Cultural Sensitivity

- **Integrative:**
 - Focused culture-specific and the universal approach are both important
 - Both approaches are blended in “multicultural counseling and therapy” (Ivey, et al., 1997).

Cultural Competence

- Be aware of your own cultural heritage.
- Expand your range of experience.
- Seek interaction opportunities with others different from yourself.
- Be open to continuous learning about differing groups.

Cultural Competence

- Be honest about your range of experience.
 - Power
 - Privilege
 - Poverty
 - Oppression
- Consider referring a client you cannot help from your own range of experience.

Open-Mindedness

- Freedom from fixed or preconceived ideas
- Enlightenment
- Internal knowledge
 - Perceptions, myths
 - Standards, values, judgments
 - Assumptions, biases
- Knowledge of the world outside your own world

Open-Mindedness

Allows the counselor to:

- Engage in honest communication.
- Accommodate client's
 - Feelings,
 - Attitudes, and
 - Behaviors.
- Interact effectively with wide range of clients.

Objectivity

- Balance involvement with objective assessment.
- Provide a new perspective to “reframe” the client’s issues(s).
- Avoid dysfunctional communication patterns.
- Recognize manipulation attempts by the client.

Objectivity

- Safeguards against countertransference:
 - Counterproductive emotional reaction;
 - Entanglement of the counselor's needs in the client relationship;
 - The need to please one's client;
 - Over-identification with client's problem(s);
 - Romantic or sexual feelings toward a client;
 - Need to give constant advice;
 - Need to form friendships.

Competence

- Required to transmit and build confidence and hope with clients.
- Needed to develop positive client expectations from the counseling experience.
- Assures ability to work with wide variety of clients and client problems.
- Includes multicultural competence as previously discussed.

Competence

- Egan (1998): The counselor is determined, by outcome of client results, to possess the necessary
 - information,
 - knowledge, and
 - skills.

Competence

- Kleinke (1994): Includes knowledge of
 - psychological processes,
 - assessment,
 - clinical skills,
 - technical skills,
 - judgment,
 - ethics and personal effectiveness.

Competence

- (Strong, 1968; Strong & Schmidt, 1970; Strong & Claiborn, 1982): Includes knowledge of
 - psychological processes,
 - assessment,
 - clinical skills,
 - technical skills,
 - judgment,
 - ethics and personal effectiveness.

Trustworthiness

Do not promise more than you can do, and be sure you do exactly as you have promised.

Hackney & Cormier, 2001, p. 16.

Trustworthiness

- Hard to establish; easy to destroy
- Includes
 - predictability,
 - reliability,
 - responsibility,
 - ethical standards.

Trustworthiness

- Safeguard clients' communications.
- Respond with energy to client concerns.
- Essential to
 - Establish a base of influence,
 - Encourage clients' self-disclosure.

Trustworthiness

The counselor / psychotherapist cannot act trustworthy.

The counselor / psychotherapist must **be** trustworthy

Interpersonal Attractiveness

- Counselors appear “attractive” when they are seen as *similar to or compatible with* the client.
- May be determined by instinct or selected dimensions:
 - Gender or age,
 - Demeanor or attitude, likeability and friendliness,
 - Worldview, theory, or approach.

Helping Relationship Characteristics

Relationship Characteristics

Proponents of diverse theoretical orientations tend to agree that effective counselors are:

- personally integrated and self-aware;
- value the client as a unique person; and
- understand how and what the client is experiencing.

Therapeutic Relationship

- The therapist/client relationship is central to therapeutic progress.
- The personhood of the therapist is a key, significant factor
 - to the quality of the relationship and
 - a successful outcome.
- The goal of a healthy relationship is rapport that leads to desired change.

Therapeutic Relationship

- Effectiveness is related to mutual respect and trust.
- Caring, respect, and trust create safety for clients to share their deepest concerns.
- Client willingness to act and achieve a positive outcome is based on his / her view that the environment / relationship is safe.

The Therapeutic Relationship

Empathy

Accurate Empathy

Empathy Defined

1. Understand the client's experience.
2. Emotionally resonate with client's experience "*as if*" it were your own.

(Rogers, 1957; Bozarth, 1997)

Accurate Empathy

Two Components of Empathy

1. *“Empathic rapport”* - accurately sensing and being able to see the client’s world the way they do.
2. *“Communicative attunement”* - verbally sharing your understanding with the client.

(Bohart & Green, 1997)

Empathy

- The therapist senses accurately and communicates back to the client
 - the feelings and
 - personal meanings that the client is experiencing (Rogers, 1989).
 - The narrative and its details and
 - “the significance of the story, its meaning in the life of the clients.” (Welch & Gonzalez, 1999)

Empathy

Two Stages

- ***Primary*** - accurately articulate back the feelings and experiences from overt client statements and behaviors.
- ***Advanced*** - accurately articulate back implied feelings and experiences from incomplete client statements.

Gladding, 1996

Cultural and Relational Empathy

“There is good evidence that people are not all in the world in the same way and the way people experience themselves and their phenomenal world has differed historically across time and still differs from context to context.”

O’Hara, 1997

Cultural and Relational Empathy

- O'Hara (1997) noted, effective counseling is a “multilevel, relational situation.”
- In addition to the verbal client message, consider the impacts of gender and cultural heritage.
- Cultural empathy includes context and society in which both the counselor and client live.

Cultural and Relational Empathy

- To work with clients from ethnic minorities, therapists must be open to learning different ways of seeing things.
- “Relational empathy” (Jordon, 1997) involves empathy for oneself, other people, and the counseling relationship.
- “Empathic failures” result when disconnections and misunderstandings occur (Jordon, 1997).

Cultural and Relational Empathy

“Therapists must be honest regarding their mistakes and misattunements Disconnections and failures in mutuality and empathy must be named and understood.”

Jordon, 1997

Shame and Empathy

- Empathy may be the critical variable in the healing of pathological shame (Jordon, 1997).
- “Hidden shame,” unacknowledged, repressed, or defended against, is considered the primary contributor to:
 - aggression,
 - addictions,
 - obsessions,
 - narcissism, and
 - depression.

Shame and Empathy

- Shame is always a component of the client-counselor relationship.
- Be alert to client states of shame.
- Help clients work through shame.
- Avoid (Lewis, 1971)
 - Overlooking shame as an issue.
 - By-passing opportunities to help clients through shame.
 - Inadvertently adding judgmental interpretations to client's repressed shame.

The Therapeutic Relationship

Positive Regard

Positive Regard

- Client revelations must be protected from therapists “personal reactions,” especially rejection or disdain.
- Therapist expresses appreciation of the client as a unique and worthwhile person.
- Therapist embraces the client’s ethnic self as well as other experiences that have shaped the client’s worldview.

Positive Regard

- No matter what is divulged, the therapist provides
 - “overall sense of protection,
 - support, or
 - acceptance....”
- “Respect the client regardless of differences in values, ...worldview; ...no condition is set upon the client’s behaviors and experiences.”
(Hansen, Rossberg, and Cramer, 1994).

Positive Regard

- Respect involves - (Egan, 1998)
 - Do no harm.
 - Become competent and committed.
 - Make it clear you are “for” the client.
 - Assume the client’s goodwill.
 - Do not rush to judgment.
 - Keep the *client’s* agenda in focus.

The therapeutic Relationship

Genuineness

Genuineness

- Refers to the counselor's state of mind and ability to
 - Be self-analytical;
 - Distinguish their personal cultural assumptions from those of the client;
 - Overcome
 - ✓ prejudices,
 - ✓ stereotypes, and
 - ✓ biases;
 - Become culturally self-aware.

(Ridley, 1994)

Genuineness

- Implies therapist are “real” with clients.
 - “without a false front,
 - ...their inner and outer experiences match,
 - ...can openly express feelings and attitudes....”
(Corey, 1996)
- Balance shared feelings with the impact.
 - Be honest in helpful, not destructive, ways.
 - Must not impulsively share every thought and feeling.
 - Counselor feelings do not take precedence over client feelings.

Genuineness

- Clients are more likely to reveal private issues to a therapist with non-threatening self-comfort.
- Comfort with self; being who we are without
 - pretenses,
 - fictions,
 - roles,
 - veiled images.

The Therapeutic Relationship

Self Disclosure

Self Disclosure

- Self-disclosure is an important way to let client's know you as a person.
- Self-disclosure at a moderate level is seen more positively by clients than disclosure at a high or low level (Edwards & Murdock, 1994).
- In moderation, it is helpful for you to disclose facts about yourself, if it serves the needs of the session / client.

Self Disclosure

Self disclosure takes several forms:

1. the counselor's own problems;
2. facts about the counselor's role;
3. the counselor's reactions to the client (feedback);
4. the counselor's reactions to the counselor-client relationship.

Strategies 3 - 4 are considered the most helpful.

Self Disclosure

Self disclosure cautions:

- Keep the primary focus of the interview on the client, not talking about yourself.
- Avoid
 - non-selective and indiscriminate use of self disclosure;
 - role-reversal by sharing your problems with the client.
- Who's needs will be met when I disclose this idea or feeling? ***The client's?*** Or mine?

The Therapeutic Relationship

Climate of Safety

Climate of Safety

“Safe Clients”

- Feel free to be open
- Disclose
- Work for positive outcomes
- Change

“Unsafe Clients”

- Feel and act self-protective
- Are guarded and
- Subdued
- May simultaneously want and resist help

Climate of Safety

- Be persistent and ongoing; provide a safe, therapeutic environment.
- Critical to achieve “safety” for clients from
 - high stress families,
 - abuse or incest,
 - history of broken trust,
 - lack of privileges and power,
 - history of discrimination and oppression.

Climate of Safety

“This special permission to experience one’s psychic life under the interpersonal sheath of a psychologically safe environment gives psychotherapy its unique quality, allowing the [client] to gradually shed the accumulated layers of defensive armor.”

Karasu, 1992

Stages and Skills of Therapy

Counseling / Therapeutic Process Structure

- 1. *Rapport and Relationship Building***
2. Assessment / Problem Definition
3. Goal-setting
4. Initiating Interventions
5. Termination

Rapport and Relationship

- Psychological climate resulting from the interpersonal contact of client and counselor.
- Living and evolving condition.
- Relationship includes respect, trust, and relative psychological comfort.

Rapport and Relationship

Impacted by

- Counselor's personal and professional qualifications.
- Client's
 - interpersonal history,
 - anxiety state,
 - interrelation skills, and
 - previous ability to share,

Counseling / Therapeutic Process Structure

1. Rapport and Relationship Building
- 2. *Assessment* / Problem Definition**
3. Goal-setting
4. Initiating Interventions
5. Termination

Clinical Assessment

Involves specific skills

- Observation
- Inquiry
- Associating facts
- Recording information
- Forming hypotheses (clinical “hunches”)

Observation

1. Take notice of the client's general state of anxiety.
2. Establish sense of client's cultural context.
3. Note gestures / movements that denote emotional / physical dysfunctions.

Observation

4. Hear how the client frames his / her problems.
5. Note verbal and non-verbal patterns.

Humans Share Basic Needs

1. Survival
2. Physical needs
3. Love and sex
4. Status, success, and self-esteem

Cormier & Hackney, 1999, pp. 120-133.

Humans Share Basic Needs

5. Mental health
6. Freedom
7. Challenge
8. Cognitive Clarity

Formal Diagnostic Assessment

Interview format:

- Focus
- Basic Screening Questions
- Detailed Inquiry

Sperry, Carlson, & Kjos, 2003, Table 4.3, pp. 67-68.

Focus

Presenting problem and context

Basic Questions

- What concerns brought you here?
- Why now?
- Has this happened before?
- How is it impacting your daily life?

Detailed Inquiry

- Clarify stressors
- Elicit
 - coping skills,
 - social support,
 - and resources
- Clarify life function
 - work
 - family
 - health
 - intimacy

Focus

Mental status

Basic Questions

- How do you feel now?
- How is your mood affected?
- Had any unusual experiences?
- How is your memory?
- Do you think that life isn't worth living?

Detailed Inquiry

- Note
 - age & mannerisms
 - dress & grooming
 - orientation
- Probe
 - anxiety symptoms
 - form, content, thought.
 - suicidal ideation
 - violent impulses

Focus

Developmental history and dynamics

Basic Questions

- How would you describe yourself as a person?
- Shift to the past, how were things when you were growing up?

Detailed Inquiry

- Clarify
 - current self-view
 - level of self-esteem
 - personality style
- Note
 - developmental milestones
 - experience in school
 - best friends
 - educational level

Focus

Social history and cultural dynamics

Basic Questions

- What is your current living situation?
- What is your ethnic background?

Detailed Inquiry

- Elicit
 - job or military
 - legal problems
 - social support system
 - race, age, gender
 - sexual orientation
 - religion
 - language
 - dietary influences
 - education

Focus

Health history and behaviors

Basic Questions

- Tell me about your health?
- Health habits?

Detailed Inquiry

- Identify
 - prescriptions
 - substance usage
 - health status
 - health habits

Focus

Client resources

Basic Questions

- How have you tried to make things better? Results?
- How do you explain you're symptoms?
- What is your / my role in your treatment?
- When will things change / get better?

Detailed Inquiry

- Probe
 - Efforts to change
 - Efforts vs. successes
- Clarify client explanatory model
- Identify treatment expectations
- Specify readiness for change

Focus

Wind down and close

Basic Questions

- What else would be important for me to know?
- Do you have any questions for me?

Detailed Inquiry

- Use an open-ended query
 - Allows the client to add information.
 - Creates sense of reciprocal and collaborative relationship.

Counseling / Therapeutic Process Structure

1. Rapport and Relationship Building
2. Assessment / ***Problem Definition***
3. Goal-setting
4. Initiating Interventions
5. Termination

Conceptualizing Problems

- Recognize a client need.
- Understand that need.
- Meet that need.

Conceptualizing Problems

1. Beliefs may

- Contribute to the problem.
- Impede the solution.
- Become the problem.

Conceptualizing Problems

2. Feelings / responses often

- Exaggerate the problem..
- Impede comprehension of the problem.
- Become the problem.

Conceptualizing Problems

3. Behavior / responses may

- Be inappropriate.
- Contribute to the problem.
- Complicate the problem.

Conceptualizing Problems

4. Interaction patterns include

- Miscommunication channels,
- Expectations,
- Self-fulfilling prophecies,
- Coping styles.

Conceptualizing Problems

5. Contextual factors

- Time
- Place
- Concurrent events
- Cultural and socio-political issues

Counseling / Therapeutic Process Structure

1. Rapport and Relationship Building
2. Assessment / Problem Definition
- 3. *Goal-setting***
4. Initiating Interventions
5. Termination

Goal Setting

- Indicates how well counseling / psychotherapy is working.
- Indicates when counseling / psychotherapy should be concluded.
- Prevents dependent relationships.
- Determines the selection of interventions.

Goal Setting

Mutually defined by the client and counselor / psychotherapist.

Counselor / psychotherapist

- Greater objectivity
- Training in
 - Normal and
 - Abnormal behavior
- Process experience

Client

- Experience with the problem
- History of the problem
- Potential insights
- Awareness of personal investment in change

Process Goals

- Related to establishing therapeutic conditions for client change.
- Includes:
 - Establishing rapport,
 - Providing a non-threatening setting, and
 - Possessing and communicating accurate empathy and unconditional regard.

Outcome Goals

- Are different for each client and directly related to clients' changes.
- Always subject to modification and refinement.
- To begin, formulate tentative outcome goals.
- Modify goals as needed to support effective change.

Counseling / Psychotherapy Process Structure

1. Rapport and Relationship Building
2. Assessment / Problem Definition
3. Goal-setting
- 4. *Initiating Interventions***
5. Termination

Interventions

- Objective -- initiate and facilitate client change.
- After assessment and goals setting, answers the question, “How shall we accomplish these goal?”
- Must be related to the problem.

Interventions

- Selecting an intervention may become an adaptive process.
- Skills to initiate include
 1. Competency with the intervention;
 2. Knowledge of appropriate uses;
 3. Knowledge of typical client responses;
 4. Observation skills to note client responses.

Counseling Process Structure

1. Rapport and Relationship Building
2. Assessment / Problem Definition
3. Goal-setting
4. Initiating Interventions
- 5. *Termination***

Termination

- No clear cut ending, but no need to continue beyond usefulness.
- Awareness by the counselor and the client that the work is accomplished.
- May take the same number of sessions as rapport building.

Types of Termination

1. *Suggested termination*, with client agreement
2. *Imposed termination*
 - Continuing is against client best interest
 - Client is deteriorating, not progressing
 - Incompatibility with the therapist
 - Client using therapy in place of life

Types of Termination

3. *Situational termination*

- Client moves
- Employment or insurance changes

4. *Early termination*, clients just don't return.

Methods & Process

- Gradual tapering off of sessions.
- Therapeutic vacations, taking a break without breaking the connection.
- Direct (imposed) termination.

Methods & Process

Therapist must carefully consider the most effective way to terminate each client.

1. How will termination impact the client?
2. What is the client's history of separation? Is the client likely to regress?
3. What is the client's reaction / opinion about termination? Can he / she see it as a positive step?

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