Chapter 1

Past Influences, Present Trends, and Future Challenges in Counseling and Psychotherapy

CHAPTER GOALS

This chapter is designed to

1. provide you with information that is foundational in understanding numerous factors that have contributed to the evolution of counseling and psychotherapy;
2. introduce you to an ***integral approach*** to counseling and psychotherapy theories and practices;
3. assist you in gaining an understanding of key elements related to various theories that are currently being used by many practitioners;
4. broaden your understanding of the impact of various changes occurring in the mental health professions that are relevant to the effective implementation of different counseling and psychotherapy theories;
5. discuss the relevance of recent advances in neuroscience to the work practitioners do in the field;
6. emphasize the importance of ethics in professional practice;
7. describe some of the ways that advances in technology are impacting the work mental health practitioners do; and
8. stress the need to become a culturally competent practitioner.

VIGNETTE #1

James is a 25-year-old, African-American college student who seeks counseling because of his "problems with keeping friends." In his initial therapy counseling session, James indicates that he has an "anger problem" that contributes to losing connections with various friends in his life. James is particularly concerned about the problems he has in maintaining friendships with women and his coworkers in the organization where he is employed. In his first therapy session, James explains that he commonly develops a friendly relationship with people only to find himself losing his connections with these persons when he expresses frustrations and "blows" up with them. Although it appears that James is not a physical threat to other people, he and his counselor agree that the issue of anger needs to be addressed in their therapeutic meetings together. James also states that while he has doubts about the benefits that might be derived from counseling, he is willing to "give it a shot."

As you will see on reading this chapter, there are many different ways counselors and therapists can help James work on his anger problem, depending on their theoretical orientation. Additional vignettes will be presented at the start of each chapter and used as a point of reference to illuminate different aspects of the counseling and psychotherapy theories covered in this textbook.

INTRODUCTION

The development and implementation of counseling and psychotherapy theories have undergone a host of evolutionary changes over time. These changes are stimulated by many factors. One of the obvious factors that contributes to the evolutionary changes occurring in counseling and psychotherapy is the various persons who have developed different helping theories, which mental health professionals have routinely put into practice over the past 100 years.

The implementation of these theoretical perspectives in our professional practices helps clients realize untapped aspects of their human potential. By using different theories of counseling and psychotherapy in this way, mental health practitioners have been able to assist countless numbers of people in developing more effective, satisfying, and productive ways of living (Distelberg, 2008; Shedler, 2010; Wampold, Lichenberg, & Waehler, 2002).

Three major theoretical forces have dominated the work of counselors and therapists in the past. These include the three original and most practiced forms of helping—the ***psychodynamic*** (first force), ***cognitive-behavioral*** (second force), and ***existential-humanistic*** (third force) theories of counseling and therapy. These key theories form the first major theoretical discussions in this book.

Newer theories have evolved and are becoming more central, and you will find that most practitioners draw on these ideas consistently and integrate them in their interviews, even if operating from other theoretical approaches. First among these is multicultural counseling and therapy, often called the fourth force in helping. In addition, it is now important to understand and become skilled in other newer approaches. Important among these are feminist, narrative, positive psychology/wellness, solution-focused, motivational interviewing, interpersonal, and developmental counseling and therapy. Beyond that, family

therapy is increasingly being recognized for its contribution to individual work as well as to the family. Research and clinical experience support these systems, and effective counselors and therapists will want to make many of these strategies part of their practices.

Numerous societal factors have contributed to the ongoing evolution of counseling and psychotherapy. These include the rapid demographic transformation of society, which has underscored the need for counselors and therapists to develop and implement new competencies in their work.

New developments in our professional organizations have also impacted the way practitioners think about and implement various counseling and psychotherapy theories and practices. These professional developments include revisions in our ethical standards, increasing use of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), and a growing emphasis on the importance of using ***evidence-supported therapies*** when addressing clients' problems.

Unprecedented advances in science and technology, including exciting new developments in neuroscience and the use of computer-based resources, represent other factors affecting our collective thinking about ways to promote clients' development, psychological wellness, and mental health. Clearly, all these issues are important to consider when thinking about the evolution of counseling and therapy theories and practices.

Too often, however, students and practitioners in the mental health professions fail to consider the interdependent nature of these factors when thinking about the theoretical approaches they will ultimately use in their work. The failure of many practitioners to consider the above mentioned factors when developing their approach to counseling and psychotherapy is understandable given the lack of a comprehensive framework that effectively addresses these and other related variables.

Although this situation is understandable, it is lamentable for a couple of reasons. First, the lack of a comprehensive model that would help students and practitioners develop an integrated understanding of such factors often leads to fragmented thinking about these issues. The following questions commonly result from such fragmented thinking:

- How do I decide when to use different theories of counseling and psychotherapy with my clients?
- What competencies do I need to acquire to work effectively and respectfully with culturally different clients?
- How do psychological, biological/neurological, cultural, and societal factors impact clients' functioning and my decision to use particular theoretical approaches in therapy?
- What does it mean to be a "scientific practitioner?"
- How do evolving ethical standards affect the way I work with clients?
- How can I use different technological resources to complement and extend the effectiveness of traditional counseling theories in my professional practices?

Many students and practitioners would readily agree that it is important to address all these questions as professionals. They are likely to do so because they intuitively sense the relevance of all these issues when implementing different theoretical approaches in their professional practices.

Unfortunately, there are no counseling and psychotherapy theory textbooks that provide a comprehensive and integrated framework that addresses the interplay of these issues for the work mental health practitioners do. This textbook addresses the lack of this sort of framework up to this point in time by describing an integral approach to counseling and psychotherapy theories and practices.

An integral approach to counseling and psychotherapy provides a comprehensive, integrated, and nonreductionist perspective of the evolution of counseling and psychotherapy theories and practices. It is comprehensive in the way it includes a broad range of helping theories as well as related scientific, professional, social, and cultural factors that all impact the practice of counseling and psychotherapy.

The integral model presented in this textbook is also integrated and nonreductionist. This means that the assessment of our clients' strengths and needs as well as the decisions practitioners make when using different helping theories with clients cannot be reduced to a few independent variables. Rather, the theories students and practitioners use in their clinical practices need to be grounded in a broad understanding of multiple and interconnected factors that are described throughout this book. This includes

- being mindful of the different ways individual clients perceive and construct meaning of their life experiences;
- understanding how clients' behaviors are not only linked to different reinforcements in the environment but also tied to physical, biological, and neurological factors;
- being cognizant of the increasing press for practitioners to implement evidence-supported therapies in ways that are consistent with the ethical standards outlined by various professional organizations, as well as the changes that are constantly occurring in our contemporary society; and
- being committed to operate in culturally responsive and competent ways with persons in diverse client populations.

We realize that the sort of comprehensive and nonreductionist model that is described in this book is different from the approaches described by the authors of other counseling and psychotherapy textbooks. However, a growing body of research findings and related theoretical publications increasingly points to the need for the kind of integral approach to counseling and psychotherapy that is presented in this book.

Hopefully, you will find our efforts to describe a more comprehensive, nonreductionist, and integrated approach to counseling and psychotherapy helpful in expanding your understanding of the broad range of factors that contribute to effective helping theories and practices. With this backdrop in mind, we now turn to describing an integral approach to counseling and psychotherapy in more detail.

AN INTEGRAL APPROACH TO COUNSELING AND PSYCHOTHERAPY

As the 21st century unfolds, students and practitioners in the mental health professions find themselves in a paradoxical situation.

On one hand, they have access to more knowledge that is relevant to counseling and psychotherapy than ever before. Some of the sources of this expansive knowledge base include

- the countless number of publications that describe hundreds of counseling and psychotherapy theories used in the field;
- multicultural counseling advocates who continue to discuss the importance of cultural factors in counseling and psychotherapy;
- new findings in neuroscience that provide exciting scientific information, which is transforming the way many students and practitioners think about mental healthcare in our contemporary society;
- the generation of new information related to technological advancements that is reshaping the way counseling has traditionally been done;
- the promotion of the numerous evidence-supported therapies by governmental groups, managed care organizations, and professional mental health associations as preferred interventions to be used by practitioners in the field; and
- numerous revisions in our professional codes of ethics that are, in part, designed to address our ethical responsibilities as they relate to newly emerging societal challenges, including responsibilities related to end-of-life counseling, online psychotherapy, and genetic counseling services, to name a few.

On the other hand, the tremendous amount of new information that has surfaced in the mental health professions leaves many students and practitioners feeling overwhelmed and prone to fragmented thinking about this expansive and diverse knowledge base. This textbook is designed to address students' and practitioners' fragmented thinking about these issues by introducing an integral approach to counseling and psychotherapy theories and practices. In doing so, we have developed a comprehensive, nonreductionist, and integrated way of thinking about counseling and psychotherapy that is presented in a manageable theoretical framework.

So what can you expect to gain from a textbook that introduces this sort of integral approach to counseling and psychotherapy theories? First, you can expect to gain a broad-based understanding of numerous factors related to the evolution of counseling and therapy theories and practices. This understanding will be enhanced by reading about and learning from the information on 30 different theoretical models, which are presented in this book.

Second, you can expect to acquire a host of new counseling and therapy skills. These skills will enable you to begin to effectively implement the various theories described in the following chapters in different settings. You can accomplish this, in part, by conscientiously completing the competency-building activities included in each chapter.

You will see that you are asked to write down your reactions to the competency-building activities when you have completed them. We encourage you to keep a file on these written responses as a way to develop your own professional portfolio that records the progress you make in developing the different skills associated with the various theories presented in this book.

Building on Wilber's Integral Theory of Human Development

The integral approach to counseling and psychotherapy described in this textbook is derived from Ken Wilber's (2000) integral theory of human development. According to Wilber, mental health and human development is best understood when one thinks of these concepts in very comprehensive and holistic ways. When applying such concepts to counseling and psychotherapy, mental health professionals are challenged to become knowledgeable of the interactional nature of their clients' (1) intrapsychic experiences; (2) behavioral, physical, and neurological processes; (3) cultural identity; and (4) physical, psychological, and social development as a result of social systems, as well as the affect of current professional, governmental, and economic mandates on the work practitioners do.

Using Wilber's theory as a guide, the integral approach to counseling and psychotherapy presented in this book comprises four quadrants. Table 1.1 provides an overview of each of these quadrants.

THE INDIVIDUAL PERCEPTIONS AND MEANING MAKING QUADRANT

We are all in the same world, but each of us makes different sense of what we see and experience. This important premise underscores one of the central challenges of counseling and psychotherapy. That is, to understand the different ways that clients perceive their strengths and problems as well as the way they make meaning of the world in which they are situated.

Students and practitioners are trained to use various counseling skills as they strive to learn about the ways clients construct meaning from their lives during counseling and therapy sessions. These skills are discussed in detail in Chapter 4. By effectively using the microskills model that is presented in

Table 1.1 An Integral Approach to Counseling and Psychotherapy

The Individual Perceptions and Meaning Making Quadrant Clients' interior psychological processes (e.g., conscious, subconscious, unconscious) and subjective constructions of life experiences	**The Behavioral/Physical/Neurological Quadrant** Clients' behaviors and physical/biological/neurological factors that are relevant to counseling and therapy practices and outcomes
The Cultural Community Quadrant Cultural and community factors as they impact clients' mental health and the process and outcomes of counseling and therapy	**The Societal/Professional Quadrant** Societal and professional factors as they impact clients' mental health as well as counseling and therapy practices and outcomes

Chapter 4, practitioners are able to learn much about clients' views of themselves and the challenges they face in life. Practitioners can do this, in part, by focusing on issues included in the ***Individual Perceptions and Meaning Making Quadrant***.

Practitioners can also use these same helping skills to collaborate with clients about the types of counseling and psychotherapy approaches and goals that might best serve clients' subjective interpretations of their needs, interests, and goals. Mental health practitioners are increasingly encouraged to develop a collaborative relationship with their clients so that counseling and therapy can be based on mutually agreed on helping processes and goals rather than primarily imposed by practitioners, who operate from their own personal and professional helping preferences in counseling and therapy settings.

The counseling and psychotherapy theories discussed in this textbook represent resources that help practitioners construct different views of the way clients make meaning of the problems they encounter in their lives. Later in this chapter, you will get a general sense of the different ways this can be done when we briefly describe various theories practitioners could use when working with James (the 25-year-old college student described in Vignette #1).

Various human development theories are also useful in assessing clients' psychological perspectives from the Individual Perceptions and Meaning Making Quadrant. The work of such theorists as Carol Gilligan (1982), Allen Ivey (1986), Robert Kegan (1982), Jane Loevinger (1986), and Jean Piaget (1963, 1965, 1985) are particularly helpful in understanding the qualitatively different ways that clients construct meaning of their life experiences and develop their own unique worldviews. These theories are discussed in greater detail in Chapter 14, where we describe the developmental counseling and therapy (DCT) theory. We think you will find the DCT approach to counseling and therapy very interesting, as it represents one of the most comprehensive and practical approaches to helping that is grounded in well-researched theories of human development.

Understanding Our Clients' Worldviews

All counseling and therapy theories operate from the assumption that significant contact between the client and the counselor is possible. You, as a counselor or therapist, will be called on to demonstrate creativity and artistry in the way you observe and interact with your clients as they walk down life's path. If you can enter your clients' psychological worlds for a time and join them on their journey, you may gain a new understanding and respect for how their perceptions and worldviews differ from your own worldview.

Simply stated, ***worldview*** refers to the manner that people construct meaning of the world in which they are situated. A client's or practitioner's worldview includes the various beliefs, values, and biases that one develops as a result of her or his historical-cultural-social experiences and conditioning.

Sometimes, simply validating your clients' worldview may be all that is needed to facilitate a greater understanding of their perceptions of reality and the problems they are encountering in life. Such validation in counseling can help a client develop new insights into her or his situation that result in important changes.

Other clients may want to change direction by not only developing new self-insights but also by learning new ways of acting. In these

cases, your task is more difficult because you will need to understand their ways of thinking and being, share yourself and your own view of the world, and work with them to learn new action strategies that they can use in their lives.

To provide counseling and therapeutic services in a respectful and effective manner, mental health professionals need to be keenly aware of the ways that their own worldviews and professional biases influence how they

- make sense of the problems their clients are experiencing and
- assist clients in finding new ways to deal with their concerns so that clients can learn to lead more satisfying and productive lives.

The importance of understanding how our own personal worldviews and professional biases may complement or conflict with our clients' constructions of the world cannot be overstated as this task represents one of the most important aspects of effective and ethical professional practice. This task underscores the importance of working in a collaborative manner with our clients to develop a shared agreement regarding the

- nature and etiology of the problems clients face in their lives,
- mutually agreeable goals for counseling and psychotherapy, and
- strategies to be used in achieving these goals.

Eclectic Approaches to Counseling and Psychotherapy

As mentioned in the introduction of this chapter, mental health professionals have historically relied on three major theoretical forces to guide their thinking about the different problems clients present in clinical settings. It was also noted that newer counseling and psychotherapy theories have emerged in the field and are being used with increasing frequency in different settings. While many of these theories are described in greater depth later in this book, we simply want to point out here that the use of any particular theoretical perspective significantly influences the way counselors construct meaning of a client's problems as well as the strategies implemented to address clients' concerns.

Some students and practitioners spend a great deal of time arguing over what they believe to be the "best" theory to use when working with clients. Over time, mental health practitioners have increasingly come to realize that there are many ways to help people deal with the challenges, concerns, and problems that characterize clients' lives. This realization has led large numbers of practitioners to embrace an ***eclectic*** approach to counseling and therapy (Rigazio-DiGilio, 2001). Rather than becoming locked into one specific theory, there is a growing tendency for mental health professionals to be flexible and open-minded as they utilize ideas and strategies associated with different helping models.

An eclectic approach to counseling and psychotherapy emphasizes the need for practitioners to adapt a ***multiple perspectives orientation*** when working with clients. In doing so, practitioners demonstrate respect for the unique ways that the Individual Perceptions and Meaning Making Quadrant impact their clients and their own ways of thinking about the problems people encounter in life and the

types of helping strategies that may be most effective in addressing clients' concerns. When mental health practitioners incorporate an eclectic approach to their work, they acknowledge that

- their clients' stories represent different ways of constructing meaning about their lives and problems;
- counseling and psychotherapy theories are relative and do not represent absolute and universal truths about psychological wellness and disorders;
- there are numerous ways one can go about helping people who are experiencing personal distress in their lives;
- respectful and ethical counseling involve an understanding of the similarities and differences that exist in the counselor's and the client's subjective interpretations of reality; and
- effective counseling and psychotherapy require the sort of collaboration between the client and therapist that results in agreement about the nature and etiology of the client's problem, the types of helping strategies to be used in addressing the client's specific problem(s), and the goals of the counseling and therapy.

And what do we, the authors, believe regarding the increasing trend to implement an eclectic approach to counseling and psychotherapy? We are committed to a world where difference is celebrated rather than feared. In making this commitment, we have found that traditional counseling and therapy theories offer useful perspectives on helping but that they are also incomplete by themselves.

We also believe that more recent theories and scientific discoveries enrich the mental health professions by providing additional ways of conceptualizing and responding to clients' challenges and problems. With this in mind, we have written this book to promote a comprehensive and nonreductionist approach to helping. The integral perspective presented in this book incorporates new and more expansive ways of thinking about helping while maintaining the best of traditional counseling and psychotherapy theories.

In addition to the various theories that can be used to explore clients' issues from the perspective of the Individual Perceptions and Meaning Making Quadrant, great strides have been made in other scientific and professional areas that are relevant to the work practitioners do. This includes the emergence of new scientific findings that enhance our understanding of the second quadrant of an integral approach to counseling and psychotherapy.

THE BEHAVIORAL/PHYSICAL/NEUROLOGICAL QUADRANT

As noted in Table 1.1, the Behavioral/Physical/Neurological Quadrant focuses on the relevance of clients' behaviors and related physical/neurological factors to counseling and psychotherapy. Although the cognitive-behavioral theories discussed later in this book shed important light on the psychological underpinnings of clients' behaviors, we direct your attention to more recent scientific findings (especially those associated with the fields of human biology and neuroscience)

as they relate to the Behavioral/Physical/Neurological Quadrant throughout this book.

Over the past few decades, substantial discoveries have been made in the fields of biology and neuroscience. These discoveries have much relevance to people's mental health and the psychological disorders many individuals experience in their lives. Unfortunately, there is a seemingly natural tendency for much time to pass before important information from one field of study is utilized by persons working in different but related disciplines.

Given the important position that the Behavioral/Physical/Neurological Quadrant holds in the integral model of counseling and psychotherapy, we discuss various issues related to neuroscience and their relevance to counseling and therapy here, in Chapter 2, and throughout this textbook. We readily acknowledge that the information presented in this book on neuroscience and counseling/therapy represents only a fraction of the many new and exciting neuroscientific discoveries that have much relevance to the work mental health practitioners do. Recognizing that neuroscience will increasingly be viewed as an indispensible part of the knowledge base that mental health professionals need to acquire to work more effectively in the future, it is strongly suggested that you take time on your own throughout your career to learn about the relevance of neuroscience to counseling and therapy.

Presently, we hope you find the information discussed on this topic in this book to be helpful in extending your current understanding of the implications of the Behavioral/Physical/Neurological Quadrant for the work you will do as a mental health practitioner. We particularly hope that you will consider how the information about neuroscience presented in this book can lead to new and more effective therapeutic interventions in the future.

Linking Neuroscience to Counseling and Psychotherapy

Increasingly, mental health practitioners are using knowledge drawn from human biology and neuroscience to more fully understand their clients' problems. In this regard, information about our clients' diets; exercise habits; and use of vitamins, medications, alcohol, and other drugs, as well as how their neurological functioning may contribute to the challenges and problems they face in life, are important factors to assess in counseling and psychotherapy.

This is not to suggest that counselors and psychologists should practice beyond their level of professional expertise. After all, it would be unethical for practitioners to address such factors with their clients without proper training and education in these areas.

However, in describing the integral approach to counseling and psychotherapy in this book, it is important to discuss issues related to the Behavioral/Physical/Neurological Quadrant that include new and relevant knowledge that is generated from biology and neuroscience. In doing so, we not only hope to extend your thinking about these aspects of human behavior but encourage interested readers to seek more formal training in neuroscience, as this field of study will predictably become an increasingly important

aspect of the new counseling and therapy interventions of the future.

An Overview of the Basics of Neuroscience

Neuroscience is one of the most exciting and relevant fields of study for individuals interested in incorporating an integral approach to counseling and psychotherapy in their professional practices. Although many issues related to the connections that can be made between recent discoveries in neuroscience and counseling and psychotherapy are presented throughout this textbook, we provide some basic information related to these linkages in this section. We begin by first defining what neuroscience is.

Neuroscience is essentially the scientific study of the nervous system. Traditionally, neuroscience has been seen as a branch of biology. However, it is currently viewed as an interdisciplinary science that incorporates knowledge from many other disciplines such as psychology, computer science, mathematics, physics, philosophy, and medicine.

As a result of the interdisciplinary nature of this field, the scope of neuroscience has broadened to include the study of the molecular, developmental, structural, functional, evolutionary, computational, medical, and psychological aspects of the nervous system in general and brain functioning in particular. The research focus and techniques used by neuroscientists have also expanded enormously, from biophysical and molecular studies of individual nerve cells to a broad range of new imaging techniques that are used to study perceptual, motor, cognitive, and psychological reactions and brain functioning.

Recent neuroscience research findings that are relevant to counseling and psychotherapy include studies that focus on the structure and function of neurons and neural networks. To understand the relevance of the Behavioral/Physical/Neurological Quadrant to counseling and psychotherapy, it is important for students and practitioners to be knowledgeable of these basic neurological entities.

What Are Neurons?

Neurons are electrically excitable cells that process and transmit information by electrical-chemical signaling. This signaling occurs via synapses. Synapses are specialized connections between neurons that facilitate the exchange of electrical-chemical information between neurons and neural networks. Neural networks comprise numerous neurons connected together in different parts of the body.

Neurons and neural networks are core components of the nervous system, which include the brain, spinal cord, and peripheral ganglia. A number of specialized neurons exist in the nervous system. These include (1) sensory neurons, which respond to touch, sound, light, and numerous other stimuli affecting the sensory organs; (2) motor neurons, which receive signals from the brain and spinal cord and cause muscle contractions and affect glands throughout the body; and (3) interneurons, which connect various neurons in the same region of the brain or spinal cord.

A typical neuron possesses a cell body (often called the soma), a nucleus, dendrites, and an axon. Dendrites consist of branches that give rise to a complex “dendritic tree.” Axons are covered by a myelin sheath and aid in the exchange of electrical-chemical

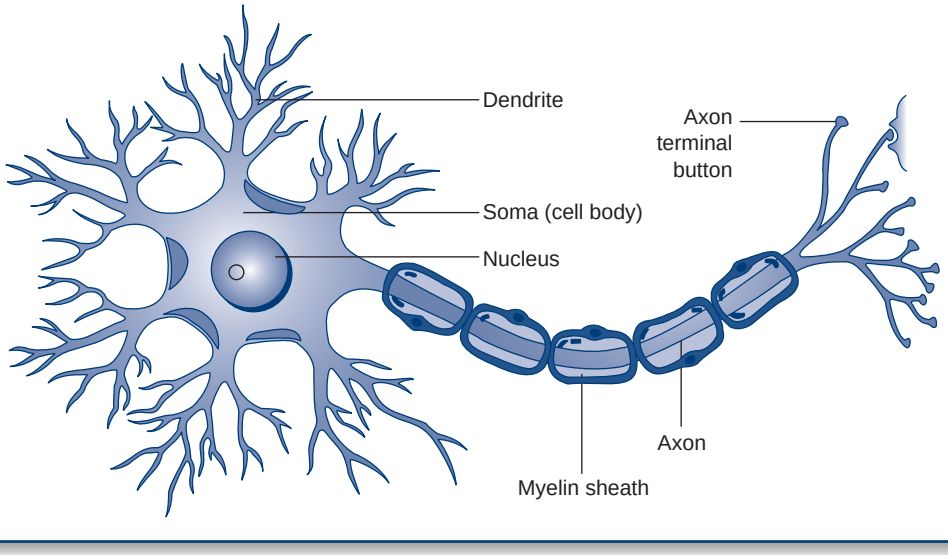
information through the axon terminal button located at the neural synapses. Figure 1.1 provides a visual image of a neuron and its components parts.

What Are Neurotransmitters?

The chemicals that are exchanged from one neuron to the next are called neurotransmitters. Neurotransmitters carry messages between different nerve cells or between nerve cells and muscles. They aid in triggering or preventing the triggering of an electrical-chemical impulse that is passed from one cell to another via neural synapses. Generally speaking, excitatory neurotransmitters trigger a nerve impulse in the receiving cell, while inhibitory neurotransmitters act to prevent further transmission of an electrical-chemical impulse to another neuron. A person's overall mental health, learning capabilities, and behaviors are all affected by the proper functioning of neurons, synaptic processes, neurotransmitters, neural networks, and different brain parts.

An integral approach to counseling and psychotherapy directs attention to the ways that neurons, neurotransmitters, and different brain parts are linked to mental health as well as psychological and behavioral problems that lead many people to seek professional help. Among the important research findings emerging in neuroscience that have direct relevance to these issues are (1) the notion of neuroplasticity, (2) the effects of neurotransmitter production in the brain, and (3) the function of different brain parts in promoting or impairing mental health. While the concept of neuroplasticity is described below, the effects of neurotransmitter production and the functions of different brain parts are discussed in more detail in Chapter 2.

Figure 1.1 The parts of a neuron



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Neuroplasticity

Up until the late 1990s, professional and laypersons alike believed that people were born with a given number of neurons in the brain. It was generally accepted that, while neurons could "die" due to brain injury, disease, and exposure to toxic chemicals entering the brain, new neurons could not be reproduced.

This widely held belief about brain chemistry has been found to be irrefutably false as a result of research conducted by neuroscientists during the late 1990s and early 21st century. The brain's ability to reproduce new neurons and reorganize itself by forming new neural connections throughout life is referred to as ***neuroplasticity***.

There are different ways in which researchers have noted neuroplasticity occur. One way involves the manner that existing neurons contribute to the production of new neurons to compensate for injury, disease, and exposure to toxic environmental conditions (including environmental pollutants, poverty, violence, and other forms of social injustice).

Neuroplasticity also occurs as a result of intraneural chemical adjustments that neurons make in response to new situations and experiences that characterize peoples' lives. Recent research findings have verified that neuroplasticity is enhanced when people engage in repetitive behaviors, such as routinely practicing a musical instrument; exposed to enriched environments, such as those that are created in many preschool programs; and exposed to new, novel, supportive, and challenging activities, including counseling and psychotherapy (Cozolino, 2010b; Farmer, 2009).

Chapter 2 provides a more detailed discussion of the relevance of issues related to neuroplasticity and brain functioning for counseling and therapy. This includes presenting information that describes (a) specific neurotransmitters and their function in the brain; (b) the psychological and behavioral impact of various neurotransmitters; (c) how the use of various counseling and therapy theories and skills may affect the production of different neurotransmitters; (d) the role and function that different parts of the brain play in how people think, feel, and behave; and (e) various intervention strategies mental health practitioners can use to assist their clients in altering their brain functioning to promote a greater sense of mental health and personal well-being.

Although the information presented in Chapter 2 is aimed at further increasing your understanding of the relevance of the Behavioral/Physical/Neurological Quadrant to counseling and therapy theories, we next briefly describe another important issue that is particularly pertinent for this quadrant. This involves describing the neurological basis of communicating empathy in counseling and therapeutic endeavors.

Mirror Neurons

Regardless of the specific counseling and therapy theory or theories you use in your work as a mental health practitioner, you will need to be able to build an empathic therapeutic relationship with your clients to maximize your effectiveness in fostering positive outcomes. This statement is supported by research findings that affirm the notion that building an empathic relationship with clients is key to realizing positive therapeutic outcomes (Distelberg, 2008; Shedler, 2010).

Despite general agreement of the need to build an empathic relationship with clients to

increase the probability of fostering positive therapeutic outcomes, little evidence explaining why this is the case has been available until now. As Farmer (2009) points out,

> One of the central characteristics of psychotherapy is the fact that it is conducted within the context of a therapeutic relationship. The importance of this relationship has been firmly held among practitioners, though there is little evidence to demonstrate why the relationship seems so crucial to the process. With recent knowledge about the workings of the brain to include a more precise biological description of the empathic relationship, it seems that we can now say that neuroscience is the missing link for understanding what makes the therapeutic relationship curative and effective. (p. 122)

In neurological terms, the sort of "working of the brain" that Farmer (2009) refers to in describing empathic relationship building involves the activation of what are called ***mirror neurons***. Mirror neurons were discovered in 1995 by two Italian researchers named Rizzolatti and Gallese, who were studying brain functioning in macaque monkeys (Rizzolatti & Sinigaglia, 2008). These researchers noted a couple of important neurological changes that occurred in the brains of monkeys that led to the formulation of the concept of mirror neurons.

First, Rizzolatti and Gallese noted that there was an increased activation of visual-motor neurons in the motor cortex of the brains of monkeys who first looked at and then reached for peanuts that were placed in their cages. Electrodes that were implanted in different parts of the monkeys' brains were used to measure the activation of neurons as they were involved in different behaviors.

This was not necessarily a surprising finding given that previous studies found increased neural activation in those brain areas that are associated with specific sensory and motor functions animals exercised in performing given tasks. However, what was surprising was the neural activation noted among other monkeys who were not involved in the above-mentioned visual-motor task.

In short, the monkeys who were not engaged in the visual-motor task of looking at and then reaching for the peanuts but watched other monkeys doing this task recorded the same sort of neural activation as the monkeys actually engaged in the task. The conclusion drawn from this surprising finding was that primates manifest similar neurological changes (i.e., the same types of neural activation) through observation of behaviors exhibited by other primates who actually do the task.

Of course, it is not ethically possible to use the same experimental procedures to study this sort of neural activity through the use of electrodes implanted in the brains of human subjects. Instead, researchers used functional magnetic resonance imaging methods to see if similar neural activation occurs when people observe other people engaged in specific behaviors but do not actually do the same behaviors themselves (Cozolino, 2010a). The findings of several studies involving human subjects confirmed mirror neuron activation among people who simply observed the behaviors of other persons, with this neural activation being similar to the brain changes that occurred in people who actually manifested specific behaviors.

Mirror Neurons and Empathy

The discovery of mirror neurons has important implications for counseling and therapy in general and the development of empathetic therapeutic relationships in particular. This is so because, while clients experience neural activation when they talk about their problems in counseling, similar neurological changes occur in the therapist's brain as mirror neurons are activated when the counselor carefully observes clients' behaviors (e.g., listening to clients' stories, observing clients' nonverbal communication, etc.).

These shared neurological changes enable the therapist to connect with the client in both psychological and biological terms. At the same time, the client can be affected psychologically and neurologically by observing the counselor's reactions to the client's expressed concerns.

Let's turn to some of the interactions that occurred between James (the 25-year-old African-American college student described in Vignette #1) and his therapist to further explain how mirror neurons and empathic connections are manifested in the helping process.

Client (James): I don't know why it happens, but I get very frustrated over some of the things my friends and coworkers say to me. (*The client begins nervously tapping his foot as he talks about his situation with the therapist.*)

Therapist: Give me an example of something that one of your friends said to you recently that got you really frustrated.

By encouraging the client to elaborate on her or his problem in more detail, the therapist is better able to understand the client in psychological terms as well as have an opportunity to activate mirror neurons that are similar to those activated by the client when telling his or her story.

Client: That's easy. Last night, I was talking to my girlfriend about work, and after taking time to tell her about my ongoing problems at work in a lot of detail, she said, "I don't understand why you have so many problems at work." That really did it. It made me feel that she wasn't listening to me at all. So I started to get really angry with her and said, "You know, I am sick and tired of you not listening to me when I am trying to explain something important about my life." Then she said, "I was listening to you, but I still don't know why you are having all these problems." That is when I really exploded and raised my voice and said, "You know what I think? I think you just are not interested in what I have to say now and a lot of other times we are together. It really is a pain in the ass to be with you sometimes."

The therapist notes that James raises his voice and talks faster when explaining this situation. Nonverbally, this client has clinched both of his fists and is nervously tapping his foot faster as he describes the situation with his girlfriend. From a neurological perspective, the therapist's observations of the client as James relives his anger from the night before is likely to activate mirror neurons within the

therapist's brain. These brain changes enable the therapist to connect with the client's anger on both a psychological and biological level.

Therapist: As you describe your anger in the situation that occurred last night with your girlfriend, I notice your fists get tighter and your voice gets louder. It is almost as if you are reliving that anger right now. I not only hear you describing this situation, but I can understand and actually feel your anger myself. Since you earlier said that this example is actually part of a pattern of the anger that you want to change, our job will be to explore what the triggers are that set your anger off and brainstorm new ways that you can address this problem before it happens. What do you think about that?

The empathy that this therapist communicates to James is not only an expression of his psychological connection with this client but is enhanced by the activation of mirror neurons that occur as a result of the therapist's observations of James beginning to relive his anger during this counseling session. Thus, the therapist's efforts to build a positive therapeutic relationship with James by communicating his empathic understanding of the client's problem is based on both psychological and neurological processes going on in the therapist as a result of his listening to and observing the client's behaviors as the client describes his anger.

Client: Yes, I can feel myself getting angry right now just talking about last night. But you are right. This is not a single incident but something that occurs often with lots of people I am with. I want to do something about it but don't know what to do. By the way, this is the first time I can remember that someone didn't make the situation worse by telling me that it is all my fault when I get angry. You did not blame me for this situation but seem to be interested in helping me figure out how I can break this pattern. I appreciate the calm way you just said what you said. It is different from the way other people act when I get angry with them or talk about how I got angry with other people like I was doing with my girlfriend last night.

The client unclenches his fists. He stops nervously tapping his foot and seems more relaxed at this point in the counseling session. The interesting thing about this situation is that the activation of mirror neurons within the therapist—which may have been stimulated by the therapist's observations of the client's description of his anger—is potentially followed by the activation of new mirror neurons within the client. This occurs when James observes the calm and empathic response the therapist has to his accounting of the angry interactions he had with his girlfriend the night before.

A more detailed discussion of the neurological basis for the elicitation of this sort of mutual empathy is presented in Chapter 9. We have included this description of the interaction that James has with his therapist and the biological changes that typically occur in the brains of both persons as a result of such therapeutic interactions to illuminate

the relevance of one of the many factors associated with the Behavioral/Physical/Neurological Quadrant to counseling and therapy. As Farmer (2009) points out, "the role of mirror neurons helps explain how attunement between client and therapist gets laid down in neural structure" (p. 122). Chapter 2 describes other important aspects of the Behavioral/Physical/Neurological Quadrant and their implications for counseling and therapy theories.

THE SOCIETAL/ PROFESSIONAL QUADRANT

As noted in Table 1.1, the Societal/Professional Quadrant addresses the ways that social-political trends, societal institutions, governmental agencies, and professional organizations impact human development in general and counseling/psychotherapy theories and practices in particular. Our contemporary society continues to be transformed by the many social, economic, demographic, scientific, and technological changes that are occurring at this point in time. These changes impact the ongoing evolution of counseling and psychotherapy in a variety of ways. Among the societal and professional changes that are currently impacting mental health practitioners' thinking about how they might implement different counseling and psychotherapy theories are

- practitioners' growing awareness of the ways that clients' religious/spiritual, economic class, sexual, ethnic/racial/cultural/physical identities affect the content and process of counseling and therapy;
- the increasing number of alienated youths in our society, many of whom are involved in antisocial/illegal activities that result in their being mandated to see counselors and therapists by the legal system;
- persistent economic instability that results in increasing numbers of persons being in need of mental healthcare services to help them learn new ways to cope with the stressors that characterize their lives;
- widespread alcohol and drug problems that adversely affect millions of persons in our society and the limited effectiveness of counseling and therapy interventions in promoting long-term, positive therapeutic outcomes for many persons experiencing these problems;
- dramatic increases in various forms of violence that are manifested in our society, which result in a growing need for new counseling and therapy interventions for both the victims and perpetuators of this pervasive societal problem;
- the rapid escalation of the number of older adults in our contemporary society and the unique challenges and problems that mark their physical and psychological health;
- increasing numbers of veterans coming home from the wars in Iraq and Afghanistan who exhibit multiple problems associated with the posttraumatic stress reactions to their war experiences;
- psychological problems associated with the long-term impact of poverty among large numbers of persons of all ages in our society and especially the dramatic increase in homeless men, women, and children;

- the psychological stressors that many persons experience when dealing with serious medical problems (e.g., cancer, HIV/AIDS) with limited personal and financial resources;
- the psychological needs of millions of women and children who are subjected to an epidemic of emotional, physical, and sexual abuse;
- many innovative scientific and technological advancements that result in the implementation of new helping strategies designed to promote clients' mental health; and
- major alterations in our nation's public and private healthcare organizations that dictate the specific types of counseling and psychotherapy services that are deemed reimbursable.

The factors above represent a partial listing of the important societal, professional, scientific, and technological changes that fall within the Societal/Professional Quadrant. The following section describes the relevance of specific aspects of this quadrant to the work mental health practitioners do in the field.

New Societal/Professional Challenges

Among the many factors that have contributed to the evolution of counseling and psychotherapy theories is the recognition that the three traditional theoretical forces that dominated the mental health professions during the 20th century are not congruent with the values, beliefs, and needs of many people in diverse groups in our contemporary society (Lewis, Lewis, Daniels, & D'Andrea, 2011). This is understandable given the fact that psychodynamic (first force), cognitive-behavioral (second force) and existential-humanistic (third force) theories were all developed by well-educated, middle-class White males from Western Europe and the United States.

Critics have described how the unexamined biases linked to these theorists' social conditioning (including their gendered and economic class conditioning) are reflected in the values, assumptions, goals, and therapeutic techniques associated with these traditional forces (Sue & Sue, 2008a). Despite such biases, these theories were repeatedly used among clients from diverse groups whose values, goals, and worldviews were different from those of the practitioners with whom they worked.

This situation often resulted in the premature termination of counseling by many clients who did not find the therapeutic services offered to them relevant or useful for their lives. In addition to the ineffective outcomes that ensued from the use of the three major theoretical forces listed above, other researchers and theorists noted the harmful impact of such counseling services when used among persons in different groups (D'Andrea, 1999; Lewis, Lewis, et al., 2011).

Many clients who were dissatisfied with the traditional approaches to counseling and psychotherapy expressed their frustrations in constructive ways by developing self-help groups during the 1960s and 1970s that were designed to address their psychological needs (Aubrey, 1986). Some practitioners who recognized that their future relevance and viability depended on changing the way counseling and therapy theories were historically implemented began to modify their professional practices to work more effectively and respectfully with new client populations.

Despite the heightened resistance manifested by many traditionally trained practitioners, the societal press for culturally responsive psychological interventions stimulated additional changes in the evolution of counseling and psychotherapy over the past 40 years. These pressures led to the emergence of new feminist counseling and therapy models, the development of new community counseling theories, and the rise of the multicultural–social-justice counseling movement in the mental health professions, to name a few. These newer counseling and psychotherapy theories are discussed later in this textbook. The point to be made here, however, is that the societal forces that stimulated the rise of these new helping perspectives are important considerations included in the Societal/Professional Quadrant of the integral model.

Managed Care

Another societal factor included in the Societal/Professional Quadrant that continues to impact the evolution of counseling and psychotherapy involves the rise of ***managed healthcare organizations***. Managed healthcare organizations (MCOs) have existed since the early 1900s. However, a substantial boost in these organizations occurred during the early 1970s. This boost largely came from the passage of the Health Maintenance Organization Act by the United States Congress in 1973. Since that time, MCOs have grown exponentially in power and influence in our nation's healthcare system (Lewis, Lewis, et al., 2011).

Shifting financial arrangements for mental healthcare service payments from government agencies to privately operated MCOs was accompanied by specific criteria that needed to be addressed for qualified practitioners to receive reimbursement for services rendered. As a result, mental health practitioners have been increasingly required to adopt a medical model when providing mental healthcare services to people in need. This model includes (1) diagnosing clients with specific psychiatric disorders based on a listing of such disorders in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), (2) creating an individualized treatment plan to document the specific psychotherapeutic services used with clients, and (3) implementing evidence-supported therapies to promote positive therapeutic outcomes.

The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*)

The *DSM* is the manual physicians, psychiatrists, psychologists, therapists, counselors, and social workers typically use to diagnose clients for mental disorders. This manual spells out the specific criteria used to determine different mental disorders that clients are thought to manifest in their lives. An example of this can be seen in the diagnosis of a person experiencing a major depressive episode. To be given a diagnosis of a major depressive episode, a person must exhibit at least five or more of the nine symptoms listed in the *DSM* for this disorder and manifest these symptoms for at least 2 weeks prior to undergoing a diagnostic assessment.

When diagnosing a client, trained practitioners are required to use a ***multiaxial assessment system***. This involves assessing clients'

psychological disposition and behavioral characteristics in five areas, or ***axes***, described below:

> Axis I: includes all mental health conditions exhibited by the client except personality disorders and mental retardation. A person could suffer from more than one Axis I disorder. In such cases, the practitioner would list all such disorders when making a final diagnosis
>
> Axis II: the diagnostic category used in reporting mental retardation and personality disorders, all of which are defined in the *DSM*
>
> Axis III: documents the existence of any major medical condition a client may be experiencing
>
> Axis IV: focuses on how a client is doing in a broad range of life situations; factors taken into consideration when assessing clients on this axis include problems that ensue from losing a significant person via divorce, death, or other circumstances as well as educational, housing, economic, occupational, and/or legal problems that characterize clients' lives
>
> Axis V: provides a global assessment of the client's overall functioning, both at the present time and at the highest level of functioning over the past year; documents the client's overall psychological disposition given the impact of the four preceding areas covered in a diagnostic assessment

There have been different reactions to using the *DSM* in counseling and psychotherapy. On the one hand, there are mental health professionals who argue that the use of the *DSM* facilitates effective treatment planning and, therefore, is an important contribution in the evolution of counseling and therapy. On the other hand, the sort of treatment planning that is generated from a *DSM*-based diagnosis has been criticized for its overemphasis on individual, intrapsychic-focused, client-specific behavioral changes without directing additional attention to the need to implement services that foster other contextual and environmental changes that are necessary to promote clients' mental health (Gottlieb & Cooper, 2000; Lewis, Lewis, et al., 2011).

Evidence-Supported Therapies and Practices

Another factor included in the Societal/Professional Quadrant relates to the increasing demands for the use of evidence-supported therapies (ESTs) in clinical practice. The growing demand for such practices not only comes from MCOs but also from governmental agencies, professional counseling and psychology organizations, and the public at large. The growing emphasis on having practitioners utilize ESTs was highlighted in the President's New Freedom Commission on Mental Health (2003). This commission strongly "argued for more effective means of identifying, disseminating, and utilizing evidence-based practices in providing mental healthcare" (Sue & Sue, 2008b).

David and Diane Sue (2008b) describe the rising emphasis in this area by explaining that

> Empirically supported therapies (ESTs) are thought to be an answer to concerns about the use of unsupported techniques

and psychotherapies. Under this research model, clients are viewed as having a problem or specific disorder for which a specific treatment can be developed. Because the therapist is seen as less important than the specific treatment or technique and variability among therapists might produce error variance in research studies, ESTs are conducted using manuals. ESTs have been identified for anxiety and depressive disorders, couples' problems, severe mental conditions, chemical abuse and dependence, childhood disorders, and psycho-physiological disorders. As of 2001, there were over 130 different manualized treatments listed as empirically supported therapies (Chambless & Ollendick, 2001), with more added each year.

Most of the validated treatments are cognitive or behavioral in orientation, with a few psychodynamic therapies meeting the criteria. The rationale behind the establishment of ESTs is admirable; we believe that therapies should be evaluated by the scientific model rather than based on personal beliefs or sketchy theories. Such research findings are becoming increasingly important as managed care is demanding more proof of the effectiveness of therapies. We owe it to our clients to provide them with care that has demonstrated efficacy. However, it is our contention that relying only on ESTs is insufficient with many mental health problems. (p. 20)

Diane Sue and David Sue (2008b) proceed to list some of the specific shortcomings of using an EST approach. These shortcomings are outlined below:

- Contextual, cultural, and other environmental influences are not considered in ESTs.
- The importance of the therapist-client relationship variables is not acknowledged.
- The research model used in establishing ESTs includes criteria that strongly favor cognitive-behavioral theories.
- Problems with exterior validity exist. The results of therapy with carefully selected subjects who have a single disorder may not transfer to many clients seen in mental health clinics who have concurrent disorders.
- Scripted use of manualized treatment does not truly resemble the work therapists perform in many mental health settings.
- Therapies based on different theoretical models are listed as being effective when used for the same disorder (e.g., interpersonal therapy and cognitive therapy for depression).
- There are concerns over the large number of manuals that would have to be developed, since there are more than 400 disorders listed in the *DSM*. (pp. 20–21)

The strengths and limitations of ESTs will continue to be debated among mental health professionals in the foreseeable future. However, it is clear that practitioners will increasingly be pressed to implement interventions that are supported by some type of scientific evidence. Given the growing press for this sort of professional accountability, practitioners are encouraged to understand and implement the role of scientist-practitioner.

THE SCIENTIST-PRACTITIONER

The scientist-practitioner is a helping professional who (1) draws on research for more effective practice and (2) uses information generated in his or her clinical work to generate new research questions and plans. You personally may not be a researcher. However, it is important that you familiarize yourself with and continually update your knowledge of the scientific findings that are related to whatever theoretical orientation you use in your professional practices. The information presented in Research Exhibit 1.1 is aimed at increasing your knowledge of numerous research findings that report on the effectiveness of individual counseling and psychotherapy.

RESEARCH EXHIBIT 1.1

Summary of Counseling and Psychotherapy Outcome Research

Studying the extensive data on the effectiveness of psychotherapy, Hans J. Eysenck let loose a bombshell on the therapeutic profession in 1952. On reviewing numerous counseling and psychotherapy outcome studies at that time, Eysenck (1966) summarized his findings in this area later by pointing out that

> In general, certain conclusions are possible from these data. They fail to prove that psychotherapy, Freudian or otherwise, facilitates the recovery of neurotic patients. They show that roughly two-thirds of a group of neurotic patients will recover or improve to a marked extent within about two years of the onset of their illness, whether they are treated by means of psychotherapy or not. This figure appears to be remarkably stable from one investigation to another, regardless of type of patient treated, standard of recovery employed, or method of therapy used. (pp. 29–30)

Eysenck's claims and research methodology have been ably and sharply rebutted in numerous professional publications since he drew these conclusions. Most of the criticisms that have been directed at Eysenck's original work relate to serious flaws in the internal and external validity of his research.

A host of researchers have since published numerous articles and books that report on research findings related to the effectiveness of psychotherapy. These include several publications in a 1996 special issue of the *American Psychologist* (the main journal of the American Psychological Association) and in Beutler's (2000) compelling report on an extensive multiyear study that he and his colleagues conducted in this area. More recently, Diane Sue and David Sue (2008b) provide detailed information related to scientifically supported counseling and therapy theories, many of which are discussed later in this textbook.

These and other research findings confirm Rosenthal's (1990) statement that, in terms of trying to promote positive outcomes when using various counseling and therapeutic approaches with clients, "we are doing considerably better than we may have thought we were doing" (p. 776). Additional support for the effectiveness of counseling and psychotherapy includes the following recent research findings:

- Lambert and Bergin (1994) reviewed the extensive literature on the effectiveness of psychotherapy and concluded that research in this area "is not only statistically significant but also clinically meaningful. Psychotherapy facilitates the remission of symptoms. It not only speeds up the natural healing process but also often provides additional coping strategies and methods for dealing with future problems. The effects of therapy tend to be lasting" (pp. 80–81).
- The bulk of research that has been done since Eysenck's questionable work in this area suggests that psychotherapy (as practiced in controlled situations) is generally effective, although questions remain as to the specificity of the types of positive effects that researchers have found in their investigations and their generalizability to other clinical settings (Hollon, 1996; Sue & Sue, 2008b).
- Barlow (1996) states that "there are now a number of studies with high internal validity demonstrating the efficacy of psychotherapeutic procedures as compared with other alternative helping strategies for a variety of problems" (p. 1056).
- In a 2007 survey conducted by *Consumer Reports* of more than 4,000 persons who indicated that they had sought professional help for various mental health concerns, 54% reported that it had helped "a great deal," and 90% reported that it had helped "at least somewhat" ("Mental Health," 2007).
- Beutler's (2000) extensive review of outcome studies and his own research in this area have led him to confirm several therapeutic principles that, when implemented in psychotherapy, promote positive changes in clients who experience mental health problems. Some of Beutler's (2000) key research findings include the following therapeutic principles:

  1. Therapeutic change is greatest when the therapist is skillful and provides trust, acceptance, acknowledgment, collaboration, and respect for the patient within an environment that both supports risk and provides maximal safety.
  2. Therapeutic change is most likely to occur when the relative balance of interventions favors the use of either skill-building and symptom-removal procedures with externalizing patients or insight- and relationship-focused interventions with internalizing patients.
  3. Therapeutic change is greatest when the directiveness of the intervention inversely corresponds to the patient's current level of resistance.
  4. Therapeutic change is greatest when a patient is stimulated to emotional arousal in a safe environment until problematic responses diminish or extinguish (p. 1005).

It is clear that the fields of counseling and psychotherapy are moving toward a greater level of accountability. This accountability will increasingly require practitioners to (1) be able to support the theoretical approach they use in counseling with research findings that demonstrate its effectiveness, (2) collaborate with clients about the types of interventions to be used and the specific goals of therapy, and (3) contract with clients to evaluate the results of the counseling theory used in their psychotherapeutic interactions. With this accountability in mind, the scientist-practitioner model becomes of central importance in the work mental health practitioners do and a hallmark in the evolution of counseling and therapy.

Advances in Technology

Unprecedented advances in technology are having a substantial effect on the helping professions. This societal force is included in the Societal/Professional Quadrant because of the impact such technological advances have on the work many practitioners do.

Paraphrasing from Gladding's (2009) work in this area, it is noted that technology has grown rapidly in the mental health professions. What once was considered promising has now become reality, as technology is having a profound impact on almost every aspect of life. For example, technology, particularly the Internet, is now a major tool used by many counselors.

Initially, technology was used to facilitate record keeping, manipulate data, and do word processing. More attention is now being placed on factors affecting technology and client interactions, especially on the Internet. The number of network-based computer applications in counseling has been increasing rapidly. Listservs and bulletin board systems have become especially popular in posting messages and encouraging dialogue between counselors. E-mail is also used in counselor-to-counselor and counselor-to-client interactions. Websites are maintained by a broad range of mental health organizations and individual counselors and therapists. There are also many online journals available that focus on a broad range of issues related to counseling and psychotherapy theories and practices.

The similarities between working with clients online and in person are notable (e.g., establishing a relationship, learning about a client's thought processes, settings goals for counseling and psychotherapy, and taking steps to achieve these goals).

However, the practice of online counseling and psychotherapy is fraught with ethical and legal risks such as (a) assurances related to confidentiality, (b) handling emergency situations, (c) the lack of access to nonverbal information, (d) the legal implications of offering online services across state judicial lines, (e) the lack of outcome research on the effectiveness of online counseling, (f) technology failures, and (g) the difficulties of establishing rapport with a client who is not visually seen (Gladding, 2009, p. 25).

The use of these and newer forms of technology will predictably be utilized by increasing numbers of practitioners in the future. Like any professional service offered to clients, it is vital that they be provided in ways that reflect high ethical standards, principles, and responsibilities.

Professional Ethics

Societal and professional factors are not only contributing to a rising use of evidence-supported therapies and technology to expand

counselors' and psychotherapists' effectiveness, but they also underlie growing demands for ethical practices. The continuing revisions made in the codes of ethics by various mental health organizations represent a final factor included in the present discussion of the Societal/Professional Quadrant. These revisions help mental health practitioners keep up-to-date on various ethical challenges they may encounter in their work endeavors. Among the new ethical challenges practitioners face are issues related to online counseling, end-of-life counseling, and genetic counseling, to name a few.

There are many reasons why it is important for mental health practitioners to be knowledgeable of the ethical codes that are endorsed by the professional groups of which they are members. One of the primary reasons why it is important to do so relates to the recognition that, when individuals come for counseling or psychotherapy, they are vulnerable and open to destructive actions from practitioners who may not be committed to providing services in an ethical manner.

The bulk of ethical responsibility lies with you, the professional helper. While it is important to take time to carefully review all the ethical guidelines developed by the professional association of which you are a member, the core of our ethical responsibility is to *do nothing that will harm the client or society.* The following is a list of some fundamental ethical guidelines that cut across all the mental health professions:

1. *Maintain confidentiality.* Counseling and psychotherapy depend on trust between counselor and client. You, as the therapist, are in a powerful position to help clients; the more trust you build, the more power you have in your relationship with your clients. It is essential that you maintain the confidence of your clients and remember that confidentiality is designed to protect clients (not counselors).

2. *Recognize your limitations.* It is vital that you maintain an egalitarian atmosphere with your clients, classmates, or coworkers. With this in mind, it is important that you share beforehand the task you wish to work through, whether providing actual counseling services in the field or practicing your skills in role-play situations as a part of your professional training. Inform the persons you are working with of your limitations and emphasize that they are free to stop the process at any time. Although the competency-building exercises in this book are designed to stimulate your professional development, they should not be used to delve deeply into the life of another person.

3. *Seek consultation.* It is important that you obtain supervision and/or consultation when working in the field or practicing the competency-building activities included in this textbook. You may also find it helpful to discuss your own growth as a helper with others after you have completed the competency-building activities included in this book. At the same time, be very careful when discussing what you have learned about the persons you work with in completing these competency-building activities.

4. *Treat the client as you would like to be treated.* It is important to put yourself in the place of your clients. Every person deserves to be treated with respect, dignity, kindness, and honesty. Consequently, the Golden Rule of treating others as you would want to be treated is an essential ethical standard

that needs to be manifested in all your work endeavors.

5. *Be aware of individual and cultural differences.* This point will be repeatedly stressed throughout this text. However, it is pointed out here that an emphasis on cultural issues can sometimes lead to stereotyping individuals. At the same time, an overemphasis on individuality may obscure multicultural issues.

6. *Review ethical standards constantly.* Read and reread professional ethical codes as you encounter new ideas in this text. The following list of organizations and their websites are provided to assist you in accessing the different codes of conduct that have been developed by various professional mental health associations. Website addresses are correct at the time of printing but can change. For a keyword web search, use the name of the professional association and the words *ethics* or *ethical code.*

American Academy of Child and Adolescent Psychiatry (AACAP): http://www.aacap.org

American Association for Marriage and Family Therapy (AAMFT) Code of Ethics: http://www.aamft.org

American Counseling Association (ACA) Code of Ethics: http://www.counseling.org

American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct: http://www.apa.org

American School Counselor Association (ASCA): http://www.schoolcounselor.org

Australian Psychological Society (APS) Code of Ethics: http://www.psychology.org.au

British Association for Counselling and Psychotherapy (BACP) Ethical Framework: http://www.bacp.co.uk/ethical_framework/

Canadian Counselling and Psychotherapy Association (CCA) Codes of Ethics: http://www.ccacc.ca

Commission on Rehabilitation Counselor Certification (CRCC) Code of Professional Ethics for Rehabilitation Counselors: http://www.crccertification.com/pages/crc_ccrc_code_of_ethics/10.php

Ethics Updates (provides updates on current literature, both popular and professional, that relate to ethics): http://ethics.sandiego.edu

International Union of Psychological Science (IUPsyS) Universal Declaration of Ethical Principles for Psychologists: http://www.am.org/iupsys/resources/ethics/univdec12008.html

National Association of School Nurses (NASN): http://www.nasn.org

National Association of School Psychologists (NASP): http://www.naspweb.org

National Association of Social Workers (NASW) Code of Ethics: http://www.naswdc.org

National Career Development Association (NCDA): http://www.ncda.org

New Zealand Association of Counsellors (NZAC) Code of Ethics: http://www.nzac.org.nz

School Social Work Association of America (SSWAA): http://www.sswaa.org

Society of Interamerican Psychology's Grupo de Trabajo de Ética y Deontología Profesional (ethical codes of Latin American

countries can be found at this webpage under "Informacion del Grupo y Documentos"): http://www.sipsych.org/grupoetica

THE CULTURAL COMMUNITY QUADRANT

The sociopolitical changes occurring in our society are largely fueled by an unprecedented cultural/racial transformation of the demography of our citizenry. The significance of this demographic transformation is reflected in the fact that, while North American countries have historically comprised a majority of persons who come from White, Western European, English-speaking, and Christian backgrounds, there is an unprecedented rise in the number of persons from non-White, non-European, non-English-speaking, and increasingly non-Christian backgrounds living and working in these nations (D'Andrea & Daniels, 2001a). An integral approach to counseling and psychotherapy addresses issues related to the unprecedented cultural-ethnic-racial diversification of our society, as that is the essence of the Cultural Community Quadrant.

Focusing specifically on the challenges associated with the cultural diversification of the United States, a landmark report by the U.S. Surgeon General titled "Mental Health: Culture, Race, and Ethnicity" (U.S. Department of Health and Human Services [DHHS], 2001) highlighted numerous implications of the rapidly changing demography of this nation for mental health professionals. Two of the important points made in this report are discussed below, as they have particular relevance to issues related to the Cultural Community Quadrant.

First, the Surgeon General's report encourages mental health professionals to rethink the efficacy of using traditional counseling and therapy theories with persons from diverse cultural populations. This is important because traditional helping theories are known not only to be ineffective but are also potentially harmful when used in multicultural helping situations (D'Andrea, 2004b).

One of the main factors that contributes to the ineffective and even harmful psychological outcomes that occur in many multicultural counseling and therapy situations is the continued overuse of individualistic-focused strategies among clients who come from collectivistic cultural groups. As will be discussed throughout this book, the three major theoretical forces in counseling and psychotherapy (i.e., the psychodynamic, cognitive-behavioral, and existential-humanistic forces) all operate from individualistic views of helping that primarily strive to foster intrapsychic and behavioral changes with individual clients.

Clearly, the use of traditional counseling and therapy theories has resulted in positive outcomes among many clients whose cultural worldview and values are consistent with western constructs of individualism, autonomy, and independence. However, as the U.S. Surgeon General's report on culture and mental health points out, these same approaches to mental healthcare conflict with more collectivistic-oriented cultures, and this conflict of perspectives contributes to the ineffective and harmful outcomes that ensue from such practices in many multicultural counseling situations.

Second, the Surgeon General's report underscores the need for practitioners to acquire new competencies if they are to become a more viable and relevant part of this

country's mental healthcare system (U.S. DHHS, 2001). Multicultural counseling advocates have stressed that practitioners can be more effective in addressing the needs of larger numbers of persons from diverse groups and backgrounds when they develop the competencies that enable them to effectively implement multifaceted helping approaches in culturally responsive and competent ways. This requires practitioners to serve as educators, consultants, advocates, community organizers, and organizational change agents as well as counselors and therapists (Lewis, Lewis, et al., 2011).

The concept of cultural competence is detailed in Chapter 3 of this text. For now, however, we draw from Sue and Sue's (2008a) work in this area to describe the three central goals of becoming a culturally competent practitioner. These goals represent key considerations for the Cultural Community Quadrant of the integral model of counseling and therapy.

First, a culturally competent helping professional is one who is actively in the process of becoming aware of his or her own assumptions about human behavior, as well as his or her own values, biases, preconceived notions of mental health, and personal and professional limitations.

Second, a culturally competent helping professional is one who actively attempts to understand the worldview of his or her culturally different client. In other words, she or he is interested in learning about the client's values and assumptions about human behavior, mental health, and appropriate helping interventions.

Third, a culturally competent helping professional is one who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills when working with culturally different clients.

These three goals make it clear that cultural competence is an active, developmental, and ongoing process and that it is aspirational rather than ever being fully achievable (Sue & Sue, 2008a, p. 43).

In addition to briefly discussing some of the key components of the Cultural Community Quadrant in this section of the book, additional factors associated with this integral quadrant are addressed in every chapter that follows. Chapter 3 is specifically designed to expand your thinking about the meaning of the terms *cultural*, *multicultural*, and *multicultural counseling and therapy* as they are used throughout this text.

To expand your thinking about the meaning of these terms, Chapter 3 describes the RESPECTFUL Counseling and Therapy model (D'Andrea & Daniels, 2001b). This theoretical framework consists of 10 factors that highlight the *multidimensional* nature of clients' and practitioners' psychological development, worldviews, values, biases, and preferences. In discussing these issues in Chapter 3, your attention will be directed to the following factors for both clients and practitioners:

R—religious and/or spiritual identity

E—economic/class experiences and identity

S—sexual/gender identity

P—level of psychological maturity/development

E—ethnic/racial/cultural identity

C—chronological status and challenges

T—traumatic experiences and other threats to one's well-being

F—family history and identity

U—unique physical characteristics

L—location of residence and preferred language usage.

Additional Cultural Community Quadrant Considerations

Two additional issues that the Cultural Community Quadrant addresses relate to the need for practitioners to balance their thinking about what is referred to as an etic perspective of counseling and therapy with an emic view of helping. An ***etic*** perspective of counseling and therapy operates from the premise that there is a universal set of principles that characterize human development, mental health, and effective counseling and therapy.

Sue and Sue (2008a) comment on the implications of primarily operating from an etic perspective in counseling and therapy by noting that practitioners who do so believe that

> Good counseling is good counseling; that disorders such as depression, schizophrenia, and sociopathic behaviors appear in all cultures and societies; that minimal modification in diagnosis and treatment is required regardless of a client's cultural background; and that Western concepts of normality and abnormality can be considered universal and equally applicable across cultures. (p. 31)

An ***emic*** perspective of counseling and therapy challenges these assumptions by pointing out that clients' lifestyles, cultural values, and worldviews affect the expression and determination of psychological distress and disordered ways of thinking, feeling, and acting. An emic perspective also asserts that all human development theories and counseling practices arise from a cultural context. Thus, using the Euro-American values of independence and individualism as standards for healthy development and effective therapy represents a biased perspective that unintentionally devalues the worldviews and values of collectivistic cultures (Sue & Sue, 2008a).

Traditionally trained practitioners who strive to balance etic views of counseling and therapy with emic considerations typically do so by complementing individualistic intervention strategies with an acknowledgement of a collectivistic reality. This acknowledgement is based in an awareness of the many ways that clients' and practitioners' ***cultural communities*** impact their perspectives of counseling and therapy.

As used in the integral theory of counseling and therapy presented in this text, the term *cultural communities* may be as basic as one's family system or include more expansive school, university, workplace, and religious/spiritual communities as well as the broad global community in which we are all situated. From the perspective of the Cultural Community Quadrant, clients are perceived not only to be individuals but individuals who impact and are impacted by these and other communities.

Sue and Sue (2008a) discuss some of the issues involved in balancing an individualistic approach to counseling and therapy with interventions that address the collectivistic/community realities of people in diverse and devalued groups in the following way:

> In many cases, it is important to focus on the individual client and encourage her or him to achieve new insights and learn new behaviors. However, when clients-of-color experience problems resulting from

prejudice, discrimination, and racism of employers, educators, and neighbors, or in organizational policies or practices in schools, mental health agencies, government, business, and society, the traditional therapeutic role and theories appear to be ineffective and inappropriate. The focus for change must, therefore, shift to altering client systems and communities rather than individual clients. (p. 43)

Addressing Clients' Cultural Communities in Counseling and Therapy

The expanding knowledge base related to the impact that Cultural Community Quadrant factors have on clients' mental health and psychological well-being is changing the way many practitioners operate. These changes are supported by a host of counseling and therapy theories that emphasize the need to move beyond an exclusive focus on helping individual clients make the kinds of intrapsychic and behavioral changes that are thought to underlie a person's mental health and implement new interventions in clients' social contexts and cultural communities.

Among the theories that highlight more expansive and contextually based interventions are the community counseling theory (Chapter 3; Lewis, Lewis, et al., 2011), Carolyn Attneave's (1969, 1974, 1982) network therapy (Chapter 12), Freire's (1972) psychological liberation theory (Chapter 12), Quiñones-Rosado's (2007) integral consciousness-in-action theory (Chapter 12), and numerous family counseling and therapy theories (Chapter 15). According to the Community Counseling theory that is described in more detail in Chapter 3,

> Twenty-first century counseling has moved definitively away from the diagnostic microscopes of a previous era and toward the contextual strategies made possible by the wide-angle lens. This movement reflects more than anything else a major change in the attitude and perspective of the typical counselor and of the profession as a whole. But this change in attitude has practical implications for the day-to-day work of the professional counselor as well. When counselors began to take note of the person-in-context, they also opened their eyes to a host of new ways to help their clients. Among the fundamental assumptions that underlie this helping theory include the following:
>
> - Human development and behavior take place in environmental contexts that have the potential to be nurturing or limiting.
> - Even in the face of devastating stress, people who are treated respectfully can demonstrate surprising levels of strength by accessing community resources that a pessimistic helper might not see.
> - Attention to the multicultural nature of human development is a central component of community counseling.
> - Individual development and community development are inextricably linked. (Lewis, Lewis, et al., 2011, p. 7)

The important role that communities play in promoting clients' mental health and psychological well-being is a key factor

associated with different cultural and gendered groups that value collectivism over individualism. This includes but is not limited to women as well as persons of African, Asian, Latino, and Native American/Indigenous descent; Italian Americans; Arab Americans; Jewish persons; and Buddhists, to name a few.

Addressing these Cultural Community Quadrant issues in counseling and therapy is increasingly becoming recognized as a more ethical and effective way to deliver mental healthcare services in a diverse 21st-century society, rather than the traditional theoretical models described later in this chapter and in Part II. As you carefully listen to the narratives that many of your clients express when they tell their personal stories in counseling and therapy, you are likely to hear them talk about various strengths and concerns directly linked to their social contexts and cultural communities. For this reason, it is important that practitioners develop the skills that are necessary to assist clients in constructively exploring issues related to their cultural communities.

Throughout this book, you will be encouraged to complete a number of exercises that will help you develop new competencies that can be used in counseling and therapy settings. As noted in the overview of Part I, we encourage you to keep a file of all your written responses to the competency-building activities that are included in this textbook. In doing so, you will develop a personal/professional portfolio that represents a record of the various skills, helping strategies, and reflections that were generated by completing these important exercises. One such exercise involves learning to help clients complete a community genogram, as described in Competency-Building Exercise 1.1. This competency-building activity has three primary goals: assisting you to learn how to help clients

1. articulate narratives of their lives that focus on experiences they encountered in their social contexts and cultural communities;
2. increase their understanding of how we all develop in community; and
3. use visual, auditory, or kinesthetic images of their communities as sources of strength. These images of personal and collective strength can be called on later in counseling as positive resources to help clients cope with life's difficulties.

Competency-Building Activity 1.1 will also help you gain new insights into the impact that your clients' cultural backgrounds and communities have had on their lives, for it is through one's social contexts that we all develop our views of the world. As you complete Competency-Building Activity 1.1, it is important to keep in mind that many clients you work with will have had difficult life experiences in their communities. As a result, they may be tempted to first focus on negative experiences as they develop their awareness and present stories of how they have grown and lived in different community settings. Although you will need to attend to their negative stories, it is important to first help clients focus on any positive strengths they may have derived from their experiences in their communities.

COMPETENCY-BUILDING ACTIVITY 1.1

The Community Genogram

One of the things you can do to begin to acquire the skills necessary to effectively use the community genogram in counseling and therapy is to complete your own genogram. Later, you may want to use this activity with another student or colleague who would agree to complete a community genogram following your directions. For now, the time you spend completing your own community genogram should help you become clearer about the types of practical skills that are required to use this intervention strategy in counseling as well as increase your appreciation of the various persons and groups that have played key roles in your own development.

Instructions

Develop a Visual Representation of Your Community

1. Consider a large piece of paper as representing your broad cultural community. It is useful to select the community in which you were primarily raised, but any other community—past or present—may be used in this activity.
2. Place yourself (or the client you are working with) in that community, either at the center or another appropriate place on a large piece of blank paper. Represent yourself (or the client) with a circle, a star, or some other significant symbol.
3. Place your own (or the client's) family or families on the paper, again represented by a symbol. The family can be nuclear or extended or both.
4. Place the most important and influential groups on the community genogram, again representing them with circles or other symbols. School, family, neighborhood, and spiritual/religious groups are most often selected. For adolescents, the peer group is particularly important. For adults, work groups and other special groups tend to become more central.
5. Connect the groups to the individual, perhaps drawing heavier lines to indicate the most influential groups.

Search for Images and Narratives of Strengths

Although many individual difficulties or problems arise in family, community, and/or cultural contexts, the community genogram focuses on strengths. Ivey (1995a) comments on this important point by stating that

> The community genogram provides a frame of reference to help the client see her- or himself-in-context. The client is asked to generate narratives of key experiences from the community where she or he grew up. If relevant, key experiences from the present

community where one resides may be important. The emphasis is on positive stories and images from the community. The community genogram is kept and posted on newsprint during the entire series of counseling interviews. (pp. 1–2)

The process of developing a community genogram focuses on positive stories and images. The importance of this cannot be overstated. If this positive approach has been used first, clients will have a foundation for exploring more difficult and troublesome areas of their lives later in therapy. In addition, the counselor or therapist will have a good foundation that will help in understanding the positive interconnections clients have with their communities, families, and cultural groups.

In following this procedure, counselors and therapists are also able to effectively assess their clients' positive resources, which can be drawn from in times of heightened stress. The following process can be useful in helping your clients (or yourself) think about the ways that positive resources can be utilized.

Step 1: *Focus on one single community group or your (or your client's) family.* You (or the client) may want to start with a negative story or image, but do not work with the negative until positive strengths are solidly in mind first.

Step 2: *Develop a visual, auditory, or kinesthetic image that represents an important positive experience of the group or family image generated from Step 1.* Allow the image to build in your mind and note the positive feelings that emerge in the image. If you allow yourself or your client to fully experience this positive image, you may experience tears and/or other strong bodily feelings. These anchored bodily experiences represent positive strengths that can be drawn on to help you and your clients deal with difficult issues that are experienced later in therapy and in life.

Step 3: *Tell the story of the image.* If it is your story, you may want to write it down in journal form. If you are drawing out the story from a client, listen sensitively.

Step 4: *Develop at least two more positive images from different groups within the community of which you are a part.* It is useful to have a positive family image, spiritual image, and cultural image. Again, many persons who complete a community genogram will want to focus on negative issues and past experiences. When this starts to happen, respectfully encourage a refocusing on positive images, strengths, and resources.

Step 5: *Summarize the positive images in your own words and reflect on them.* Encourage clients to summarize their learning, thoughts, and feelings in doing this activity in their own words. As you or your client think back on the images generated in this activity, what occurs? Record the responses you or your client has to this activity, for these can be drawn on in later therapy sessions or in one's daily life.

(Continued)

(Continued)

Although the word *images* is used in this competency-building activity, some clients will find it easier to represent their experiences in terms of auditory (sounds), kinesthetic (tactile sensations), or olfactory (smell and tastes) events. Thus, using the community genogram requires you, as a practitioner, to be sensitive and creative in working with clients' individual, cultural, ethnic, and perceptual style differences.

Write a brief summary of your own reactions to doing this competency-building activity. This summary should include reflections of some of the thoughts and feelings you had in completing this exercise as well as any comments you might want to make about the skills you used in doing this community genogram with another person. When you have completed this reaction paper, be sure to file it in the personal-professional portfolio you are developing as you continue to work through this book.

When the community genogram is used in professional practice, therapists and counselors often find that clients routinely refer to different persons and groups that have profoundly impacted their personal development. By encouraging clients to continue to talk about the impact these persons and groups have had on their lives, it will become apparent that these experiences represent important sources of psychological meaning and strength for many individuals with whom you will work.

Taking time to learn about these sources of strength and support by using the community genogram at the early stages of the helping process provides a practical means by which practitioners can assist clients in better understanding how they might rely on these personal assets when they face difficult challenges in their lives. We hope that you will learn new ways to assist your own clients in thinking in more expansive ways about their personal and collective strengths as a result of completing Competency-Building Activity 1.1.

THE INTERFACING OF THE INTEGRAL QUADRANTS

Now that you have gained some familiarity with the four quadrants that compose the integral theory of counseling and psychotherapy, it is important to highlight a couple of key points related to these theoretical components. First, the various factors associated with the four integral quadrants provide a more comprehensive way to view clients' situations than any of the other counseling and therapy theories that have emerged in the mental health professions over the past 100 years. Because the integral theory provides a more comprehensive understanding of the many factors that affect clients' lives and the possible interventions that can be used to foster their mental health than other theoretical models, it represents a more accurate way to diagnose clients' presenting problems and then plan individualized strategies to address clients' needs. Stated another way, practitioners who fail to consider factors associated with all four of these quadrants run the risk

of basing their clinical impressions and treatment planning on incomplete and inaccurate considerations of clients' strengths and needs.

Second, far from being discrete entities, the factors that make up the integral four quadrants represent interdependent and interfacing entities that both impact and are impacted by one another. Consequently, as clients discuss their problems in counseling and therapy, integral practitioners are cognizant that

- clients' stories represent their own unique constructions of reality (Individual Perceptions and Meaning Making Quadrant factors) that
- result in behaviors that are anchored in specific neurological changes (Behavioral/Physical/Neurological Quadrant considerations), all of which are impacted by clients'
- cultural identity and community experiences (Cultural Community Quadrant issues) that are embedded in
- broader societal contexts (Societal/Professional Quadrant considerations).

We recognize that the multifaceted nature of the integral approach to counseling and therapy represents a level of complexity that may lead some practitioners to be hesitant to incorporate it into their professional practices. Two additional points are made below to address this concern.

First, an integral approach to counseling and therapy does not mean that practitioners have to address all the factors described in the four quadrants at once. It does mean, however, that practitioners would benefit from becoming knowledgeable of the ways that the four quadrants impact clients' problems and the possible interventions that can be used to address these problems from a truly holistic and integral perspective.

Second, to assist you in developing an integral perspective of counseling and psychotherapy, we will describe how the various factors associated with each quadrant relate to the different theories discussed in this book. We will begin this process by directing your attention to the ways that several well-established theories could be used to address the concerns expressed by James (the 25-year-old client described in Vignette #1). In doing so, we notate (in parentheses) the relevance of the four integral quadrants to the different theoretical perspectives that could be used in James's case. We continue to highlight the relevance of various factors associated with the four integral quadrants in the same way throughout the following chapters. This is done to help you develop a more comprehensive and integrated way of thinking about the types of helping strategies that can be used in an increasingly diverse, complex, and rapidly changing 21st-century society.

LINKING THEORY TO PRACTICE

The Psychodynamic Orientation

Psychodynamic theories stress that the past is often a prelude to the future. Research in this area indicates that those who abuse others often suffer from abusive childhoods themselves. A psychodynamic counselor believes that change will not be lasting unless clients have some sense of how their present actions relate to their past experiences.

Consequently, a possible therapeutic approach to James's situation might be reflected in the following comments:

Therapist: You say that you want to find out why you continue to have these uncontrollable outbursts of anger with other people, including your girlfriend. One way we can do that is to explore how your past experiences as a child, adolescent, and young adult may contribute to this problem. So let's start by you exploring some of your own thoughts and feelings about what happened to you during your childhood and adolescence that may relate to the anger outbursts you have had recently. How does that sound to you? (Individual Perceptions and Meaning Making Quadrant considerations)

Prior to implementing this approach, the counselor would have fulfilled her or his ethical responsibilities to James by discussing confidentiality issues, explaining the purposes and process of this counseling approach, and soliciting James's consent to proceed (Societal/Professional Quadrant issues).

The Cognitive-Behavioral Orientation

The cognitive-behavioral perspective is oriented to action and short-term treatment. Relaxation and stress management training are some of the many techniques that might be used in this regard. The cognitive-behavioral counselor focuses on short-term observable changes but will also keep an eye on the future and work with the client for long-term maintenance of behavioral changes. The cognitive-behavioral practitioner might respond to James's presenting problem by stating the following:

Therapist: There's a lot happening in your life between your school and work responsibilities as well as your concerns about how these outbursts of anger are causing you to lose friends. We'll be doing different things in our counseling sessions that are aimed at helping you learn new ways to deal with the stressors that may be contributing to these outbursts. What might be useful as a beginning point is to first talk about a specific situation that occurred recently and resulted in you getting angry. Then we could get down to the hard work of seeing what you can do to gain greater self-control when similar situations occur in the future. We'll be looking at some very practical things you can do in these situations. We could start with some stress-management techniques, move on to look at your own beliefs about expressing anger, and then see if we can come up with new ways of thinking and acting when relating to your friends in the future. (Individual Perceptions and Meaning Making Quadrant, Behavioral/Physical/Neurological Quadrant, and Societal/Professional Quadrant considerations)

Later in the helping process, the therapist may discuss the biological/neurological

reactions people have when using relaxation and stress-management techniques, as well as exploring how James's diet may contribute to or suppress his expression of anger (Behavioral/Physical/Neurological Quadrant issues).

The Existential-Humanistic Orientation

This orientation to counseling and psychotherapy seeks to understand how the client makes sense of the world. Believing firmly in self-actualization, therapists using this theoretical approach listen to their clients carefully, as they believe that clients are able to discover their own positive direction in life by discussing their issues, concerns, and hope for a better future in an accepting and respectful environment. One response that an existential-humanistic therapist might choose to interject in the counseling session with James is stated as follows:

Therapist: It sounds as if you are deeply troubled and angry about a number of things. At the same time, I hear you desperately wanting to straighten things out. Am I hearing you accurately?

Client (James): Yes, that's it. I do want to straighten things out. I do want to get my anger in check. I know I can do it but need some direction in how to go about it.

Therapist: Here are some of the things we can do today. First, it might be useful to talk about a time that you recently lost control of your anger and describe how it affected you and the other person you got angry with. Then, we might talk about what getting angry means to you. Finally, we can look at the types of things you have done in the past to control your anger and see how those actions increase the choices you can make in the future. (Individual Perceptions and Meaning Making Quadrant, Behavioral/Physical/Neurological Quadrant issues)

As noted in Research Exhibit 1.1, studies have found that the sort of trust, acceptance, acknowledgement, collaboration, and respect for the clients that is reflected in this response can contribute to positive outcomes in therapy (Societal/Professional Quadrant issues).

The Multicultural Counseling Orientation

Practitioners who use a multicultural counseling and therapy approach will freely integrate various aspects of the three theoretical orientations described above. Beyond integrating various approaches from these traditional theoretical worldviews, culturally competent practitioners distinguish themselves by the way they view their clients within a family, community, and sociocultural context. This means that one part of the therapeutic process is aimed at helping clients see how their difficulties may be related to societal issues, including

those involving race, ethnicity, gender, and/or socioeconomic status. The following might be one way a multicultural counseling practitioner would respond to James:

Therapist: It may be useful to look at this issue from three levels. First, I'd like to hear how you make sense of your angry outbursts. Then, I'd like to introduce some stress-management techniques that may help you deal with the immediate problem. As part of this process, we'll also be looking at how gender, race, and class might play a part in your situation. I'd particularly like to know what the word *friends* means to you and to learn more about the connections you have with people you consider your friends. (Individual Perceptions and Meaning Making Quadrant, Behavioral/Physical/Neurological Quadrant, Cultural Community Quadrant, and Societal/Professional Quadrant issues)

As noted earlier, the multicultural counseling orientation combines theoretical concepts from traditional theories while also exploring relevant issues related to James's cultural and community experiences (Cultural Community Quadrant issues).

The Positive Psychology/Wellness Counseling Orientation

One of the central and distinguishing aspects underlying the positive psychology/wellness counseling orientation is the way practitioners direct attention to clients' personal assets and resources. Rather than focusing on the client's problems, this approach to counseling "starts with a focus on wellness in the belief that clients grow best if we first attend to their strengths" (Ivey, Ivey, Myers, & Sweeney, 2005, p. 18). Consequently, a practitioner operating from a positive psychology/wellness orientation might respond to James in the following manner:

Therapist: You have a specific problem that I can see you want to deal with in our session today. We will certainly talk about what you have called your "anger problem" to find new and more effective ways to deal with this issue so you will not continue to alienate your friends. But before we try to do that, it is often important to take a few minutes to think about the personal strengths you currently have that get you through frustrating situations. I see a number of strengths that you seem to possess just by what you have said so far. For instance, you seem to care very much about your friends. Your courage in coming here today, even though you have doubts about counseling, is another important strength I see in you. Your sense of personal responsibility to deal with concerns about your life is yet another strength you have demonstrated in today's session. I wonder if we could look at these personal strengths and others first to see how you might be able to use any or all of them to deal

with the problem you have brought to my attention today. Then we can talk about what it would take to help you find healthier and more satisfying ways to deal with the challenges you face in your life.

By using this positive psychology/wellness counseling technique, clients' stereotypic thinking about counseling as essentially a process that focuses on clients' weaknesses, problems, and personal deficiencies is disrupted. By disrupting the thoughts that commonly accompany many people's socialized conceptions about counseling and therapy in this way, clients have the opportunity to think in new ways about how they might tap into their personal strengths to develop healthier behaviors that promote a sense of personal well-being. Using this strategy to alter clients' socialized views of counseling and therapy addresses an important issue that falls in the Societal/Professional Quadrant as well as the Individual Perceptions and Meaning Making Quadrant of the integral approach to counseling and psychotherapy.

As you can see from these different responses, there are many ways to approach a client's expressed concerns, depending on the practitioner's theoretical orientation. By taking an eclectic approach to counseling and therapy, one that includes multiple aspects of different theoretical perspectives, mental health practitioners are able to increase their effectiveness among clients from a broad range of diverse groups and backgrounds.

SUMMARY

This chapter provides an overview of a new, comprehensive, nonreductionist, and integral theory of counseling and psychotherapy. The four quadrants that compose an integral approach to counseling and therapy represent a more integrated way of thinking about numerous factors that impact the evolution of counseling and psychotherapy.

We have highlighted a range of counseling and psychotherapy theories that are currently used by many practitioners in the field above. These theories will be discussed in much greater detail in the ensuing chapters, as they represent major components of the Individual Perceptions and Meaning Making Quadrant of the integral model presented in this book.

When discussing a variety of counseling and psychotherapy theories in other chapters, we will continue to address issues related to the Behavioral/Physical/Neurological Quadrant. This includes discussing the relevance of new research findings in neuroscience to the work practitioners do. These issues are highlighted in Chapter 2.

We will also continue to discuss the relevance of various issues that fall within the Societal/Professional Quadrant by highlighting how other social factors and new developments in the mental health professions influence the evolution of counseling and psychotherapy. Among the factors addressed in this regard is describing the importance of developing and implementing new helping strategies to meet the values, beliefs, and needs of persons in diverse client populations. In doing so, we will continue to direct your attention to a broad range of factors associated with the Cultural Community Quadrant throughout all the chapters that follow.

Chapter 3 is designed to expand your thinking about the multidimensional nature of multiculturalism and its relevance to counseling and psychotherapy theories and practices.

We hope Chapter 3 expands your thinking of multicultural issues as a result of exploring 10 cultural, developmental, psychological, and related factors that impact people's experiences and constructions of the world. The issues discussed in Chapter 3 address factors that are primarily associated with the Individual Perceptions and Meaning Making Quadrant, the Cultural Community Quadrant, and the Societal/Professional Quadrant.

Chapter 4 addresses a host of practical issues of relevance to all the theories discussed in this book. It does so by describing the use of the microskills model in counseling and psychotherapy. We think you will find this chapter particularly interesting and helpful in the way it links the use of different skills for counseling culturally diverse clients in ways that promote healthy neurological reactions and other positive client outcomes.

Before moving on to the next chapter, please take time to complete Competency-Building Activity 1.2 and Competency-Building Activity 1.3, as they are designed to help you gain new insights into your own theoretical preferences at this point in your professional development. We hope that the personal insights you gain by completing these exercises will stimulate an increased awareness of your own present theoretical preferences, as well as motivating you to explore other helping theories that are presented in the following chapters.

COMPETENCY-BUILDING ACTIVITY 1.2

Gaining Insight Into Your Theoretical Preferences

Each of us has personal preferences that relate to the type of counseling theory we are most comfortable implementing in our work. Many individuals are not fully conscious of these personal preferences and how they may influence their preferred style of helping at the early stage of their professional development. Competency-Building Activity 1.2 is designed to help you become more aware of some of your personal preferences as they relate to the type of helping approach you may be inclined to use at this stage of your development.

While you will be encouraged to develop a clearer understanding of different theoretical perspectives that are detailed later in this book, it may be useful to reflect on the ideas that have been presented up to this point to see how they fit your theoretical preferences.

Instructions

It is helpful to complete this competency-building activity by working with a small group of persons (perhaps other students in your training program). Someone should be designated to facilitate the group discussion to ensure that all the persons participating in this activity have a chance to respond to the following questions:

1. What made you decide to become a mental health professional?
2. When you think about counseling clients, how would you describe your preferred way of working with them?

3. Do you think you would prefer to focus on clients' thoughts (what they think about their situation), feelings (how they feel about their situation), or behaviors (what they actually do or want to do to improve the situation) when you are counseling them?
4. Do you think it is important to help clients explore their past history to see how it might impact their current situation, or do you prefer to keep the focus on what is going on right now in your clients' lives?
5. To what degree do you think you are inclined to focus on different cultural factors when working with clients in counseling and therapy?
6. How do you feel about using new findings in neuroscience when working with clients?

After everyone in the group has had a chance to respond to these questions, the facilitator should take a few minutes to process additional reactions any person may have about this activity. You may find it useful to talk about any new insights you have gained about yourself as a result of completing this exercise.

Hopefully, you will experience some increased self-understanding after you have had a chance to tell your story in this kind of setting. It is also hoped that you will gain new insights into the counseling and psychotherapeutic preferences you bring to the table at this point as well as some of the theoretical perspectives you feel you may want to devote greater time, attention, and effort to in the future.

It is useful to write down your reactions to this activity once you have finished. When you have completed writing your reactions, please place this reaction paper in a file. This will represent the second in a number of written entries you will be encouraged to do after completing the other competency-building activities in this book. In this way, you will continue to organize a personal-professional development portfolio that will be helpful in assessing your own growth as you continue through the rest of this textbook.

COMPETENCY-BUILDING ACTIVITY 1.3

Expanding Your Thinking About Counseling and Therapy

Instructions

Consider the following scenario: A client comes to you for counseling and says, "My 8-year-old isn't doing well in school. It worries me. I never succeeded in school either. Actually, I hated school. My parents sometimes had to beat me to get me out the door and go to school. But that approach doesn't seem to work with my son. Now I'm told by

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(Continued)

the school counselor that I'm being abusive and that they are going to file a complaint with Child Protective Services. They said that my child may be taken away from me unless I change. I don't want to be here talking with you, but I just don't know what to do. Can you help me?"

It is important to note the first two tasks that practitioners are ethically bound to address when dealing with a client who has expressed the sort of concerns described above. Those tasks include (1) assessing the potential or actual abuse that exists for the client's child and (2) implementing strategies to protect the youngster if necessary. These issues represent both legal and ethical responsibilities that need to be at the forefront of the practitioner's thinking when counseling this particular client.

No matter what theory or worldview a therapist may choose to use with this client, protecting the client's child from harm is our first responsibility as mental health professionals. Thus, careful assessment of the degree that this client might harm the youngster involved is essential so that appropriate action may be taken. In making this assessment, it is vital that you consider the accuracy of the story expressed by this client and the cultural attitudes that he may hold regarding the discipline of children.

Let us assume that you have taken time to assess these issues and have determined that the youngster is presently safe. How would you proceed to respond to this client? What feelings and thoughts are going through your mind as you think about this client? Take a moment to think about your "gut" feelings as they relate to this situation and how you might respond to this person in counseling. Then take a blank sheet of paper and write down how you might respond to this client's comments, as described above.

Once you have written your response to this scenario, reread the general description of the theories presented in this chapter and think about the ways that other practitioners might respond to this individual using these different theoretical perspectives. Take a few minutes to compare your own response with how you think other counselors might respond using different counseling theories with this client. Then, be sure to write down any additional things you might say or focus on if you were to respond to this client.

Upon completing this competency-building activity, you should (1) gain new insights into some of the present assumptions, preferences, and biases that underlie your current thinking about counseling and therapy and (2) become aware of some new and different ways of dealing with the problem this client is experiencing that you may not have previously considered. When you have completed this exercise, be sure to file your written reactions in your personal-professional portfolio.

Learning From the DVD That Accompanies This Textbook

Now that you have completed Chapter 1, it would be useful to review the first part of the DVD that accompanies this textbook, which provides a discussion of the integral approach to counseling and psychotherapy.

Take a few minutes to write down your response to the following question:

> What are your general reactions to the integral approach to counseling and psychotherapy theories that is presented in Chapter 1 and the first part of the DVD?

You can also access a podcast that summarizes information presented in Chapter 1 by going to **www.sagepub.com/ivey7e**. Both the video and podcast represent additional resources that are designed to assist you in synthesizing the new knowledge you have acquired as a result of reading Chapter 1 and completing the competency-building activities included in this chapter.

PROFESSIONAL DEVELOPMENT EXTENSION

Expanding the Use of Traditional Counseling and Psychotherapy Approaches in Your Professional Practices

Contemporary society continues to be significantly affected by the three major theoretical forces that have emerged in the fields of counseling and psychology over the past 100 years. Various aspects of these forces permeate many dimensions of our daily lives. For example, many people have come to accept such psychodynamic concepts as unconscious drives and unresolved conflicts, as well as their impact on the way we interact with different persons. General agreement also exists in the lay-public regarding the ways that such defense mechanisms as denial, projection, repression, and regression are commonly used when people experience heightened anxieties and stressors in their lives (Freud, 1982).

In a similar way, the cognitive-behavioral force has been widely accepted in the general public, as reflected in the robust sales of many self-help books and the establishment of new groups and organizations that all operate from the various principles that underlie this theoretical force. It can be argued that the rise of the self-help movement in the United States is largely attributable to the growing acceptance of one basic cognitive-behavioral premise—namely, that people can change their feelings and behaviors by intentionally altering the thought processes they have been conditioned to adopt by being socialized into the various historical/environmental/cultural settings of which they are a part (Ellis, 1971, 1983).

A number of constructs linked to the existential-humanistic force have also been accepted by many people in our society. This is commonly manifested in the emphasis

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that many persons in our contemporary society place on the notion of personal responsibility and the importance of thoughtfully making choices that increase the probability that individuals can lead meaningful, satisfying, and productive lives despite the adverse situations they may face (Frankl, 1959).

As you continue your journey of becoming a mental health professional, you will inevitably encounter colleagues in the field who hold strong preferences for one or more of these theoretical forces. You are also likely to come across other individuals in the field who have a strong aversion to different aspects of one or more of these helping orientations. Although you will ultimately decide which theoretical principles fit you the best, based on your own personal values, biases, and preferences, you need to be aware of how these traditional theoretical forces can be useful when providing a broad range of professional services beyond the counseling and psychotherapeutic setting.

For instance, when providing consultation and training services to parents and teachers, various aspects of the psychodynamic force have been found to be helpful in broadening their sensitivity and understanding of children's behaviors in classroom and family settings. In parent and teacher effectiveness training services, teachers and parents commonly express interest in learning how they might deal more effectively with children who unconsciously use different defense mechanisms to cope with the various anxieties they encounter in their lives.

Stress management programs, particularly with individuals in business settings and with student athletes (Wallace, D'Andrea, & Daniels, 2001), reflect some of the many ways that cognitive-behavioral principles can be applied in the general public. Other cognitive-behavioral techniques can be helpful in assisting these persons to realize new dimensions of their professional and athletic performance. Such techniques include helping these individuals learn how to use goal setting, positive self-talk, visualization, guided imagery training, and muscle relaxation training to realize new and untapped dimensions of their human potential.

Throughout this book, you will learn additional ways to use the skills and principles associated with various theories to extend your professional outreach and growth.