

Theory and Practice of Counseling and Psychotherapy

by Gerald Corey

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The Therapeutic Relationship

- The therapeutic relationship is an important component of effective counseling
- The therapist as a person is a key part of the effectiveness of therapeutic treatments
- Research shows that both the therapy relationship and the therapy used contribute to treatment outcome

Theories of Counseling

- Gerald Corey's Perspective of Theories of Counseling:
 - No single model can explain all the facets of human experience
 - Eleven approaches to counseling and psychotherapy are discussed
 - *Your textbook book assumes:*
 - Students can begin to acquire a counseling style tailored to their own personality
 - The process will take years
 - Different theories are not "right" or "wrong"
 -

The Effective Counselor from the perspective of Gerald Corey

- The most important instrument you have is YOU
 - Your living example of who you are and how you struggle to live up to your potential is powerful
- Be authentic
 - The stereotyped, professional role can be shed
 - If you hide behind your role the client will also hide
- Be a therapeutic person and be clear about who you are
 - Be willing to grow, to risk, to care, and to be involved

Counseling for the Counselor

- In your experience of being a client you can:
 - Consider your motivation for wanting to be a counselor
 - Find support as you struggle to be a professional
 - Have help in dealing with personal issues that are opened through your interactions with clients
 - Be assisted in managing your countertransferences
 - Corey believes that "...therapists cannot hope to open doors for clients that they have not opened for themselves."
 - Research shows that many therapists who seek personal counseling find it:
 - Personally beneficial
 - Important for their professional development
 -

The Counselor's Values

- Be aware of *value imposition*
 - How your values influence your interventions
 - How your values may influence your client's experiences in therapy
- Recognize that you are not value-neutral
- Your job is to assist clients in finding answers that are most congruent with their own values
- Find ways to manage value conflicts between you and your clients
- Begin therapy by exploring the client's goals

Multicultural Counseling

- Become aware of your biases and values
- Become aware of your own cultural norms and expectations
- Attempt to understand the world from your client's vantage point
- Gain a knowledge of the dynamics of oppression, racism, discrimination, and stereotyping
- Study the historical background, traditions, and values of your client
- Be open to learning from your client
- Challenge yourself to expand your vantage point to explore your client's ways of life that are different from your own
- Develop an awareness of acculturation strategies

Issues Faced by Beginning Therapists

- Achieving a sense of balance and well-being
- Questioning competency as you learn new techniques or begin to practice on your own without supervision
- Accepting your limitations while simultaneously acknowledging your strengths
- Managing difficult and unsatisfying relationships with clients
- Struggling with commitment and personal growth
- Developing healthy helping relationships with clients
- Developing healthy personal boundaries in your professional life

Staying Alive – It's a Prerequisite

- Take care of your single most important instrument – YOU
- Develop self-care strategies and a plan for renewal
- Know what causes burnout
- Know how to recognize and remedy burnout
- Know how to prevent burnout through self-care

Professional Ethics

- Ethics codes are a fundamental component of effective counseling:
 - Guidelines that outline professional standards of behavior and practice
 - Codes do not make decisions for counselors
 - Counselors must interpret and apply ethical codes to their decision-making

Types of ethics to consider:

- Mandatory Ethics
- Aspirational Ethics

Ethical Decision Making

- The principles that underlie our professional codes
- Benefit others, do no harm, respect other's autonomy, be just, fair and faithful
- The role of ethical codes--they:
- Educate us about responsibilities, are a basis for accountability, protect clients, are a basis for improving professional practice
-

Making ethical decisions

- Identify the problem, review relevant codes, seek consultation, brainstorm, list consequences, decide and document the reasons for your actions
- To the degree it is possible, include the client in your decision making process

Informed Consent

- Clients need enough information about the counseling process to be able to make informed choices
- Educate clients about their rights and responsibilities
- Provide Informed Consent
- Therapy Procedures
- Risks/Benefits and Alternatives
- Right to withdraw from treatment
- Costs of treatment
- Supervision
- Privileged communication
- Limits of Confidentiality

Limits of Confidentiality

Confidentiality is essential but not absolute

Exceptions to Confidentiality:

- Duty to Warn (Tarasoff Case)
- The client poses a danger to self or others
- A client under the age of 16 is the victim of abuse
- A dependant adult or older adult is the victim of abuse
- The client needs to be hospitalized
- The information is made an issue in a court action
- The client requests a release of record

Multicultural Issues

- *Biases* are reflected when we:
- Neglect social and community factors to focus unduly on individualism
- Assess clients with instruments that have not been normed on the population they represent
- Judge as psychopathological – behaviors, beliefs, or experiences that are normal for the client's culture
- Strictly adhere to Western counseling theories without considering its applicability to the client's diverse cultural background

Assessment and Diagnosis

- Assessment is an ongoing process designed to help the counselor evaluate key elements of a client's psychological functioning
 - Assessment practices are influenced by the therapist's theoretical orientation
 - Requires cultural sensitivity
 - Can be helpful in treatment planning
- Diagnosis is the process of identifying pattern of symptoms which fit the criteria for a specific mental disorder defined in the DSM-IV-TR
 - Requires cultural sensitivity
 - Counselors debate its utility in understanding the client's subjective world
 - Can be helpful in treatment planning

Evidence-Based Practices

- Strengths
 - Counselors use treatments that have been validated by empirical research
 - Treatments are usually brief and are standardized
 - Are preferred by many insurance companies
 - Calls for accountability among mental health professionals to provide effective treatments
- Criticisms
 - Some counselors believe this approach is mechanistic and does not allow for individual differences in clients
 - Is not well-suited for helping clients with existential concerns
 - It is difficult to measure both relational and technical aspects of a psychological treatment
 - Has potential for misuse as a method of cost containment for insurance companies instead of a method of efficacious treatment for clients

Dual Relationships

- Are not deemed inherently unethical in the ethics codes of the APA or ACA.
- Multiple relationships must be managed in an ethical way to eliminate non-professional interactions and protect client well-being.
- ❖ *Some helpful questions:*
 - Will my dual relationship keep me from confronting and challenging the client?
 - Will my needs for the relationship become more important than therapeutic activities?
 - Can my client manage the dual relationship?
 - Whose needs are being met--my client's or my own?
 - Can I recognize and manage professionally my attraction to my client?

Psychoanalytic Therapy

Structure of Personality

- **THE ID—The Demanding Child**
 - Ruled by the pleasure principle
- **THE EGO—The Traffic Cop**

- Ruled by the reality principle
- **THE SUPEREGO—The Judge**
 - Ruled by the moral principle
 -

Conscious and Unconscious

The Unconscious

Clinical evidence for postulating the unconscious:

- Dreams
- Slips of the tongue
- The Unconscious
- Posthypnotic suggestions
- Material derived from free-association
- Material derived from projective techniques
- Symbolic content of psychotic symptoms
 - NOTE: consciousness is only a thin slice of the total mind

Anxiety

- Feeling of dread resulting from repressed feelings, memories and desires
 - Develops out of conflict among the id, ego and superego to control psychic energy
- Reality Anxiety
- Neurotic Anxiety
- Moral Anxiety

Ego-Defense Mechanisms

- Ego-defense mechanisms:
 - Are normal behaviors which operate on an unconscious level and tend to deny or distort reality
 - Help the individual cope with anxiety and prevent the ego from being overwhelmed
 - Have adaptive value if they do not become a style of life to avoid facing reality

The Development of Personality

- ORAL STAGE First year
 - Related to later mistrust and rejection issues
- ANAL STAGE Ages 1-3
 - Related to later personal power issues
- PHALLIC STAGE Ages 3-6
 - Related to later sexual attitudes
- LATENCY STAGE Ages 6-12
 - A time of socialization
- GENITAL STAGE Ages 12-60
 - Sexual energies are invested in life

Transference and Countertransference

- Transference
 - The client reacts to the therapist as he did to an earlier significant other
 - This allows the client to experience feelings that would otherwise be inaccessible
 - ANALYSIS OF TRANSFERENCE — allows the client to achieve insight into the influence of the past
- Countertransference
 - The reaction of the therapist toward the client that may interfere with objectivity
 - Not always detrimental to therapeutic goals; can provide important means of understanding your client's world
 - Countertransference reactions must be monitored so that they are used to promote understanding of the client and the therapeutic process.

Psychoanalytic Techniques

- Free Association
 - Client reports immediately without censoring any feelings or thoughts
- Interpretation
 - Therapist points out, explains, and teaches the meanings of whatever is revealed
- Dream Analysis
 - Therapist uses the “royal road to the unconscious” to bring unconscious material to light
 - Latent content
 - Manifest content

Resistance

- Resistance
 - Anything that works against the progress of therapy and prevents the production of unconscious material
- Analysis of Resistance
 - Helps the client to see that canceling appointments, fleeing from therapy prematurely, etc., are ways of defending against anxiety
 - These acts interfere with the ability to accept changes which could lead to a more satisfying life

Application to Group Counseling

- Group work provides a rich framework for working through transference feelings
 - Feelings resembling those that members have experienced toward significant people in their past may emerge
 - Group members may come to represent symbolic figures from a client's past
- Competition for attention of the leader provides opportunities to explore how members dealt with feelings of competition in the past and how this effects their current interactions with others.
- Projections experienced in group provide valuable clues to a client's unresolved conflicts

Limitations of Classical Analysis

- This approach may not be appropriate for all cultures or socioeconomic groups
- Deterministic focus does not emphasize current maladaptive behaviors
- Minimizes role of the environment
- Requires subjective interpretation
- Relies heavily on client fantasy
- Lengthy treatment may not be practical or affordable for many clients

Adlerian Therapy

Alfred Adler's Individual Psychology

- Based on the *holistic concept*
- A phenomenological approach
- *Teleological* explanation of human behavior
- Social interest is stressed
- Birth order and sibling relationships
- Therapy as teaching, informing and encouraging
- Basic mistakes in the client's private logic
- The therapeutic relationship—a collaborative partnership

The Phenomenological Approach

- Adlerians attempt to view the world from the client's subjective frame of reference
 - How life is in reality is less important than how the individual believes life to be
 - It is not the childhood experiences that are crucial – it is our present interpretation of these events
- Unconscious instincts and our past do not determine our behavior

Social Interest

- Adler's most significant and distinctive concept
 - Refers to an individual's attitude toward and awareness of being a part of the human community
 - Embodies a community feeling and emphasizes the client's positive feelings toward others in the world
 - Mental health is measured by the degree to which we successfully share with others and are concerned with their welfare
 - Happiness and success are largely related to social connectedness

Lifestyle

- A life movement that organizes the client's reality, giving meaning to life
 - "*fictional finalism*" or "*guiding self ideal*"
 - Psychiatric symptoms are "failed attempts" at achieving our lifestyle
 - Adlerian therapy helps clients to effectively navigate lifestyle tasks
- Lifestyle is how we move toward our life goals
 - "*private logic*"
 - Values, life plan, perceptions of self and others
 - Unifies all of our behaviors to provide consistency
 - Makes all our actions "fit together"

Inferiority and Superiority

- Inferiority Feelings
 - Are normal
 - They are the wellspring of creativity.
 - Develop when we are young--characterized by early feelings of hopelessness
- Superiority Feelings

- Promote mastery
- Enable us to overcome obstacles
- Related Complexes
 - Inferiority Complex
 - Superiority Complex

Birth Order

- A concept that assigns probability to having a certain set of experiences based on one's position in the family
- Adler's five psychological positions:
 - Oldest child– receives more attention, spoiled, center of attention
 - Second of only two– behaves as if in a race, often opposite to first child
 - Middle– often feels squeezed out
 - Youngest– the baby
 - Only– does not learn to share or cooperate with other children, learns to deal with adults

Four Phases of Therapy

- Phase 1: Establishing the Proper Therapeutic Relationship
 - Supportive, collaborative, educational, encouraging process
 - Person-to-person contact with the client precedes identification of the problem
 - Help client build awareness of his or her strengths
- Phase 2: Exploring the Individual's Psychological Dynamics
 - Lifestyle assessment
 - Subjective interview
 - Objective interview
 - Family constellation
 - Early recollections
 - Basic Mistakes
- Phase 3: Encouraging Self-Understanding/Insight
 - Interpret the findings of the assessment
 - Hidden goals and purposes of behavior are made conscious
 - Therapist offers interpretations to help clients gain insight into their lifestyle
- Phase 4: Reorientation and Re-education
 - Action-oriented
 - Useful vs. unhelpful

Encouragement

- Encouragement instills self confidence by expecting clients to assume responsibility for their lives and embrace the fact that they can make changes
- Encouragement is the most powerful method available for changing a person's beliefs
 - Helps build self-confidence and stimulates courage
 - Discouragement is the basic condition that prevents people from functioning
 - Clients are encouraged to recognize that they have the power to choose and to act differently

Application to Group Counseling

- Group provides a social context in which members can develop a sense of community and social-relatedness
- Sharing of early recollections increases group cohesiveness
- Action-oriented strategies for behavior change are implemented to help group members work together to challenge erroneous beliefs about self, life and others.

- Employs a time-limited framework

Limitations of the Adlerian Approach

- Adler spent most of his time teaching his theory as opposed to systematically documenting it
- Hence, some consider Adlerian theory simplistic
- Many of Adler's theoretical constructs (i.e. lifestyle) are difficult to measure and require empirical testing
- Research on treatment efficacy is limited

Existential Psychotherapy

- Born from philosophy
 - A phenomenological philosophy of “humanness”
 - Humans are in a constant state of transition, evolving and becoming
 - Clients are searching for meaning in their subjective worlds
- Common questions/sources of existential angst for clients
 - “Who am I?”
 - “I will die.”
 - “What does it all mean?”
 - “Will I die alone?”
 - “How am I going to get to where I want to be in my life?”

Existential Therapy

A Philosophical/Intellectual Approach to Therapy

- BASIC DIMENSIONS OF THE HUMAN CONDITION
 - The capacity for self-awareness
 - The tension between freedom & responsibility
 - The creation of an identity & establishing meaningful relationships
 - The search for meaning
 - Accepting anxiety as a condition of living
 - The awareness of death and nonbeing
- The Capacity for Self-Awareness
 - The greater our awareness, the greater our possibilities for freedom
- Awareness is realizing that:
 - We are finite--time is limited
 - We have the potential and the choice, to act or not to act
 - Meaning is not automatic--we must seek it
 - We are subject to loneliness, meaninglessness, emptiness, guilt, and isolation

Identity and Relationship

- Identity is “the courage to be”– We must trust ourselves to search within and find our own answers
 - Our great fear is that we will discover that there is no core, no self
 - Being existentially “alone” helps us to discover our authentic self
- Relatedness– At their best our relationships are based on our desire for fulfillment, not our deprivation
 - Relationships that spring from our sense of deprivation are clinging, parasitic, and symbiotic
 - Clients must distinguish between neurotic dependence and the authentic need to be with others

- Balancing aloneness and relatedness helps us develop a unique identity and live authentically in the moment

The Search for Meaning

- Meaning— like pleasure, meaning must be pursued obliquely
 - Finding meaning in life is a by-product of a commitment to creating, loving, and working
- “The will to meaning” is our primary striving
 - Life is not meaningful in itself; the individual must create and discover meaning

Anxiety – A Condition of Living

- *Existential anxiety is normal* - life cannot be lived, nor can death be faced, without anxiety
- Existential therapists help clients develop a healthy view of anxiety
 - Anxiety can be a stimulus for growth as we become aware of and accept our freedom
 - Anxiety can be a catalyst for living authentically and fully
 - We can blunt our anxiety by creating the illusion that there is security in life
 - If we have the courage to face ourselves and life we may be frightened, but we will be able to change

Goals of Existential Psychotherapy

- Helping clients to accept their freedom and responsibility to act
- Assisting people in coming to terms with the crises in their lives
- Encouraging clients to recognize the ways in which they are not living fully authentic lives
- Inviting clients to become more honest with themselves
- Broadening clients’ awareness of their choices
- Facilitating the client’s search for purpose and meaning in life
- Assisting clients in developing a deep understanding of themselves and the ways they can effectively communicate with others

Relationship Between Therapist and Client

- Therapy is a journey taken by therapist and client
 - The person-to-person relationship is key
 - The relationship demands that therapists be in contact with their own phenomenological world
- The core of the therapeutic relationship
 - Respect and faith in the clients’ potential to cope
 - Sharing reactions with genuine concern and empathy

Application to Group Counseling

- Provides an ideal environment for therapeutic work on responsibility
 - Clients are responsible for their behavior in group
 - Group settings provide a mirror of how clients may act in the world
 - Through feedback members learn to view themselves through another’s eyes
 - Members learn how their behavior affects others

Builds interpersonal skills

- Provides members with the opportunity to be fully themselves while relating to others
- Creates an opportunity to relate to others in meaningful ways

Provides an opportunity to explore the paradoxes of existence

- Learning to experience anxiety as a reality of the human condition
- Making choices in the face of uncertainty
- Discovering there are no ultimate answers for ultimate concerns

Limitations of Existential Psychotherapy

- The individualistic focus may not fit within the world views of clients from a collectivistic culture
- The high focus on self-determination may not fully account for real-life limitations of those who are oppressed and have limited choices
- Some clients prefer a more directive approach to counseling
- The approach may prove difficult for clients who experience difficulty conceptualizing or have limited intellectual capacities
- The approach does not focus on specific techniques, making treatments difficult to standardize
- Limited empirical support

Person-Centered View of Human Nature

(A reaction against the directive and psychoanalytic approaches)

- At their core, humans are trustworthy and positive
- Humans are capable of making changes and living productive, effective lives
- Humans innately gravitate toward self-actualization
 - Actualizing tendency
- Given the right growth-fostering conditions, individuals strive to move forward and fulfill their creative nature

Person-Centered Therapy Challenges:

- The assumption that “the counselor knows best”
- The validity of advice, suggestion, persuasion, teaching, diagnosis, and interpretation
- The belief that clients cannot understand and resolve their own problems without direct help
- The focus on problems over persons

Person-Centered Therapy Emphasizes:

- Therapy as a journey shared by two fallible people
- The person’s innate striving for self-actualization
- The personal characteristics of the therapist and the quality of the therapeutic relationship
- The counselor’s creation of a permissive, “growth-promoting” climate
- People are capable of self-directed growth if involved in a therapeutic relationship

Therapy is a Growth-Promoting Climate

- Congruence
 - Genuineness or realness in the therapy session
 - Therapist's behaviors match his or her words
- Unconditional positive regard
 - Acceptance and genuine caring about the client as a valuable person
 - Accepting clients as they presently are
 - Therapist need not approve of all client behavior
- Accurate empathic understanding
 - The ability to deeply grasp the client's subjective world
 - Helper attitudes are more important than knowledge
 - The therapist need not experience the situation to develop an understanding of it from the client's perspective

Six Conditions

(necessary and sufficient for personality changes to occur)

1. Two persons are in psychological contact
2. The first, the client, is experiencing incongruence
3. The second person, the therapist, is congruent or integrated in the relationship
4. The therapist experiences unconditional positive regard or real caring for the client
5. The therapist experiences empathy for the client's internal frame of reference and endeavors to communicate this to the client
6. The communication to the client is, to a minimal degree, achieved

The Therapist

- Focuses on the quality of the therapeutic relationship
- Provides a supportive therapeutic environment in which the client is the agent of change and healing
- Serves as a model of a human being struggling toward greater realness
- Is genuine, integrated, and authentic, without a false front
- Can openly express feelings and attitudes that are present in the relationship with the client
- Is invested in developing his or her own life experiences to deepen self- knowledge and move toward self-actualization

Application to Group Counseling

- Therapist takes on the role of facilitator
- Creates therapeutic environment
- Techniques are *not* stressed
- Exhibits deep trust of the group members
- Provides support for members
- Group members set the goals for the group
- Group setting fosters an open and accepting community where members can work on self-acceptance
- Individuals learn that they do not have to experience the process of change alone and grow from the support of group members

Person-Centered Expressive Arts Therapy

- Various creative art forms
 - promote healing and self-discovery
 - are inherently healing and promote self-awareness and insight
- Creative expression connects us to our feelings which are a source of life energy.
 - Feelings must be experienced to achieve self-awareness.

- Individuals explore new facets of the self and uncover insights that transform them, creating wholeness
 - Discovery of wholeness leads to understanding of how we relate to the outer world.
- The client's inner world and outer world become unified.

Conditions for Creativity

- Acceptance of the individual
- A non-judgmental setting
- Empathy
- Psychological freedom
- Stimulating and challenging experiences
- Individuals who have experienced unsafe creative environments feel “held back” and may disengage from creative processes
- Safe, creative environments give clients permission to be authentic and to delve deeply into their experiences

Limitations of the Person-Centered Approach

- Cultural considerations
 - Some clients may prefer a more directive, structured treatment
 - Individuals accustomed to indirect communication may not be comfortable with direct expression of empathy or creativity
 - Individuals from collectivistic cultures may disagree with the emphasis on internal locus of control
- Does not focus on the use of specific techniques, making this treatment difficult to standardize
- Beginning therapists may find it difficult to provide both support and challenges to clients
- Limits of the therapist as a person may interfere with developing a genuine therapeutic relationship

Gestalt Therapy

- *Existential & Phenomenological* – it is grounded in the client's “here and now”
- *Initial goal* is for clients to gain awareness of what they are experiencing and doing *now*
 - Promotes direct experiencing *rather than* the abstractness of talking about situations
 - Rather than talk about a childhood trauma the client is encouraged to become the hurt child
 -

Principles of Gestalt Theory

- Holism:
 - The full range of human functioning includes *thoughts, feelings, behaviors, body, language and dreams*
- Field theory:
 - The field is the client's environment which consists of therapist and client and all that goes on between them
 - Client is a participant in a constantly changing field

- Figure Formation Process:
 - How an individual organizes experiences from moment to moment
 - Foreground: *figure*
 - Background: *ground*
- Organismic self-regulation:
 - Emergence of need sensations and interest disturb an individual's equilibrium
 -

The Now

- Our “power is in the present”
 - Nothing exists except the “now”
 - The past is gone and the future has not yet arrived
- For many people the power of the present is lost
 - They may focus on their past mistakes or engage in endless resolutions and plans for the future

Unfinished Business

- Feelings about the past are unexpressed
 - These feelings are associated with distinct memories and fantasies
 - Feelings not fully experienced linger in the background and interfere with effective contact
- Result:
 - Preoccupation, compulsive behavior, wariness oppressive energy and self-defeating behavior
 -

Contact and Resistances to Contact

- Contact
 - Interacting with nature and with other people without losing one's individuality
- Boundary Disturbances/ resistance to contact
 - The defenses we develop to prevent us from experiencing the present fully
 - Five major channels of resistance:
 - Introjection
 - Projection
 - Retroflection
 - Deflection
 - Confluence

Six Components of Gestalt Therapy Methodology

- The continuum of experience
- The here and now
- The paradoxical theory of change
- The experiment
- The authentic encounter
- Process-oriented diagnosis

Therapeutic Techniques

- The experiment in Gestalt Therapy
- Internal dialogue exercise
- Rehearsal exercise
- Reversal technique
- Exaggeration exercise
- Staying with the feeling

- Making the rounds
- Dream work

Application to Group Counseling

- Encourages direct experience and action
- Here-and-now focus allows members to bring unfinished business to the present
- Members try out experiments within the group setting
- Leaders can use linking to include members in the exploration of a particular individual's problem
- Leaders actively design experiments for the group while focusing on awareness and contact
- Group leaders actively engage with the members to form a sense of mutuality in the group
- Limitations of Gestalt Therapy
- The approach has the potential for the therapist to abuse power by using powerful techniques without proper training
- This approach may not be useful for clients who have difficulty abstracting and imagining
- The emphasis on therapist authenticity and self-disclosure may be overpowering for some clients
- The high focus on emotion may pose limitations for clients who have been culturally conditioned to be emotionally reserved

Behavior Therapy

- ✓ A set of *clinical procedures* relying on experimental findings of psychological research
 - Based on principles of learning that are systematically applied
 - Treatment goals are specific and measurable
 - Focusing on the client's current problems
 - To help people change maladaptive to adaptive behaviors
 - The therapy is largely educational - teaching clients skills of self-management
- *Exposure Therapies*
 - *In Vivo* Desensitization
 - ✓ Brief and graduated exposure to an actual fear situation or event
 - Flooding
 - ✓ Prolonged & intensive *in vivo* or imaginal exposure to stimuli that evoke high levels of anxiety, without the opportunity to avoid them
 - Eye Movement Desensitization and Reprocessing (EMDR)
 - ✓ An exposure-based therapy that involves imaginal flooding, cognitive restructuring, and the use of rhythmic eye movements and other bilateral stimulation to treat traumatic stress disorders and fearful memories of clients

Four Aspects of Behavior Therapy

1. Classical Conditioning

- In classical conditioning certain respondent behaviors, such as knee jerks and salivation, are elicited from a passive organism

2. Operant Conditioning

- Focuses on actions that operate on the environment to produce consequences
 - If the environmental change brought about by the behavior is reinforcing, the chances are strengthened that the behavior will occur again. If the environmental changes produce no reinforcement, the chances are lessened that the behavior will recur

3. Social-Learning Approach

- Gives prominence to the reciprocal interactions between an individual's behavior and the environment

4. Cognitive Behavior Therapy

- Emphasizes cognitive processes and private events (such as a client's self-talk) as mediators of behavior change
- A-B-C model
 - Antecedent(s)
 - Behavior(s)
 - Consequence(s)

Functional Assessment of Behavior

A-B-C model

Antecedent(s) = Behavior(s) = Consequence(s)

Therapeutic Techniques

- Relaxation Training – to cope with stress
- Systematic Desensitization – for anxiety and avoidance reactions
- Modeling – observational learning
- Assertion Training– learning to express one's self
- Social Skills Training– learning to correct deficits in interpersonal skills
- Self-Management Programs – “giving psychology away”
- Multimodal Therapy – a technical eclecticism
- Applied Behavior Analysis– training new behaviors
 - ✓ Particularly effective in working with developmentally delayed individuals
- Dialectical Behavior Therapy-- learning emotional regulation and mindfulness
 - ✓ Designed for the treatment of Borderline Personality Disorder
- Mindfulness-Based Stress Reduction Therapy – meditation and yoga

- Acceptance and Commitment Therapy - learning acceptance and non-judgment of thoughts and feelings as they occur

Limitations of Behavior Therapy

- *Heavy focus on behavioral change may detract from client's experience of emotions*
- *Some counselors believe the therapist's role as a teacher deemphasizes the important relational factors in the client-therapist relationship*
- *Behavior therapy does not place emphasis on insight*
- *Behavior therapy tends to focus on symptoms rather than underlying causes of maladaptive behaviors*
- *There is potential for the therapist to manipulate the client using this approach*
- *Some clients may find the directive approach imposing or too mechanistic*

The Cognitive Behavioral Therapies

Of

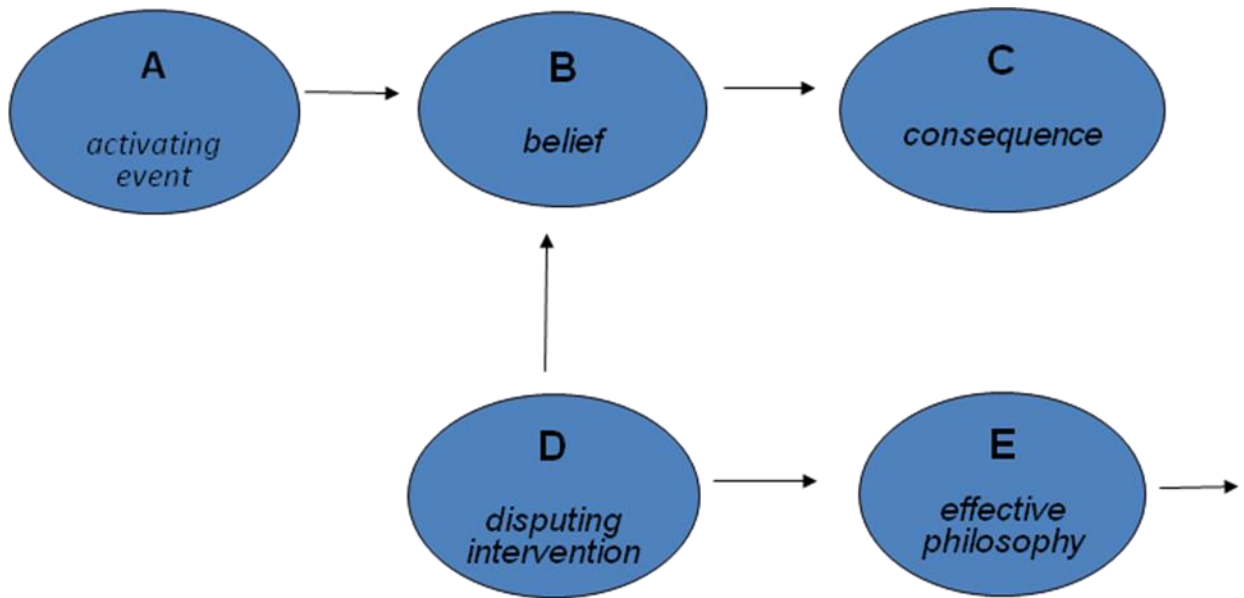
Ellis (REBT),

Aaron Beck (Cognitive Therapy), and

Donald Meichenbaum (Cognitive Behavior Modification (CBM))

Rational Emotive Behavioral Therapy (REBT), Albert Ellis

- n *Stresses thinking, judging, deciding, analyzing, and doing*
- n *Assumes that cognitions, emotions, and behaviors interact and have a reciprocal cause-and-effect relationship*
- n *Is highly didactic, very directive, and concerned as much with thinking as with feeling*
- n *Teaches that our emotions stem mainly from our beliefs, evaluations, interpretations, and reactions to life situations*
 - ❖ *The Therapeutic Process*
 - ✓ *Therapy is seen as an educational process*
 - ✓ *Clients learn*
 - ✓ *To identify the interplay of their thoughts, feelings and behaviors*
 - ✓ *To identify and dispute irrational beliefs that are maintained by self-indoctrination*
 - ✓ *To replace ineffective ways of thinking with effective and rational cognitions*
 - ✓ *To stop absolutistic thinking, blaming, and repeating false beliefs*
 - ❖ *View of Human Nature*
 - ✓ *We are born with a potential for both rational and irrational thinking*
 - ✓ *We have the biological and cultural tendency to think crookedly and to needlessly disturb ourselves*
 - ✓ *We learn and invent disturbing beliefs and keep ourselves disturbed through our self-talk*
 - ✓ *We have the capacity to change our cognitive, emotive, and behavioral processes*
 - ❖ *The A-B-C Theory of Personality*



❖ Irrational Ideas

- Irrational ideas lead to self-defeating behavior
 - Some examples:
 - “I must have love or approval from all the significant people in my life.”
 - “I must perform important tasks competently and perfectly.”
 - “If I don’t get what I want, it’s terrible, and I can’t stand it.”

Aaron Beck’s Cognitive Therapy (CT)

- ❖ Insight-focused therapy
- ❖ Emphasizes changing negative thoughts and maladaptive beliefs
- ❖ Theoretical Assumptions
 - People’s internal communication is accessible to introspection
 - Clients’ beliefs have highly personal meanings
 - These meanings can be discovered by the client rather than being taught or interpreted by the therapist
- ❖ Theory, Goals & Principles of CT
 - Basic theory:
 - To understand the nature of an emotional episode or disturbance it is essential to focus on the cognitive content of an individual’s reaction to the upsetting event or stream of thoughts
 - Goals:
 - To change the way clients think by using their automatic thoughts to reach the core schemata and begin to introduce the idea of schema restructuring
 - Principles:

- Automatic thoughts: personalized notions that are triggered by particular stimuli that lead to emotional responses
- ❖ CT's Cognitive Distortions
 - Arbitrary inferences
 - Selective abstraction
 - Overgeneralization
 - Magnification and minimization
 - Personalization
 - Labeling and mislabeling
 - Polarized thinking
- ❖ Beck's Cognitive Triad
 - Pattern that triggers depression
 1. Clients hold negative views of themselves
 - "I am a lousy person"
 2. Selective Abstraction
 - Client interprets life events through a negative filter
 - "The world is a negative place where bad things are bound to happen to me"
 3. Client holds a gloomy vision of the future
 - "The world is bleak and it isn't going to improve"

Donald Meichenbaum's Cognitive Behavior Modification (CBM)

- ❖ Focus:
 - ❖ Client's self-verbalizations or self-statements
- ❖ Premise:
 - ❖ As a prerequisite to behavior change, clients must notice how they think, feel, and behave, and what impact they have on others
- ❖ Basic assumption:
 - ❖ Distressing emotions are typically the result of maladaptive thoughts
- ❖ Self-instructional therapy focus:
 - Trains clients to modify the instructions they give to themselves so that they can cope
 - Emphasis is on acquiring practical coping skills
- ❖ Cognitive structure:
 - The organizing aspect of thinking, which seems to monitor and direct the choice of thoughts
 - The "executive processor," which "holds the blueprints of thinking" that determine when to continue, interrupt, or change thinking
- ❖ Behavior Change & Coping (CBM)
 - 3 Phases of Behavior Change
 1. Self-observation
 2. Starting a new internal dialogue
 3. Learning new skills
- ❖ Coping skills programs– Stress inoculation training (3 phase model)
 1. The conceptual phase

2. Skills acquisition and rehearsal phase
3. Application and follow-through phase

Limitations of Cognitive Behavior Therapy

- Extensive training is required to practice CBT
 - Therapist may misuse power by imposing their ideas of what constitutes “rational” thinking on a client
- Therapists must take special care to encourage clients to act rationally within the framework their own value system and cultural context
- The strong confrontational style of Ellis’ REBT may overwhelm some clients
- Some clinicians think CBT interventions overlook the value of exploring a client’s past experiences

Reality Therapy

Basic Beliefs

- Symptoms are the result of choices we’ve made in our lives
 - We can chose to think, feel and behave differently
- Emphasis is on personal responsibility
- Therapist’s function is to keep therapy focused on the present
- We often mistakenly choose misery in our best attempt to meet our needs
- We act responsibly when we meet our needs without keeping others from meeting their needs

Basic Needs

- All internally motivated behavior is geared toward meeting one or more of our basic human needs
 - Belonging
 - Power
 - Freedom
 - Fun
 - Survival (Physiological needs)
- Our brain functions as a control system to get us what we want
- Our *quality world* consists of our visions of specific people, activities, events, beliefs and situations that will fulfill our needs

Procedures That Lead to Change:

The “WDEP” System

W Wants - What do you want to be and do?

Your “picture album”

D Doing and Direction - What are you doing?

Where do you want to go?

E Evaluation - Does your present behavior have a reasonable chance of getting you what you want?

P Planning – “SAMIC³”

Planning For Change

- S** Simple - Easy to understand, specific and concrete
- A** Attainable - Within the capacities and motivation of the client
- M** Measurable - Are the changes observable and helpful?
- I** Immediate and Involved - What can be done today?
What can you do?
- C** Controlled - Can you do this by yourself or will you be dependent on others?

- Can you do this on a continuous basis?

Total Behavior

Our Best Attempt to Satisfy Our Needs

- ❖ **DOING** – active behaviors
- ❖ **THINKING** – thoughts, self-statements
- ❖ **FEELINGS** – anger, joy, pain, anxiety

- ❖ **PHYSIOLOGY** – bodily reactions

Limitations of Reality Therapy

- Some feel it does not adequately address important psychological concepts such as insight, the unconscious, dreams and transference
- Clinicians may have trouble viewing all psychological disorders (including serious mental illness) as behavioral choices

- There is a danger for the therapist of imposing his or her personal views on clients by deciding for the client what constitutes responsible behavior

- Reality therapy is often construed as simple and easy to master when in fact it requires much training to implement properly.

- More empirical support is needed

Feminist Theory

Key Concepts

- Problems are viewed in a sociopolitical and cultural context
- Acknowledging psychological oppression imposed through sociopolitical status of women and minorities
- The client knows what is best for her life and is the expert on her own life
- Emphasis is on educating clients about the therapy process
- Traditional ways of assessing psychological health are challenged
- It is assumed that individual change will best occur through social change
- Clients are encouraged to take social action

Four Approaches to Feminist Therapy

1. Liberal Feminism

- Focus
 - Helping individual women overcome the limits and constraints of their socialization patterns
- Major goals
 - Personal empowerment of individual women
 - Dignity
 - Self-fulfillment
 - Equality

2. Cultural Feminism

- Focus
 - Oppression stems from society's devaluation of women's strengths
 - Emphasize the differences between women and men
 - Believe the solution to oppression lies in feminization of the culture
 - Society becomes more nurturing, cooperative, and relational
- Major goal

- the infusion of society with values based on cooperation

3. Radical Feminism

- Focus
 - The oppression of women that is embedded in patriarchy
 - Seek to change society through activism
 - Therapy is viewed as a political enterprise with the goal of transformation of society
- Major goals
 - Transform gender relationships
 - Transform societal institutions
 - Increase women's sexual and procreative self-determination.

4. Socialist Feminism

- Focus
 - Goal of societal change
 - Emphasis on multiple oppressions
 - Believe solutions to society's problems must include consideration of:
 - Class
 - Race
 - Other forms of discrimination
- Major goal
 - to transform social relationships and institutions

Principles of Feminist Therapy

- The personal is political
- Personal and social identities are interdependent
- Commitment to social change
- The counseling relationship is egalitarian
- Women's and girls' experiences and ways of knowing are honored
- Definitions of distress and "mental illness" are reformulated
- There is an integrated analysis of oppression

Goals of Feminist Therapy

- To affirm diversity and strive for social change and equality
- To encourage clients to act as advocates on their own behalf and on the behalf of others
- To become aware of one's gender-role socialization process
- To identify internalized gender-role messages and replace them with functional beliefs
- To acquire skills to bring about change in the environment
- To develop a wide range of behaviors that are freely chosen
- To become personally empowered

Intervention Techniques in Feminist Therapy

- Gender-role analysis and intervention
 - To help clients understand the impact of gender-role expectations in their lives
 - Provides clients with insight into the ways social issues affect their problems
- Power analysis and power intervention
 - Emphasis on the power differences between men and women in society
 - Clients helped to recognize different kinds of power they possess and how they and others exercise power
- Intervention Techniques in Feminist Therapy
- Bibliotherapy
 - Reading assignments that address issues such as
 - Coping skills
 - Gender-role stereotypes
 - Power differential between women and men
 - Sexual assault
 - Gender inequality
 - Ways sexism is promoted
 - Society's obsession with thinness
 - Self-disclosure
 - To help equalize the therapeutic relationship and provide modeling for the client
 - Values, beliefs about society, and therapeutic interventions discussed
 - Allows the client to make an informed choice

- Assertiveness training
 - Women become aware of their interpersonal rights
 - Transcends stereotypical sex roles
 - Changes negative beliefs
 - Implement changes in their daily lives
- Reframing
 - Changes the frame of reference for looking at an individual's behavior
 - Shifting from an intrapersonal to an interpersonal definition of a client's problem
- Relabeling
 - Changes the label or evaluation applied to the client's behavioral characteristics
 - Generally, the focus is shifted from a negative to a positive evaluation
- Social Action
 - Encourages clients to embrace social activism
 - Develops clients' thorough understanding of feminism by building a link between their experiences and the sociopolitical context they live in

Diversity in Feminist Approaches

- Postmodern feminists provide a model for critiquing both traditional and feminist approaches
- Women of color feminists assert that it is essential that feminist theory be broadened and be made more inclusive
- Lesbian feminists call for inclusion of an analysis of multiple identities and their relationship to oppression
- Global/international feminists take a worldwide perspective in examining women's experiences across national boundaries

Limitations of Feminist Psychotherapy

- Therapists do not take a value neutral stance
- Therapists must be careful not to impose their cultural values on a client
- Therapists may challenge societal values that subordinate certain groups without first gaining a clear understanding of the client's culture. This may alienate clients.
- The heavy environmental/sociopolitical focus may detract from exploring a client's intrapsychic experiences
- More empirical support is needed for this approach

Social Constructionist (Postmodern) Theories

Key Concepts of Social Constructionism

- Postmodernists assume there are multiple truths
- Reality is subjective and is based on the use of language
- Postmodernists strive for a collaborative and consultative stance
- Postmodern thought has an impact on the development of many theories
- The client, not the therapist, is the expert
- Dialogue is used to elicit perspective, resources, and unique client experiences
- Questions empower clients to speak and to express their diverse positions
- The therapist supplies optimism and the process

Therapy Goals

- Generate new meaning in the lives of clients
- Co-develop, with clients, solutions that are unique to the situation
- Enhance awareness of the impact of various aspects of the dominant culture on the individual
- Help people develop alternative ways of being, acting, knowing, and living

Narrative Therapy

- Focuses on the stories people tell about themselves and others about significant events in their lives

Therapeutic task:

- Help clients appreciate how they construct their realities and how they author their own stories

Key Concepts of Narrative Therapy

- Listen to clients with an open mind
- Encourage clients to share their stories
- Listen to a problem-saturated story of a client without getting stuck
- Therapists demonstrate respectful curiosity and persistence
- The person is not the problem, but the problem is the problem

The Therapeutic Process in Narrative Therapy

- Collaborate with the client in identifying (naming) the problem
- Separate the person from his or her problem
- Investigate how the problem has been disrupting or dominating the person
- Search for exceptions to the problem
- Ask clients to speculate about what kind of future they could expect from the competent person that is emerging
- Create an audience to support the new story

The Functions of the Narrative Therapist

- To become active facilitators
- To demonstrate care, interest, respectful curiosity, openness, empathy, contact, and fascination
- To believe in the client's abilities, talents and positive intentions
- To adopt a not-knowing position that allows being guided by the client's story
- To help clients construct a preferred story line
- To create a collaborative relationship-- with the client being the senior partner

The Role of Questions in Narrative Therapy

- Questions are used as a way to generate experience rather than to gather information
- Questions are always asked from a position of respect, curiosity, and openness
- Therapists ask questions from a not-knowing stance
- By asking questions, therapists assist clients in exploring dimensions of their life situations
- Questions can lead to taking apart problem-saturated stories

Externalization

- Living life means relating to problems, not being fused with them
- Externalization is a process of separating the person from identifying with the problem
- Externalizing conversations help people in freeing themselves from being identified with the problem
- Externalizing conversations can lead clients in recognizing times when they have dealt successfully with the problem

Deconstruction and Creating Alternative Stories

- Problem-saturated stories are deconstructed (taken apart) before new stories are co-created
- The assumption is that people can continually and actively re-author their lives
- Unique possibility questions enable clients to focus on their future
- An appreciative audience helps new stories to take root

Limitations of Postmodern Approaches

- Therapists must be skilled in implementing brief interventions
- Therapists may employ techniques in a mechanistic fashion
- Reliance on techniques may detract from building a therapeutic relationship
- Narrative therapists must be careful to approach client's stories without imposing a preconceived notion of the client's experiences
- For some individuals, the therapist's "not knowing stance" may compromise the client's confidence in the therapist as an expert
- More empirical research is needed

Solution-Focused Brief Therapy

Key Concepts

- Therapy grounded on a positive orientation-- people are healthy and competent
- Past is downplayed, while present and future are highlighted
- Therapy is concerned with looking for what is working
- Therapists assist clients in finding exceptions to their problems
- There is a shift from "problem-orientation" to "solution-focus"
- Emphasis is on constructing solutions rather than problem solving

Basic Assumption

- The problem itself may not be relevant to finding effective solutions
- People can create their own solutions
- Small changes lead to large changes
- The client is the expert on his or her own life

- The best therapy involves a collaborative partnership
- A therapist's not knowing afford the client an opportunity to construct a solution

Questions in Solution-Focused Brief Therapy

- Skillful questions allow people to utilize their resources
- Asking "how questions" that imply change can be useful
- Effective questions focus attention on solutions
- Questions can get clients to notice when things were better
- Useful questions assist people in paying attention to what they are doing
- Questions can open up possibilities for clients to do something different

Three Kinds of Relationships in Solution-Focused Therapy

- Customer-type relationship: client and therapist jointly identify a problem and a solution to work toward
- Complainant relationship: a client who describes a problem, but is not able or willing to take an active role in constructing a solution
- Visitors: clients who come to therapy because someone else thinks they have a problem

Techniques Used in Solution-Focused Brief Therapy

- Pre-therapy change
 - (What have you done since you made the appointment that has made a difference in your problem?)
- Exception questions
 - (Direct clients to times in their lives when the problem did not exist)
- Miracle question
 - (If a miracle happened and the problem you have was solved while you were asleep, what would be different in your life?)
- Scaling questions
 - (On a scale of zero to 10, where zero is the worst you have been and 10 represents the problem being solved, where are you with respect to _____?)

The Family Systems Perspective

- Individuals— are best understood through assessing the interactions within an entire family

- Symptoms– are viewed as an expression of a dysfunction within a family
- Problematic behaviors–
 - Serve a purpose for the family
 - Are a function of the family’s inability to operate productively
 - Are symptomatic patterns handed down across generations
- A family– is an interactional unit and a change in one member effects all members

Adlerian Family Therapy

- Adlerians use an educational model to counsel families
- Emphasis is on family atmosphere and family constellation
- Therapists function as collaborators who seek to join the family
- Parent interviews yield hunches about the purposes underlying children’s misbehavior

Adlerian Family Therapy Treatment Goals

- Unlock mistaken goals and interactional patterns
- Engage parents in a learning experience and a collaborative assessment
- Emphasis is on the family’s motivational patterns
- Main aim is to initiate a reorientation of the family

Multigenerational Family Therapy

Murray Bowen (Transgenerational Family Therapy)

- The application of rational thinking to emotionally saturated systems
 - A well-articulated theory is considered to be essential
- With the proper knowledge the individual can change
 - Change occurs only with other family members
- Differentiation of the self
 - A psychological separation from others
- Triangulation
 - A third party is recruited to reduce anxiety and stabilize a couples’ relationship

Multigenerational Family Therapy Treatment Goals

- To change the individuals within the context of the system

- To end generation-to-generation transmission of problems by resolving emotional attachments
- To lessen anxiety and relieve symptoms
- To increase the individual member's level of differentiation

Human Validation Process Model

Virginia Satir

- Enhancement and validation of self-esteem
- Family rules
- Congruence and openness in communications
- Sculpting
- Nurturing triads
- Family mapping and chronologies

Human Validation Process Model Therapy Goals

- Open communications
 - Individuals are allowed to honestly report their perceptions
- Enhancement of self-esteem
 - Family decisions are based on individual needs
- Encouragement of growth
 - Differences are acknowledged and seen as opportunities for growth
- Transform extreme rules into useful and functional rules
 - Families have many spoken and unspoken rules

Experiential Family Therapy

- A freewheeling, intuitive, sometimes outrageous approach aiming to:
 - Unmask pretense, create new meaning, and liberate family members to be themselves
- Techniques are secondary to the therapeutic relationship
- Pragmatic and atheoretical
- Interventions create turmoil and intensify what is going on here and now in the family

Experiential Family Therapy Treatment Goals

- Facilitate individual autonomy and a sense of belonging in the family
- Help individuals achieve more intimacy by increasing their awareness and their experiencing
- Encourage members to be themselves by freely expressing what they are thinking and feeling
- Support spontaneity, creativity, the ability to play, and the willingness to be “crazy”

Structural Family Therapy

- Focus is on family interactions to understand the structure, or organization of the family
- Symptoms are a by-product of structural failings
- Structural changes must occur in a family before an individual’s symptoms can be reduced
- Techniques are active, directive, and well thought-out

Structural Family Therapy Treatment Goals

- Reduce symptoms of dysfunction
- Bring about structural change by:
 - Modifying the family’s transactional rules
 - Developing more appropriate boundaries
 - Creation of an effective hierarchical structure
 - It is assumed that faulty family structures have:
 - Boundaries that are rigid or diffuse
 - Subsystems that have inappropriate tasks and functions

Strategic Family Therapy

Jay Haley, Strategic Family Therapy “Therapy of the Absurd”

- Focuses on solving problems in the present
- Presenting problems are accepted as “real” and not a symptom of system dysfunction
- Therapy is brief, process-focused, and solution-oriented
- The therapist designs strategies for change
- Change results when the family follows the therapist’s directions & change transactions

Strategic Family Therapy Treatment Goals

- Resolve presenting problems by focusing on behavioral sequences
- Get people to behave differently
- Shift the family organization so that the presenting problem is no longer functional
- Move the family toward the appropriate stage of family development
 - Problems often arise during the transition from one developmental stage to the next

Limitations of the Family Systems Approach

- An overemphasis on the system may result in the unique characteristics of the individual family members being overlooked
- Concern with the well-being and function of the system may overshadow the therapist's view of the needs and functioning of the individuals in the system
- Practitioners are cautioned not to assume that Western models of family are universal and must be culturally competent
- Therapists with a Westernized view of the family may inadvertently overlook the importance of extended family when working with families from other cultures