# Counseling Theories & Practice

## PSYC 243

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## INTRODUCTION AND OVERVIEW

# CHAPTER 2

## THE COUNSELOR: PERSON AND PROFESSIONAL

### 2.0.1   Managing Your Personal Values

Personal therapy contributes to the therapist's professional work in 3 ways:

1. As part of the therapist's training, personal therapy offers a model of therapeutic practice in which the trainee observes a more experienced therapist.

2. A beneficial experience in personal therapy can further enhance a therapist's interpersonal skills, which are essential to skillful practicing therapy.

3. Successful personal therapy can contribute to a therapist's ability to deal with the ongoing stresses associated with clinical work.

- Therapists have a responsibility to be aware of their own values and set aside personal beliefs, so they do not "contaminate the counseling process" (aka, Bracketing).

### 2.0.2   Becoming an Effective Multicultural Counselor

- Acquiring Competencies in Multicultural Counseling

    - Diversity-competent practitioners
        - Beliefs and attitudes
        - Knowledge
        - Flexibility with Intervention Strategies

## 2.1   Maintaining Your Vitality as a Person and as a Professional or "Burnout Prevention"

- Therapeutic lifestyle changes (TLCs)

    - Physical activity
    - Diet and nutrition
    - Time in nature
    - Relationships
    - Recreation
    - Religious/spiritual involvement
    - Providing service to others

# ETHICAL ISSUES IN COUNSELING

## 3.1 Codes Versus Laws

### 3.1.1 Mandatory Codes

- Ethical functioning at the minimum level.

### 3.1.2 Aspirational Ethics

- Doing what is in the best interest of the clients.

- Going above and beyond the minimum requirements.

- Understanding the spirit of the code and the principles on which the code is based.

### 3.1.3 Steps for Ethical Decision-Making

- Identify the problem.

- Look at the relevant ethics codes and laws.

- Seek consultation.

- Brainstorm various possible courses of action.

- List consequences.

- Decide and document the reasons for your actions.

- To a degree, include the client in all phases of your ethical decision-making process.

- When clinicians are unsure of what action to take, they may contact their liability insurers to discuss the best plan of action to ensure ethical decision-making.

## 3.2 Informed Consent

- Clients must consent to treatment.

  - Uninformed consent –what problems could arise from this?
    - Patients could be under the impression that their treatment would be one way, but is actually another.
  - Informed consent are conditions that you disclose to the patient about the treatment they are about to receive.

- These conditions include:
  - The purpose of the treatment.
  - Potential risks and benefits.
  - Alternatives to the treatment.
  - Disclosure about the right to refuse treatment.
  - Any other information that the client may need to make an informed decision.

## 3.3 Confidentiality

Situations in which your therapist can legally break confidentiality:

- If the client is at risk of:

  - Harming themselves.
  - Harming others.
  - Being harmed by others.

- If there is child or elder abuse or neglect.

- If the client has a lawsuit against them (and the therapist is subpoenaed).

- The client can also sign a release of information form.

- Involuntary hospitalization.

## 3.4 Evidence-Based Practice

- Ethical treatment is effective treatment.

- How do you know that what you're doing is helping your clients?

  - You can use evidence-based practice.
    - Balancing treatment and relationship.
  - Outcome tracking.
  - Problems with relying on intuition.

## 3.5 Multiple Relationships

- These occur when the therapist has a relationship with the client outside the therapeutic relationship.

- Can be sexual or non-sexual.

- How could these cause ethical concerns for your clients?

- Prevention is key. Set healthy boundaries from the start.

## PSYCHOANALYTIC THERAPY

# 4.1 Sigmund Freud

## 4.1.1 Terms

- *Ego*

  - Executive mediating between id impulses and superego demands
  - Testing reality
  - Rational
  - Operates at the conscious level but also at the preconscious level.

- *Superego*

  - Ideals and morals
  - Striving for perfection
  - Incorporated from parents
  - becoming a person's conscience
  - Operates at the conscious level

- *Id*

  - Basic impulses (sex and aggression)
  - Seeking immediate gratification
  - Irrational and impulsive
  - Operates at the unconscious level

- **Unconscious Ego Defense Mechanisms**

  - *Repression*
    - Banishes anxiety-arousing wishes and feelings from consciousness.
    - Example: A child who is abused by a parent forms no memory of the abuse.
  - *Denial*
    - Refusing to believe or even perceive painful realities.
    - Example: A partner denies evidence of his spouse's affair.
  - *Reaction Formation*
    - Switching unacceptable impulses into their opposites.

- Example: A person who is angry with a friend acts overly kind.
- *Projection*
  - Disguising one's own threatening impulses by attributing them to others.
  - Example: A person who is unfaithful accuses his partner of cheating.
- *Displacement*
  - Shifting sexual or aggressive impulses toward a more acceptable or less threatening object or person.
  - Example: A person who is angry with his boss kicks his dog.
- *Rationalization*
  - Offering self-justifying explanations in place of the real, more threatening unconscious reasons for one's actions.
  - Example: A person who drinks every day says he does so to be sociable.
- *Sublimation*
  - Transferring of unacceptable impulses into socially valued motives.
  - Example: A person who has aggressive impulses becomes a soldier.
- *Regression*
  - Retreating to a more infantile psychosexual stage, where some psychic energy remains fixated.
  - Example: A person who is under stress begins to suck his thumb.
- *Introjection*
  - Taking in and swallowing the values and standards of others.
  - Example: A person who is abused by a parent becomes an abusive parent.
- *Identification*
  - Bolstering self-esteem by forming an imaginary or real alliance with some person or group.
  - Example: A person who is insecure identifies with a famous person.
- *Compensation*
  - Masking perceived weaknesses or developing certain positive traits to make up for limitations.
  - Example: A person who is not athletic becomes a scholar.
- **Psychosexual Stages**
  - *Oral*
    - *Oral Passive*: trusting, gullible, passive, and needy.
      - Forceful feeding.
      - Underfed
    - *Oral Aggressive*: sarcastic, aggressive, envious, and exploitative.

- Overfed
- *Anal*
  - *Anal Retentive*: stingy, orderly, rigid, and obsessive.
    - Harsh toilet training
  - *Anal Expulsive*: messy, wasteful, destructive, and hostile.
    - Lenient toilet training
- *Phallic*
  - Abdnoral family set-up leading to unusual relationship with mother/father.
    - Vanity, self-obsession, sexual anxiety, inadequacy, inferiority, and envy.
- *Latency*
  - After the torment of sexual impulses of the preceding years, this period is relatively quiescent. Sexual interests are replaced by interests in school, playmates, sports, and a range of new activities.
- *Genital*
  - Old themes of the phallic stage are revived. The person seeks to establish a mature sexual relationship with a partner.

## 4.2   Erik Erikson

### 4.2.1   Psychodynamic Approach

- Also focused on unconscious influences.

- Increased emphasis on Ego instead of Id.

- More focused on present.

| Approximate Age | Psycho Social Crisis |
|---|---|
| Infant (18 months) | Trust vs. Mistrust |
| 18 months - 3 years | Autonomy vs. Shame and Doubt |
| 3-5 Years | Initative vs. Guilt |
| 5-13 Years | Industry vs. Inferiority |
| 13-21 Years | Identity vs. Role Confusion |
| 21-39 Years | Intimacy vs. Isolation |
| 40-65 Years | Generativity vs. Stagnation |
| 65 and Older | Ego Integrity vs. Dispair |

Table 4.1: Erikson's Stages of Psychodynamic Development

## 6.1 Existentialism: The Origins

- Philosophical foundations in 19th/20th-century thinkers:

  - Søren Kierkegaard (subjective truth, anxiety, freedom)
  - Friedrich Nietzsche (will to power, "God is dead," self-creation)
  - Martin Heidegger (being-toward-death, *Dasein* [being-in-the-world])
  - Jean-Paul Sartre ("existence precedes essence," radical freedom)

- Later integrated into psychology by:

  - Rollo May (pioneer of existential psychology)
  - Irvin Yalom (four existential "ultimate concerns")

### 6.1.1 Key Existential Themes

- Confrontation with the "ultimate concerns" (Yalom):

  - Death: Awareness of mortality as a catalyst for authenticity.
  - Freedom: Responsibility for self-creation in a world without inherent meaning.
  - Isolation: Existential aloneness despite relationships.
  - Meaninglessness: The challenge to create meaning without guarantees.

- Existential anxiety vs. pathological anxiety:

  - Healthy anxiety: Motivates growth and authenticity.
  - Neurotic anxiety: Avoidance of freedom/responsibility.

### 6.1.2 Mental Health Effects of The Holocaust

- The horrors of the holocaust led to an increase of people struggling with existential crises.

- Frankl, a survivor of Auschwitz, developed a form of therapy called *logotherapy*. This therapy focuses on the search for meaning in life.

## 6.2　Goals of Existential Therapy

- Assisting clients in moving toward authenticity and learning to recognize when they are deceiving themselves.

- Helping clients face anxiety and engage in action that is based on creating a worthy existence.

- Helping clients to reclaim and re-own their lives; teaching them to listen to what they already know about themselves.

- Encouraging clients to confront existential "givens" (e.g., death, freedom) to live more fully.

- Facilitating acceptance of uncertainty and the courage to act despite it.

### 6.2.1　The Therapeutic Relationship

- 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 experience in the world.

- The core of the therapeutic relationship.

- Therapist as a *authentic companion*, not an authority:

  - Focus on the "here-and-now" interaction.
  - Use of self-disclosure to model authenticity.

- Emphasis on presence, deep listening, and phenomenological exploration (understanding the client's subjective world).

### 6.2.2　Techniques and Practices

- Less technique-driven; focuses on dialogue and process:

  - Phenomenological method: Unpacking the client's lived experience without judgment.
  - Existential reflection: Exploring choices, values, and responsibility.
  - Paradoxical intention (Frankl): Facing fears by exaggerating or embracing them.

- Applications: Effective for grief, identity crises, life transitions, and terminal illness.

### 6.2.3   Critiques and Limitations

- Challenges: Lack of structured techniques, abstract concepts.

- Criticisms: Overemphasis on individualism; less focus on systemic/social factors.

# CHAPTER 7

## PERSON-CENTERED THERAPY

## 7.1 Carl Rogers

- One of the founders of the Humanistic approach

- First person to conduct major studies on therapy using quantitative methods.

- Applied the Person-Centered Approach to topics areas outside of counseling including world peace, education, and politics.

## 7.2 Assumptions

- People are essentially good.

- People have a tendency to self-actualize under the right conditions.

- Clients are the expert of their own inner experience.

## 7.3 Role of the Therapist

- Three therapist attributes create a growth-promoting environment of clients:
  - Genuineness.
  - Unconditional positive regard.
  - Accurate Empathetic Understanding.
  - These are often called WEG (Warmth, Empathy, Genuineness).

## 7.4 Maslow's Humanistic Theory

- Hierarchy of Needs
  - Physiological needs.
    - Air, water, food, shelter, etc.
  - Safety needs.
    - Security, stability, freedom from fear.
  - Love and belongingness needs.
    - Affection, acceptance, friendship.
  - Esteem needs.

- Self-respect, respect from others, competence, confidence.
- Self-actualization.
  - Realizing one's potential, self-fulfillment, seeking personal growth and peak experiences.