Counseling Theories & Practice

PSYC 243

Start

January 21, 2025

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End

May 14, 2025

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INTRODUCTION AND OVERVIEW

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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

CHAPTER 3

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.

CHAPTER 4

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

CHAPTER 6

EXISTENTIAL THERAPY

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.

BEHAVIORAL LAB

We're starting with three studies:

1. **Study 1:** Blinking:
    - Three levels of blinking:
        - Reflexive blinking. Ex: When a puff of air is directed at the eye.
        - Voluntary blinking. Ex: When you're asked to blink.
        - Endogenous blinking. Meaning: "originating from or due to internal causes."
    - *Endogenous blinking* is the focus of this study.
        - Endogenous blinks occur during reading or speaking and reflect changes of attention and changes in thought processes. The more attention required by a visual task; the fewer endogenous blinks occur.
        - More attention required is associated with fewer endogenous blinks. Especially for visual tasks.
        - **The harder the tasks → the fewer the blinks.**
        - Even when a task is not visual, there is a decrease in endogenous blink rate (EBR) during a difficult task followed by flurry of blinks when task is over.
        - **But wait!**
            - EBR has been shown to increase when a cognitive secondary task is performed concurrently, and the cognitive task does not involve visual attention.
        - **WHY?**
            - EB is a dopaminergic activity.
            - Dopamine plays a big role in selective attention.
    - Through this study, we learned that endogenous blinking (DV) is affected by cognitive load (IV)
2. **Study 2:** Cartoon Judgement:
    - Group 1 and 2 membership.
    - Follow group instructions then rate the 3 cartoons that follow on scale from 1-10.
        - 1 is NOT funny
        - 10 is VERY funny
        - Answers (Lips = Pen in lips; Teeth = Pen in teeth):

Groups	Pic 1	Pic 2	Pic 3	Average
Lips	3	3	4	$3\frac{1}{3}$
Teeth	4	4	3	$3\frac{2}{3}$
Stretch	4	5	6	5
J. Jacks	4	2	3	3

- **Facial Feedback Hypothesis**
  - Selective activation or inhibition of facial muscles has a strong impact on emotional responses to stimuli.
  - Zygomatic major muscle.
    - When we had the pen in our teeth, we were activating the zygomatic major muscle.
    - This muscle is responsible for smiling.
  - Our data supported this hypothesis with a probability of $p < 0.02$.
- **Arousal**
  - Increased heart rate in many emotions.
  - Heart rate and attraction
    - 1973 Dutton and Aron
      - Shaky high bridge vs. low stable bridge.
      - Woman on the other side who is asking questionnaire questions (faux DV).
      - She gave her phone number to the guys once they got done answering the questions.
      - The actual DV was the amount of phone calls she received and the sexual content in questionnaire answers.
      - The high bridge group had more sexual content in their messages.
    - 15 minutes of physical activity, then rate attractiveness of potential mates.
-

Psychophysiology: Behavioral, cognitive, emotional, and social events are all mirrored in physiological processes.

The idea is that we can get a peep into your psychology by looking at what your biology is doing.

Sleep: EEG (Electroencephalogram; measuring brain activity), EOG (Electrooculogram; measuring eye movement), EMG (Electromyography; measuring muscle movement), ERP (measuring event-related potential).

Respiration, GSR (EDA), Blood flow, Blood pressure, heart rate