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CHAPTER 1

INTRODUCTION AND OVERVIEW

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

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.

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	Initiative 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.

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.

8.1 Fritz Perls

- Born in 1893 in Berlin, Germany
- After serving in WWI, Fritz studied medicine and provided treatment to soldiers with brain injuries.
- He fled Germany in 1933 and moved to South Africa.
- In 1946, he moved to New York City and began working with Karen Horney.
- Coauthored a book on Gestalt Therapy and founded the New York Institute for Gestalt Therapy.

8.2 Nature of Humanity

- Basic assumption about people is that they have the capacity to self-regulate when they are aware of what is happening around them.
- The view is rooted in existentialism and phenomenological theories.
- People need to “re-own” and unify all parts of themselves, including the parts they have disowned or denied.

8.3 Goals for Gestalt Therapy

- Focuses on the here and now.
- Clients need to gain awareness.
 - Defined as knowing the environment, themselves, accepting themselves, and being able to make contact (interact with others and nature without losing themselves).
 - Increased awareness itself is curative.

8.4 Role of the Therapist

- The work of therapy is done by the client.
- The therapists’ job is to create a climate where clients can try new ways of being and behaving.



- Working in the here and now with an “I/Thou” relationship.
- Fritz Perls methodology: The therapist is directive and confrontational.