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

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.

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, play-mates, 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.

	Person-Centered	Psychoanalytic
Nature of Humanity	Person is in control of their own world. They know the most about themselves.	The person is at
View of How People Grow and Heal	Focusing on the person, and letting them do the work to find the problem through self-discovery.	
Role of Therapist		