



HENDRIX

COLLEGE

Counseling Theories & Practice

PSYC 243

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TABLE OF CONTENTS

1	Introduction and Overview	2
2	The Counselor: Person and Professional	3
2.0.1	Managing Your Personal Values	3
2.0.2	Becoming an Effective Multicultural Counselor	3
2.1	Maintaining Your Vitality as a Person and as a Professional or “Burnout Prevention”	3
3	Ethical issues in Counseling	4
3.1	Codes Versus Laws	4
3.1.1	Mandatory Codes	4
3.1.2	Aspirational Ethics	4
3.1.3	Steps for Ethical Decision-Making	4
3.2	Informed Consent	4
3.3	Confidentiality	5
3.4	Evidence-Based Practice	5
3.5	Multiple Relationships	5
4	Psychoanalytic Therapy	6
4.1	Sigmund Freud	6
4.1.1	Terms	6

CHAPTER 1

INTRODUCTION AND OVERVIEW

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

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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.