Counseling Theories & Practice

PSYC 243

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Author

Paul Beggs

BeggsPA@Hendrix.edu

Instructor

Prof. Sarah Root, Ph.D.

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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

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, 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.

GESTALT THERAPY

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.

8.5   Gestalt Therapy Overview

8.5.1   Evolution of the Approach

- From Fritz Perls' pioneering work emphasizing present-centered awareness and direct confrontation,

- to contemporary relational approaches that stress authentic dialogue and mutual influence.

8.5.2   Philosophy and Basic Assumptions

- Emphasizes wholeness, personal responsibility, and the integration of thoughts, feelings, and behaviors.

8.5.3   Key Concepts

- *Holism* – Viewing the person as an integrated whole.

- *Field Theory* – Understanding behavior in the context of the whole environment.

- *Figure-Formation Process* – How individuals perceive and organize experience.

- *Organismic Self-Regulation* – The innate drive toward growth and balance.

8.5.4   Trusting Relationship in Experiments

- A strong, trusting client–therapist relationship is central to engaging clients in experiential experiments that promote change.

8.5.5   Role of Confrontation

- Contemporary relational Gestalt therapy uses measured confrontation to challenge defensive patterns while maintaining support.

8.5.6   Standard Gestalt Therapy Interventions

- Internal Dialogue Exercise – Enhances self-awareness.

- Empty-Chair Technique – Facilitates expression of unresolved issues.

- Future Projection – Aids clients in envisioning change.

- Making the Rounds – Explores multiple perspectives.

- Reversal Exercise – Encourages viewing situations from an opposite angle.

- Rehearsal Exercise – Allows practice of new behaviors.

- Exaggeration Exercise – Amplifies actions for clarity.

- Staying with the Feeling – Supports acceptance of emotions.

- Dream Work – Interprets dreams as meaningful signals.

8.5.7   Application to Group Counseling

- Gestalt techniques foster group cohesion and authentic interaction, enabling members to experiment with new relational patterns.

8.5.8   Application in School Counseling

- Emphasizes experiential learning and self-awareness to improve student self-regulation and interpersonal skills.

8.5.9   Multicultural Perspective

- Stresses adaptation of interventions to be sensitive to diverse cultural values and worldviews.

8.5.10   Contributions, Strengths, and Limitations

- *Contributions*: Focus on present experience and relational authenticity.

- *Strengths*: Flexible, experiential methods that empower client insight.

- *Limitations*: Potential challenges in structure and cultural adaptability.

9.1   Overview of Behavior Therapy

9.1.1   Key Figures in Behavior Therapy

- Ivan Pavlov – Classical conditioning.

- B.F. Skinner – Operant conditioning.

- Joseph Wolpe – Systematic desensitization.

- Albert Bandura – Social cognitive theory.

- Aaron Beck – Cognitive therapy.

9.1.2   Four Developmental Areas in Behavior Therapy

- *Classical Conditioning*: Learning through association.

- *Operant Conditioning*: Learning via consequences (reinforcement/punishment).

- *Social Cognitive Theory*: Learning by observing others and through self-efficacy.

- *Cognitive Behavior Therapy (CBT)*: Integration of cognitive restructuring with behavioral techniques.

9.1.3   Central Characteristics and Assumptions

- Emphasis on observable behavior and measurable outcomes.

- A functional analysis of behavior.

- Assumption that behavior is learned and can be unlearned or modified.

- Reliance on empirical evidence and systematic techniques.

9.1.4   Role of the Therapist

- Acts as a *coach* or *facilitator*.

- Provides structure using specific behavioral procedures.

- Encourages active client participation.

9.1.5   Client–Therapist Relationship

- Collaborative and goal-oriented.

- Built on trust and mutual respect.

- Essential for tailoring behavioral interventions.

9.1.6   Behavioral Techniques and Evidence-Based Practice

- Use of reinforcement, punishment, modeling, exposure, and systematic desensitization.

- Integration with cognitive restructuring and self-monitoring.

- Techniques are empirically validated within the evidence-based movement.

9.1.7   EMDR (Eye Movement Desensitization and Reprocessing)

- Uses *bilateral stimulation* (often eye movements) to reprocess traumatic memories.

- Mainly applied to posttraumatic stress disorder (PTSD) and trauma-related conditions.

- Supported by research showing its effectiveness in reducing distress.

9.1.8   Social Skills Training

- Involves modeling and role play.

- Provides feedback and reinforcement.

- Aims to improve interpersonal communication and assertiveness.

9.1.9   Self-Management Programs

- Steps include self-monitoring, goal setting, self-reinforcement, and regular evaluation.

- Enhances clients' independence in managing their behavior.

9.1.10   Mindfulness and Acceptance-Based Therapies

- Four approaches include *mindfulness-based stress reduction*, *acceptance and commitment therapy (ACT)*, *dialectical behavior therapy (DBT)*, and *mindfulness-based cognitive therapy (MBCT)*.

- Emphasize present moment awareness, acceptance, cognitive defusion, and clarification of personal values.

9.1.11   Brief Interventions and Group Counseling

- Brief interventions use focused, time-limited strategies.

- Group counseling employs behavioral techniques within a supportive group dynamic.

9.1.12   Behavior Therapy in School Counseling

- Application in classroom management and behavioral modification programs.

- Focus on reinforcing positive behaviors and reducing disruptive behavior.

9.1.13   Working with Culturally Diverse Clients

- *Advantages*: Empirical basis, structure, and clear behavioral goals.

- *Shortcomings*: May require adaptation to respect cultural nuances and values.

9.1.14   Evaluation of Contemporary Behavior Therapy

- Ongoing integration of cognitive, acceptance-based, and mindfulness strategies.

- Continual empirical testing to validate techniques.

- Recognition of both strengths (structured, measurable) and limitations (potential cultural biases, narrow focus) within diverse settings.

9.1.15   ABC Analysis Model

- *Antecedents* – Events that "activates" our behavior (prompts, instructions, signals).

- *Behavior* – Any action on the part of the person.

- *Consequences* – Events that follow the behavior (reinforcement, punishment).