



# Counseling Process II



# Counseling

The goals of counseling change over time and change according to the intimacy and effectiveness of the counseling relationship.

How much change happens or whether there is a second session is usually determined by the results of the first session?

Clients must ask themselves whether they feel comfortable with and trust the counselor before they can enter the relationship wholeheartedly.

Benjamin (1987) distinguishes between two types of first interviews: those initiated by clients and those initiated by counselors. Cormier (2015) points out that the initial counseling interview can fulfill two functions:

**(a) It can be an intake interview to collect needed information about the client**

The probe is a question that usually begins with who, what, where, or how.

**(b) It can signal the beginning of a relationship**

A **restatement** is a simple mirror response to a client that lets the client know the counselor is actively listening. **Reflection of feeling** is similar to a restatement, but it deals with verbal and nonverbal expression. **Summary of feelings** is the act of paraphrasing a number of feelings that the client has conveyed.

## CONDUCTING THE INITIAL INTERVIEW

There is no one place to begin an initial interview, but experts recommend that counselors start by trying to make their clients feel comfortable.

**Rapport:** Behavior, in which there is a genuine interest in and acceptance of a client.

The two most important microskills for rapport building are basic **attending behavior** and **client-observation skills**.

**Door openers:** Inviting clients to focus on reasons for seeking help is one way in which counselors may initiate rapport.

**Door closers:** judgmental or evaluative responses

# Setting

## Empathy

Rogers (1961) describes empathy as the counselor's ability to "enter the client's phenomenal world, to experience the client's world as if it were your own without ever losing the 'as if' quality".

culturally sensitive

empathy Primary empathy

Advanced empathy

## Verbal and Nonverbal Behavior

S = face the client  
squarely

O= adopt an open

posture L= lean toward

the client E= eye contact

R=  
relax

# Non helpful Interview behaviour

## Counselor-Client Communication

The four major actions that usually block counselor-client communication and should be generally avoided:

- Advice giving
- Lecturing
- Excessive questioning
- Storytelling by the counselor.

- **Advice giving:**

When a counselor gives advice, especially in the first session, it may in effect deny a client the chance to work through personal thoughts and feelings about a subject and ultimately curtail his or her ability to make difficult decisions.

- **Lecturing:**

It sets up a power struggle between the counselor and client that neither individual can win. For example, if a sexually active girl is told “Don’t get involved with boys anymore,” she may do just the opposite to assert her independence.

- **Excessive questioning**

Verbal interaction with clients needs to include statements, observations, and encouragers as well as questions. When excessive questioning is used, clients feel as though they are being interrogated rather than counseled. In such situations, they have little chance to take the initiative and may become guarded.

- **Storytelling**

It is the counselor’s nonhelpful behavior.

### **Other non helpful behaviors:**

- Acting rushed
  - Advice giving
  - Being dismissive
  - Blaming
  - Excessive questioning
  - Interrupting
  - Yawning

# EXPLORATION AND THE IDENTIFICATION OF GOALS

**Unfocused goals** are not identified, too broad, or not prioritized. Sometimes counselors and clients may leave unfocused goals alone because the time and expense of chasing them is not as productive as changing unwanted behaviors.

**Unrealistic goals**, as defined by either counselor or client, include happiness, perfection, progress, being number one, and self-actualization. They have merit but are not easily obtained or sustained.

**Uncoordinated goals**, according to Rule (1982), are generally divided “into two groups:

1. Those probably really uncoordinated
2. Those seemingly uncoordinated.

Goals in the first group may be incompatible with one another or with the personality of the client.

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# Criteria for judging effective goals in counseling

- Goals are mutually agreed on by client and counselor.
- Goals are specific.
- Goals are relevant to self-defeating behavior.
- Goals are achievement and success oriented.
- Goals are quantifiable and measurable.
- Goals are behavioral and observable.
- Goals are understandable and can be restated clearly



# Working Alliance

It is a conscious and purposeful aspect of a counseling relationship and includes affective or bonding elements such as “liking, respect, and trust,” along with a collaborative spirit between counselor and client in “establishing tasks and goals of treatment”.

The successful outcome of any counseling effort depends on a working alliance between counselor and client.

Building this relationship is a developmental process that involves exploring the situation that has motivated the client to seek help.

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# Johari window

## *The Johari Window*

1 Open  Known to self and to others	2 Blind  Not known to self but known to others
3 Hidden  Known to self but not to others	4 Unknown  Not known to self or others

- It was created by two psychologists, Joseph Luft and Harrington Ingham in 1955.
- A simple and useful tool for understanding and training self-awareness, personal development, communications, interpersonal relationships, group dynamics, team development and inter-group relationships
- The Johari window is a conceptual device used to represent the way in which most individuals enter the counseling relationship.
- The four Johari Window perspectives are
  - Called 'regions' or 'areas' or 'quadrants'.
  - Each contains and represents the information - feelings, motivation, etc - in terms of whether the information is known or unknown by the person, and whether the information is known or unknown by others in

# Regions of Johari window

Open area  
Blind area  
Hidden area  
Unknown  
area

- **Open area, open self, free area, free self, or 'the arena':**  
what is known by the person about him/herself and is also known by others.
- **Blind area, blind self, or 'blindspot':**  
what is unknown by the person about him/herself, but which others know
- **Hidden area, hidden self, avoided area, avoided self or 'façade':**  
what the person knows about him/herself that others do not know
- **Unknown area or unknown self:**  
what is unknown by the person about

# Counseling Skills in Working Stages of Counseling: Understanding and Action

- Changing perceptions
  - Leading
  - Multifocused responding
  - Accurate empathy
  - Self-disclosure
  - Immediacy
  - Confrontation
  - Contracting
  - Rehearsal
  - Referral
  - Ending
  - Follow-up.
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# Changing perceptions

Clients often come to counseling as a last resort, when they perceive that the situation is not only serious but hopeless (Watzlawick, 1983). People think their perceptions and interpretations are accurate.

**Functional fixity:** It means seeing things in only one way or from one perspective or being fixated on the idea that this particular situation or attribute is the issue.

Counselors can help clients change distorted or unrealistic objectives by offering them the opportunity to explore thoughts and desires within a safe, accepting, and nonjudgmental environment. Goals are refined or altered using cognitive, behavioral, or cognitive–behavioral strategies, such as

- redefining the problem
- altering behavior in certain situations
- perceiving the problem in a more manageable and less stressful way and acting accordingly.

By paying attention to both verbal (i.e., language) and nonverbal (i.e., behaviors) metaphors, counselors can help clients become more aware of where they are and where they wish to be.

**Metaphors** (including similes) provide insight for clients and counselors and ways of conceptualizing the counseling process in a productive way, such as “life is a journey” (i.e., it takes time and effort) or “counseling is like baking a cake” (i.e., it requires a blending of the right ingredients).

**Reframing:** a technique that offers the client another probable and positive viewpoint or perspective on a situation.

Scapegoat

## Leading

Changing client perceptions requires persuasive skill and direction from the counselor. Such input is known as leading.

The term was coined by Francis Robinson (1950) to describe certain deliberate behaviors counselors engage in for the benefit of their clients.

Vary in length, and some are more appropriate at one stage of counseling than another

**Minimal leads** (sometimes referred to as minimal encouragers) such as “hmmm,” “yes,” or “I hear you” are best used in the building phase of a relationship because they are low risk.

**Maximum leads**, such as confrontation, are more challenging and should be employed only after a solid relationship has been established.

**Least leading response***Silence*

When the counselor makes no verbal response at all, the client will ordinarily feel some pressure to continue and will choose how to continue with minimum input from the counselor.

*Acceptance*

The counselor simply acknowledges the client's previous statement with a response such as "yes" or "uhuh." The client is verbally encouraged to continue, but without content stimulus from the counselor.

*Restatement (paraphrase)*

The counselor restates the client's verbalization, including both content and affect, using nearly the same wording. The client is prompted to reexamine what has been said.

*Clarification*

The counselor states the meaning of the client's statement in his or her own words, seeking to clarify the client's meaning. Sometimes elements of several of the client's statements are brought into a single response. The counselor's ability to perceive accurately and communicate correctly is important, and the client must test the "fit" of the counselor's lead.

*Approval (affirmation)*

The counselor affirms the correctness of information or encourages the client's efforts at self-determination: "That's good new information," or "You seem to be gaining more control." The client may follow up with further exploration as he or she sees fit.

*General leads*

The counselor directs the client to talk more about a specific subject with statements such as "Tell me what you mean," or "Please say some more about that." The client is expected to follow the counselor's suggestion.

*Interpretation*

The counselor uses psychodiagnostic principles to suggest sources of the client's stress or explanations for the client's motivation and behavior. The counselor's statements are presented as hypotheses, and the client is confronted with potentially new ways of seeing self.

*Rejection (persuasion)*

The counselor tries to reverse the client's behavior or perceptions by actively advising different behavior or suggesting different interpretations of life events than those presented by the client.

*Reassurance*

The counselor states that, in his or her *judgment*, the client's concern is not unusual and that people with similar problems have succeeded in overcoming them. The client may feel that the reassurance is supportive but may also feel that his or her problem is discounted by the counselor as unimportant.

*Introducing new information or a new idea*

The counselor moves away from the client's last statement and prompts the client to consider new material.

**Most leading response**

# Multifocused Responding

Lazarus (2008) think that tuning in to clients' major modes of perceiving and learning is crucial to bringing about change. Because many clients have multiple ways of knowing the world, counselors should vary their responses and incorporate words that reflect an understanding of clients' worlds. Counselors need to distinguish between the predominantly affective, behavioral, and cognitive nature of speech.

**Affective responses** focus on a client's feelings,

**Behavioral responses** attend to actions, **Cognitive**

**responses** center on thought



## Accurate empathy

The basic type is called **primary empathy**.

It helps establish the counseling relationship, gather data, and clarify problems.

The second level is known as advanced empathy.

It reflects not only what clients state overtly but also what they imply or state incompletely.

Accurate empathy on both levels is achieved when counselors see clients' worlds from the clients' point of view and are able to communicate this understanding back.

Empathy involves three elements: perceptiveness, know-how, and assertiveness

## Self-disclosure

It is a complex, multifaceted phenomenon that has generated more than 200 studies (Watkins, 1990a). It may be defined as “a conscious, intentional technique in which clinicians share information about their lives outside the counseling relationship”.

It is about making oneself known to another person by revealing personal information. Clients are more likely to trust counselors who disclose personal information (up to a point) and are prone to make reciprocal disclosures

Egan (2014) stresses that counselor self-disclosure

- should be brief and focused,
- should not add to the clients' problems,
- should not be used frequently.

Hesitancy may take the form of refusing to discuss issues, changing the subject, being silent, and talking excessively.

## Immediacy

“Immediacy . . . is one of the most important skills” in counseling.

It “focuses on the here and now and the therapeutic relationship” from the perspective of how both the client and the counselor feel.

At its core, immediacy involves a counselor’s and a client’s understanding and communicating at the moment what is going on between them in the helping relationship, particularly feelings, impressions, and expectations.

There are basically two kinds of immediacy:

1. Overall relationship immediacy — “How are you and I doing?”
2. “Immediacy that focuses on some particular event in a session — ‘What’s going on between you and me right now?’”

**Immediacy is difficult and demanding:** It requires more courage or assertiveness than almost any other interpersonal communication skill.

Immediacy may produce an unexpected outcome.

Immediacy may influence clients’ decisions to terminate counseling sessions because they can no longer control or manipulate relationships.

## **Hope**

Hope is the feeling that something desirable, such as the achievement of a goal, is possible. Hope has multiple benefits, including increasing a client's motivation to work on a problem. It has been linked to academic success, athletic performance, psychological adjustment, and physical health (Pedrotti, Edwards, & Lopez, 2008).

## **Humor**

It involves giving an incongruent or unexpected response to a question or situation to the amusement of those involved. It makes people laugh, and healthy humor requires both sensitivity and timing on the part of the counselor .

It should be used to build bridges between counselors and clients.

If used properly, it is “a clinical tool that has many therapeutic applications”.

Humor can circumvent clients' resistance, build rapport, dispel tension, help clients distance themselves from psychological pain, and aid in the increase of a client's self-efficacy.

## **INSTANCE:**

Counselor: Joan, how many counselors does it take to change a lightbulb?

Client: (hesitantly) I'm not sure.

Counselor: Just one, but the lightbulb has got to really want to be changed.

Client: (smiling) I guess I'm a lightbulb that's undecided.

Counselor: It's OK to be undecided. We can work on that. Our sessions will probably be more fruitful, however, if you can turn on to what you'd like to see different in your life and what it is we could jointly work on.

## **Confrontation**

It challenges a client to examine, modify, or control an aspect of behavior that is currently nonexistent or improperly used.

Confrontation can help “people see more clearly what is happening, what the consequences are, and how they can assume responsibility for taking action to change in ways that can lead to a more effective life and better and fairer relationships with others”.

A good, responsible, caring, and appropriate confrontation produces growth and encourages an honest examination of self.

Counselors need to be sure that the relationships with their clients are strong enough to sustain a confrontation.

Counselors also must time a confrontation appropriately and remain true to the motives that led to the act of confronting.

## **Minimizing Unpleasant Message effect:**

Avoiding confrontation of clients' behaviors is known as the **Minimizing Unpleasant Message effect**.

It is commonly referred to as the MUM effect to reflect client's tendency to withhold unpleasant information.

It results in the counselors being less effective than they might be

## **Contracting**

There are two aspects of contracting:

- It focuses on the processes involved in reaching a goal
- It concentrates on the final outcome.

In goal setting, counselors operate from a theoretical base that directs their actions. In response, clients learn to change their ways of thinking, feeling, and behaving to obtain goals. It is natural for counselors and clients to engage in contractual behavior.

### **Advantages to using contracts in counseling**

- A contract provides a written record of goals the counselor and client have agreed to pursue and the course of action to be taken.
- The formal nature of a contract and its time limits may act as motivators for a client who tends to procrastinate.
- If the contract is broken down into definable sections, a client may get a clear feeling that problems can be solved.
- A contract puts the responsibility for any change on the client and thereby has the potential to empower the client and make him or her more responsive to the environment and more responsible for his or her behaviors.
- The contract system specifically outline the number of sessions to be held, ensures that clients will return to counseling regularly.

## Things to include in Contract

S = Specificity (i.e., treatment goals) A = Awareness (i.e., knowledge of procedures, goals, and side effects of counseling)

F = Fairness (i.e., the relationship is balanced and both client and counselor have enough information to work), and E = Efficacy (i.e., making sure the client is empowered in the areas of choice and decision making)

## Weaknesses of a contract system

- The counselors cannot hold clients to a contract. The agreement has no external rewards or punishments that counselors can use to force clients to fulfill the agreement.
- Some clients' problems may not lend themselves to the contract system. For example, clients who want to make new friends may contract to visit places where there is a good opportunity to encounter the types of people with whom they wish to be associated. There is no way, however, that a contract can ensure that clients will make new friends.
- A contractual way of dealing with problems focuses on outward behavior. Even if the contract is fulfilled successfully, clients may not achieve insight or altered perception.
- The initial appeal of a contract is limited. Clients who are motivated to change and who find the idea ~~fresh~~ fresh and appealing may become bored with such a system in

## Rehearsal

Once a contract is set up, counselors can help clients maximize the chance of fulfilling it by getting them to rehearse or practice designated behavior.

- Overt rehearsal requires clients to verbalize or act out what they are going to do.
- Covert rehearsal is imagining or reflecting on the desired goal.

- Counselors can also assign clients homework (sometimes called “empowering assignments” or “between-session tasks”) to help them practice the skills learned in counseling sessions and generalize such skills to relevant areas of their lives.
- Homework involves additional work on a particular skill outside the counseling session and has numerous advantages, such as
  - keeping clients focused on relevant behavior between sessions,
  - helping them to see clearly the kind of progress they are making,
  - motivating clients to change behaviors,
  - helping them to evaluate and modify their activities,
  - making clients more responsible for self-control,
  - celebrating a breakthrough achieved in counseling

**Types of homework that are frequently given include:** Paradoxical (an attempt to create the opposite effect), Behavioral (practicing a new skill), Risk taking (doing something that is feared), Thinking (mulling over select thoughts), Written (keeping a log or journal), Bibliotherapeutic (reading, listening, or viewing literature), Not doing anything (taking a break from one’s usual habits).



# Transference

## Patterns of transference behavior

The client may perceive the counselor as:

- ideal,
- seer,
- nurturer,
- frustrator,
- nonentity

## Transference

It is the client's projection of past or present feelings, attitudes, or desires onto the counselor.

It can be used in two ways.

- Transference reactions help counselors understand clients better.
  - Transference is to employ as a way of resolving the client's problems.
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- **Direct transference** is well represented by the example of the client who thinks of the counselor as his or her mother.
  - **Indirect transference** is harder to recognize. It is usually revealed in client statements or actions that are not obviously directly related to the counselor.
  - **Negative transference** is when the client accuses the counselor of neglecting or acting negatively toward him or her.
  - Positive transference, especially a mild form such as client admiration for the counselor, may not be readily acknowledged because it appears at first to add something to the relationship.

# Countertransference

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## Manifestation of countertransference

It takes several forms as:

- (a) feeling a constant desire to please the client,
- (b) identifying with the problems of the client so much that one loses objectivity,
- (c) developing sexual or romantic feelings toward the client,
- (d) giving advice compulsively,
- (e) wanting to develop a social relationship with the client.

### Overidentification

Counselors lose their ability to remain emotionally distant from the client.

### Disidentification

Counselors become emotionally removed from the client. Disidentification may express itself in counselor behavior that is aloof, nonempathetic, hostile, cold, or antagonistic.

It refers to the counselor's projected emotional reaction to or behavior toward the client. This reaction may be irrational, interpersonally stressful, and neurotic—emanating from the counselor's own unresolved issues.

## Major approaches

### Classic approach

Countertransference is seen negatively and viewed as the direct or indirect unconscious reaction of the counselor to the client.

### Total approach

It sees countertransference as more positive. From this perspective, countertransference is a diagnostic tool for understanding aspects of the client's unconscious motivations.

## Real Relationship

Genuineness (the intent to avoid deception, including self-deception) and Realism (perceiving or experiencing the other in ways that benefit the other)—will emerge.

The real relationship begins as a two-way experience between counselors and clients from their first encounter.

Counselors are real by being genuine (owning their thoughts and feelings), trying to facilitate genuineness in their clients, and attempting to see and understand clients in a realistic manner.

Clients contribute to the realness of the relationship by being genuine and perceiving their own situations realistically.

**Social construction perspective**— The process by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live.

## Closing a counseling relationship

It refers to the decision to end it. This is called termination. The decision may be made unilaterally or mutually after the working stage of counseling has waned.

Goodyear (1981) states that “it is almost as though we operate from a myth that closing is a process from which the counselor remains aloof and to which the client alone is responsive”.

Closing may well produce mixed feelings on the part of both the counselor and the client.

Closing also includes strategies and issues related to resistance in closing, premature closing, counselorinitiated closing, and the importance of terminating a relationship on a positive note.

# Functions of closing a counseling relationship

Closing a counseling relationship directly has been avoided for a couple of reasons. Ending is associated with loss, a traditionally taboo subject in all parts of society, especially counseling, which is generally viewed as emphasizing growth and development unrelated to endings.

Closing is not directly related to the microskills that facilitate counseling relationships.

The fact that loss may be associated with re-creation, transcendence, greater self-understanding, and new discoveries such as posttraumatic growth (i.e., positive life changes that come about as a result of suffering or struggling with natural or human-made traumatic events, such as hurricanes and wars).

counseling experience is limited in time.

Closing is a means of maintaining changes already achieved and generalizing problem-solving skills acquired in counseling. Successful counseling results in significant changes in the way the client thinks, feels, or acts. These changes are rehearsed in counseling, but they must be practiced in the real world. Closing provides an opportunity for such practice.

Closing serves as a reminder that the client has matured. Besides offering clients new skills or different ways of thinking about themselves, effective counseling closing marks a time in the clients' lives when they are less absorbed by and preoccupied with personal problems and more able to deal with outside people and events.

# Considerations in the timing of closing

Have clients achieved behavioral, cognitive, or affective contract goals?

When both clients and counselors have a clear idea about whether particular goals have been reached, the timing of closing is easier to figure out. The key to this consideration is setting up a mutually agreed-on contract before counseling begins.

Can clients concretely show where they have made progress in what they wanted to accomplish? In this situation, specific progress may be the basis for making a decision.

Is the counseling relationship helpful?

If either the client or the counselor senses that what is occurring in the counseling sessions is not helpful, closing is appropriate.

Has the context of the initial counseling arrangement changed?

In cases where there is a move or a prolonged illness, closing (as well as a referral) should be considered. Overall, there is no one right time to terminate a counseling relationship.

The “when” of closing must be figured out in accordance with the uniqueness of the situation and overall ethical and professional guidelines.

# Issues in Closing Relationship

## Closing of Individual Sessions

Closing is an issue during individual counseling sessions. Initial sessions should have clearly defined time limits. A range of 45 to 50 minutes is generally considered adequate for an individual counseling session. It usually takes a counselor 5 to 10 minutes to adjust to the client and the client's concerns. Counseling sessions that terminate too quickly may be as unproductive as ones that last too long.

A number of behaviors may also signal the end of counseling. These include a decrease in the intensity of work; more humor; consistent reports of improved abilities to cope; verbal commitments to the future; and less denial, withdrawal, anger, mourning, or dependence.

Cormier (2015) believes that, in a relationship that has lasted more than 3 months, the final 3 or 4 weeks should be spent discussing the impact of closing.

Shulman (2016) suggests that, as a general rule of thumb, one-sixth of the time spent in a counseling relationship should be devoted to focusing on closing.



Maholick and Turner (1979) discuss specific areas of concern when deciding whether to terminate counseling. They include:

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- An examination of whether the client's initial problem or symptoms have been reduced or eliminated
- A determination of whether the stress-producing feelings that led to counseling have been eliminated
- An assessment of the client's coping ability and understanding of self and others
- A determination of whether the client can relate better to others and is able to love and be loved
- An examination of whether the client has acquired abilities to plan and work productively
- An evaluation of whether the client can better play and enjoy life

## Ways to facilitate the ending of a counselor-client relationship

### Fading

“A gradual decrease in the unnatural structures developed to create desired changes.”

### Successful problem-solving skills

If counselors can help their clients learn more effective ways to cope with these difficulties, clients will no longer need the counseling relationship. This is a process of generalization from counseling experience to life. This process includes an emphasis on education and prevention as well as decision-making skills for everyday life and crisis situations.

# Resistance to Closing

Welfel and Patterson (2005) note that resistance is especially likely when the counseling relationship has lasted for a long time or has involved a high level of intimacy.

Other factors that may promote resistance include the pain of earlier losses, loneliness, unresolved grief, need gratification, fear of rejection, and fear of having to be self-reliant.

## Client Resistance

Two easily recognized expressions of resistance are

- (a) asking for more time at the end of a session and
- (b) asking for more appointments once a goal has been reached.

Another more troublesome form of client resistance is the development of new problems that were not part of an original concern, such as depression or anxiety. The manifestation of these symptoms makes closing more difficult; in such situations, a client may convince the counselor that only he or she can help. Thus, the counselor may feel obligated to continue working with the person for either personal or ethical reasons.

# Client Resistance

Sessions can become less frequent over time, and client skills, abilities, and resources can be highlighted simultaneously.

Sometimes when clients are especially hesitant to terminate, the counselor can “prescribe” a limited number of future sessions or concentrate with clients on how they will set themselves up for relapse. Client resistance often results from a fear of change. If clients come to value a counseling relationship, they may fear that they cannot function well without it.

## Successfully Dealing with Loss

1. Determine ways to make your transition a gradual process.
2. Discover the significance that different activities have had in your life.
3. Describe this significance to others.
4. Delight in what you have gained and in what lies ahead of you.
5. Define areas of continuity in your life.

## Unsuccessfully Dealing with Loss

1. Deny the loss.
2. Distort your experience by overglorifying it.
3. Denigrate your activities and relationships.
4. Distract yourself from thinking about departure.
5. Detach yourself abruptly from your activities and relationships.

# Counselor Resistance

The ultimate goal in counseling is for counselors to become obsolete and unnecessary to their clients, some counselors are reluctant to say good-bye at the appropriate time (Nystul, 2016).

Clients who have special or unusual needs or those who are very productive may be especially attractive to counselors.

Goodyear (1981) lists eight conditions in which closing may be particularly difficult for counselors:

1. When closing signals the end of a significant relationship
2. When closing arouses the counselor's anxieties about the client's ability to function independently
3. When closing arouses guilt in the counselor about not having been more effective with the client
4. When the counselor's professional self-concept is threatened by the client who leaves abruptly and angrily
5. When closing signals the end of a learning experience for the counselor (e.g., the counselor may have been relying on the client to learn more about the dynamics of a disorder or a particular culture)
6. When closing signals the end of a particularly exciting experience of living vicariously through the adventures of the client
7. When closing becomes a symbolic recapitulation of other (especially unresolved) farewells in the counselor's life
8. When closing arouses in the counselor conflicts about his or her own individuation

# Premature Closing

Premature closing often has to do with how well clients believe they have achieved personal goals and how well they are functioning generally.

Clients with weaker therapeutic alliance are more likely to drop out of counseling than those who bond well with their counselor (Sharf, Primavera, & Diener, 2010).

Early termination seems to be more prevalent with lower income and less welleducated clients who may not understand many of the subtleties of counseling. Younger clients, those with greater dysfunctionality, and people of color are more likely to drop out of counseling as well.

Hansen, Warner, and Smith (1980) suggest that the topic of premature closing be discussed openly between a counselor and client if the client expresses a desire to terminate before specified goals have been met or if the counselor suspects that premature closing may occur.



## Exit Interview

If the counselor finds that the client wishes to quit, an exit interview may be set up.

Ward (1984) reports four possible benefits from such an interview:

1. An exit interview may help the client resolve any negative feelings resulting from the counseling experience.
2. An exit interview serves as a way to invite the client to continue in counseling if he or she so wishes.
3. Another form of treatment or a different counselor can be considered in an exit interview if the client so desires.
4. An exit interview may increase the chance that the next time the client needs help, he or she will seek counseling.

In premature closing, a counselor often makes one of two mistakes. One is to blame either himself or herself or the client for what is happening. A counselor is more likely to blame the client. In either case, someone is berated, and the problem is compounded. It may be more productive for the counselor to think of the situation as one in which no one is at fault. This strategy is premised on the idea that some matches between clients and counselors do not work.

A second mistake on the counselor's part is to act in a cavalier manner about the situation. An example is the counselor who says, "It's too bad this client has chosen not to continue counseling, but I've got others."

To avoid making either mistake, counselors need to find out why a client terminated prematurely. Possible reasons include the following:

- To see whether the counselor really cares
- To try to elicit positive feelings from the counselor
- To punish or try to hurt the counselor
- To eliminate anxiety
- To show the counselor that the client has found a cure elsewhere
- To express to the counselor that the client does not feel understood

## Preventing premature closing

the variables most likely to be effective in preventing premature closing (Young, 2017):

- **Appointments**

The less time between appointments and the more regularly they are scheduled, the better.

- **Orientation to counseling**

The more clients know about the process of counseling, the more likely they are to stay with it.

- **Consistency of counselor**

Clients do not like to be processed from counselor to counselor. Therefore, the counselor who does the initial intake should continue the counseling.

- **Reminders to motivate client attendance**

Cards, telephone calls, texts, or e-mail can be effective reminders. Because of the sensitivity of counseling, however, a counselor should always have the client's permission to send an appointment reminder.

## GOOD REASONS

A counselor sometimes needs to end relationships with some or all clients.

Reasons include illness, working through countertransference, relocation to another area, the end of an internship or practicum experience, an extended trip, or the realization that client needs could be better served by someone else.

Other reasons for terminating a client relationship are associated with a counselor feeling endangered, or the client not paying agreed upon fees. These are what Cavanagh and Levitov (2002) classify as “good reasons” for the counselor to terminate.

## Poor reasons

Counselor’s feelings of anger, Boredom, Anxiety.

If counselors end a relationship because of such feelings, clients may feel rejected and even worse than they did in the beginning. It is one thing for a person to handle rejection from peers; it is another to handle rejection from a counselor.

Although a counselor may have some negative feelings about a client, it is possible to acknowledge and work through those feelings without behaving in a detrimental way.

## Permanent counselor-initiated closing

In today's mobile society "more frequently than before, it is counselors who leave, certain they will not return" (Pearson, 1998, p. 55).

In such cases, closing is more painful for clients and presents quite a challenge for counselors. The timing expected in the counseling process is off.

In permanent counselor-initiated closing, it is still vital to review clients' progress, end the relationship at a specific time, and make postcounseling plans.

A number of other tasks must be accomplished; among these are counselors working through their own feelings about closing, such as sadness, grief, anger, and fear.

Counselors need to put clients' losses in perspective and plan accordingly how each client will deal with the loss. Counselors must take care of their physical needs, too, and seek professional and personal support where

## ENDING ON A POSITIVE NOTE

The process of closing, like counseling itself, involves a series of checkpoints that counselors and clients can consult to evaluate the progress they are making and determine their readiness to move to another stage.

It is important that closing be mutually agreed on, if at all possible, so that all involved can move on in ways deemed most productive.

Welfel and Patterson (2005) present four guidelines a counselor can use to end an intense counseling relationship in a positive way:

1. **“Be aware of the client’s needs and desires and allow the client time to express them.”**

At the end of a counseling relationship, the client may need time to express gratitude for the help received.

2. **“Review the major events of the counseling experience and bring the review into the present.”**

The focus of this process is to help a client see where he or she is now as compared with the beginning of counseling and realize more fully the growth that has been accomplished. The procedure includes a review of significant past moments and turning points in the relationship with a focus on personalizing the summary.

3. **“Supportively acknowledge the changes the client has made.”**

At this point, the counselor lets the client know that he or she recognizes the progress that has been achieved and actively encourages the client to maintain it. The process of closing should also include an inventory of such issues and a discussion of the option of future counseling.

4. **“Request follow-up contact.”**

Counseling relationships eventually end, but the caring, concern, and respect counselors have for clients are

# Psychoanalytic: Sigmund Freud

Freud, a Viennese psychiatrist (1856-1939), is the person primarily associated with psychoanalysis. His daughter, Anna Freud, further elaborated the theory, especially as it relates to children and development of defense mechanisms.

## VIEW OF HUMAN NATURE

Freud's view of human nature is dynamic with the transformation and exchange of energy within the personality (Hall, 1954). People have:

A conscious mind (attuned to an awareness of the outside world),

A preconscious mind (that contains hidden memories or forgotten experiences that can be remembered),

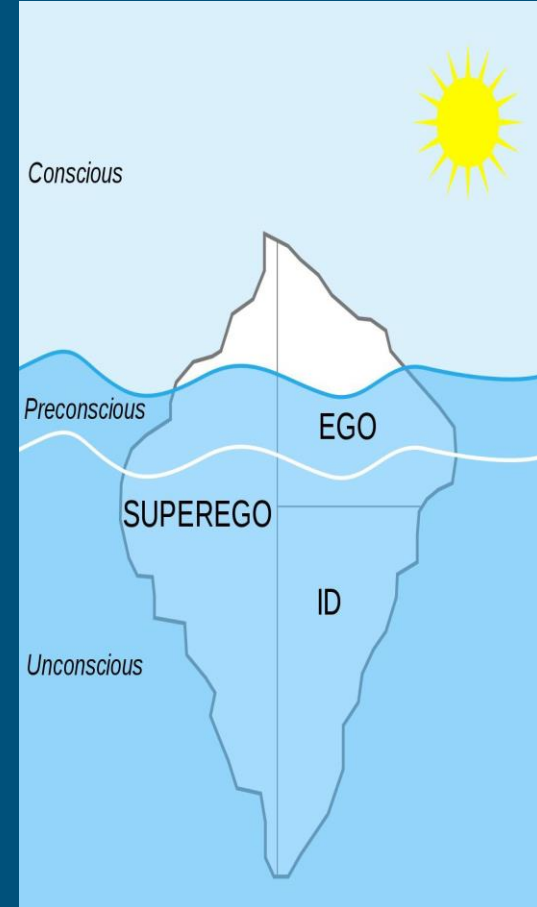
An unconscious mind (containing the instinctual, repressed, and powerful forces).

### According to Freud, the personality consists of three parts:

1. Id (comprised of amoral basic instincts, which operates according to the pleasure principle)
2. Ego (the conscious, decision-making "executive of the mind," which operates according to the reality principle)
3. Superego (the conscience of the mind that contains the values of parental figures and that operates according to the moral principle)

The id and the superego are confined to the unconscious.

The ego operates primarily in the conscious but also in the preconscious and unconscious.



# Psychosexual Developmental Stages

Each of the stages focuses on a zone of pleasure that is dominant at a particular time:

- Oral stage, where the mouth is the chief pleasure zone and basic gratification is from sucking and biting;
- Anal stage, where delight is in either withholding or eliminating feces;
- Phallic stage, where the chief zone of pleasure is the sex organs, and members of both sexes must work through their sexual desires;
- Latency stage, where energy is focused on peer activities and personal mastery of cognitive learning and physical skills;
- Genital stage, where if all has gone well previously, each gender takes more interest in the other and normal heterosexual relationships form.





## Role of the counselor

Professionals who practice classical psychoanalysis function as experts. They encourage their clients to talk about whatever comes to mind, especially childhood experiences.

To create an atmosphere in which the client feels free to express difficult thoughts, psychoanalysts, after a few face-to-face sessions, often have the client lie down on a couch while the analyst remains out of view (usually seated behind the client's head).

The analyst's role is to let clients gain insight by reliving and working through the unresolved past experiences that come into focus during sessions.

The development of transference is encouraged to help clients deal realistically with unconscious material. Unlike some other approaches, psychoanalysis encourages the counselor to interpret for the client.



# Goals

The goals of psychoanalysis vary according to the client, but they focus mainly on personal adjustment, usually inducing a reorganization of internal forces within the person.

A primary goal is to help the client become more aware of the unconscious aspects of his or her personality and to work through current reactions that may be dysfunctional

To help a client work through a developmental stage not previously resolved. If accomplished, clients become unstuck and are able to live more productively. Working through unresolved developmental stages may require a major reconstruction of the personality.

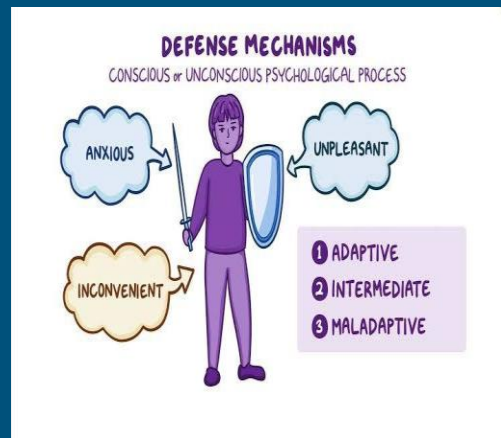
A final goal of psychoanalysis is helping clients cope with the demands of the society in which they live. Unhappy people, according to this theory, are not in tune with themselves or society. Psychoanalysis stresses environmental adjustment, especially in the areas of work and intimacy.

The focus is on strengthening the ego so that perceptions and plans become more realistic.



# Defense Mechanism

Mechanism	Description	Example
<b>Repression</b>	Repression is an unconscious mechanism employed by the ego to keep disturbing or threatening thoughts from becoming conscious.	During the Oedipus complex aggressive thoughts about the same sex parents are repressed
<b>Denial</b>	Denial involves blocking external events from awareness. If some situation is just too much to handle, the person just refuses to experience it.	For example, smokers may refuse to admit to themselves that smoking is bad for their health.
<b>Projection</b>	This involves individuals attributing their own unacceptable thoughts, feeling and motives to another person.	You might hate someone, but your superego tells you that such hatred is unacceptable. You can 'solve' the problem by believing that they hate you.
<b>Displacement</b>	Satisfying an impulse (e.g. aggression) with a substitute object.	Someone who is frustrated by his or her boss at work may go home and kick the dog,
<b>Regression</b>	This is a movement back in psychological time when one is faced with stress.	A child may begin to suck their thumb again or wet the bed when they need to spend some time in the hospital.
<b>Sublimation</b>	Satisfying an impulse (e.g. aggression) with a substitute object. In a socially acceptable way.	Sport is an example of putting our emotions (e.g. aggression) into something constructive.



Denial	Displacement
Distortion	Projection
Rationalization	Reaction formation
Regression	Repression
Sublimation	Suppression

# Psychoanalytic techniques

These are most often applied within a specific setting, such as a counselor's office or a hospital's interview room. Among the most prominent of these techniques are free association, dream analysis, analysis of transference, analysis of resistance, and interpretation.

- **Free Association**

In free association, the client abandons the normal way of censoring thoughts by consciously repressing them and instead says whatever comes to mind, even if the thoughts seem silly, irrational, suggestive, or painful. In this way, the id is requested to speak and the ego remains silent. Unconscious material enters the conscious mind, and there the counselor interprets it.

- **Dream Analysis**

Freud believed that dreams were a main avenue to understanding the unconscious, even calling them “the royal road to the unconscious.” He thought dreams were an attempt to fulfill a childhood wish or express unacknowledged sexual desires.

The counselor is especially sensitive to two aspects of dreams: the manifest content (obvious meaning) and the latent content (hidden but true meaning) (Jones, 1979). The analyst helps interpret both aspects to the client.



- **Analysis of Transference**

Transference is the client's response to a counselor as if the counselor were some significant figure in the client's past, usually a parent figure. The analyst encourages this transference and interprets the positive or negative feelings expressed. The release of feelings is therapeutic, an emotional catharsis.

- **Analysis of Resistance**


Sometimes clients initially make progress while undergoing psychoanalysis and then slow down or stop. Their resistance to the therapeutic process may take many forms, such as missing appointments, being late for appointments, not paying fees, persisting in transference, blocking thoughts during free association, or refusing to recall dreams or early memories. A counselor's analysis of resistance can help clients gain insight into it as well as other behaviors. If resistance is not dealt with, the therapeutic process will probably come to a halt.

- **Interpretation**

When interpreting, the counselor helps the client understand the meaning of past and present personal events. Interpretation encompasses explanations and analysis of a client's thoughts, feelings, and actions. Counselors must carefully time the use of interpretation. If it comes too soon in the relationship, it can drive the client away. However, if it is not employed at all or used infrequently, the client may fail to develop insight.

# Strengths

Classical psychoanalysis has several unique emphases:

-  The approach emphasizes the importance of sexuality and the unconscious in human behavior. Before this theory came into being, sexuality (especially childhood sexuality) was denied, and little attention was paid to unconscious forces.
- The approach lends itself to empirical studies; it is heuristic. Freud's proposals have generated a tremendous amount of research.
- The approach provides a theoretical base of support for a number of diagnostic instruments. Some psychological tests, such as the Thematic Apperception Test or the Rorschach Ink Blots, are rooted in psychoanalytic theory.
- Psychoanalysis continues to evolve and most recently has emphasized adaptive processes and social relations.
- The approach appears to be effective for those who suffer from a wide variety of disorders, including hysteria, narcissism, obsessive-compulsive reactions, character disorders, anxiety, phobias, and sexual difficulties.
- The approach stresses the importance of developmental growth stages.



# Limitations

The classical psychoanalytic approach is time-consuming and expensive. A person who undergoes psychoanalysis is usually seen three to five times a week over a period of years.

The approach does not seem to lend itself to working with older clients or even a large variety of clients. “Patients benefiting most from analysis” are mainly “middle-aged men and women oppressed by a sense of futility and searching for meaning in life”.

- The approach has been claimed almost exclusively by psychiatry, despite Freud’s wishes. Counselors and psychologists without medical degrees have had a difficult time getting extensive training in psychoanalysis.
- The approach is based on many concepts that are not easily communicated or understood—the id, ego, and superego, for instance. Psychoanalytical terminology seems overly complicated.
- The approach is deterministic. For instance, Freud attributed certain limitations in women to be a result of gender—that is, of being female.
- The approach does not lend itself to the needs of most individuals who seek professional counseling. The psychoanalytic model has become associated with people who have major adjustment difficulties or want or need to explore the unconscious.

## HUMANISTIC THEORIES

The term humanistic, as a descriptor of counseling, focuses on the potential of individuals to actively choose and purposefully decide about matters related to themselves and their environments. Professionals who embrace humanistic counseling approaches help people increase selfunderstanding through experiencing their feelings. The term is broad and encompasses counseling theories that are focused on people as decision makers and initiators of their own growth and development. Three of these theories are covered here:

Person-  
centered  
Existential  
Gestalt

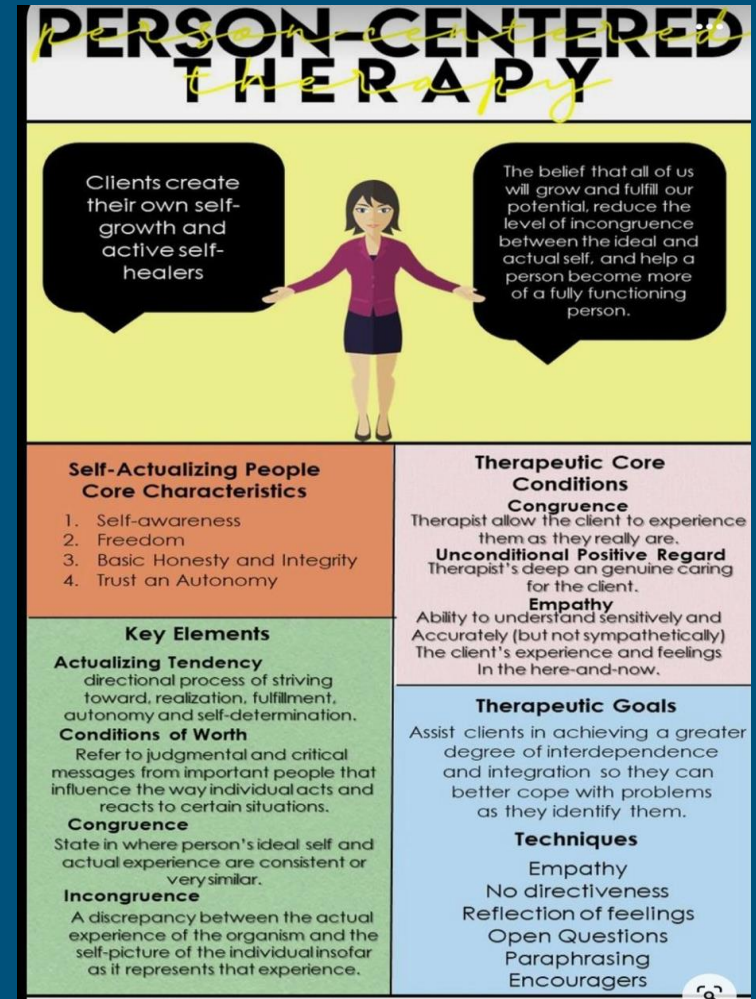




# Person-Centered Counseling

## FOUNDERS

Carl Rogers (1902-1987) is the person most identified with person centered counseling. Indeed, it was Rogers who first formulated the theory in the form of nondirective psychotherapy in his 1942 book, Counseling and Psychotherapy. The theory later evolved into client-centered and person-centered counseling with multiple applications to groups, families, and communities as well as individuals.



# VIEW OF HUMAN NATURE

Implicit in person-centered counseling is a particular view of human nature: People are essentially good. Humans are characteristically “positive, forward-moving, constructive, realistic, and trustworthy.”

## Self-Actualization

According to Rogers, self-actualization is the most prevalent and motivating drive of existence and encompasses actions that influence the total person. “The organism has one basic tendency and striving, to actualize, maintain, and enhance the experiencing organism”. Person-centered theorists believe that each person is capable of finding a personal meaning and purpose in life. Dysfunctionality is really a failure to learn and change.

## Phenomenological Perspective

Rogers views the individual from a phenomenological perspective: What is important is the person’s perception of reality rather than an event itself. The concept is so central to his theory that his ideas are often referred to as **self theory**. The self is an outgrowth of what a person experiences, and an awareness of self helps a person differentiate himself or herself from others.

## Positive regard

A person needs positive regard—love, warmth, care, respect, and acceptance. Feelings of worth develop if the person behaves in certain ways because conditional acceptance teaches the person to feel valued only when conforming to others’ wishes.

A person may have to deny or distort a perception when someone on whom the person depends for approval sees a situation differently.

If a person conforms, he or she opens up a gap between the **ideal self** (what the person is striving to become) and the **real self** (what the person is). The further the ideal self is from the real self, the more alienated and maladjusted a person becomes.

# ROLE OF THE COUNSELOR

The counselor's role is a holistic one. He or she sets up and promotes a climate in which the client is free and encouraged to explore all aspects of self.

This atmosphere focuses on the counselor-client relationship, which Rogers describes as one with a special “I-Thou” personal quality.

The counselor is aware of the client's verbal and nonverbal language, and the counselor reflects back what he or she is hearing or observing. Neither the client nor the counselor knows what direction the sessions will take or what goals will emerge in the process.

The client is a person in process who is “entitled to direct his or her own therapy”. Thus, the counselor trusts the client to develop an agenda on which he or she wishes to work.

The counselor's job is to work as a facilitator rather than a director. In the person-centered approach, the counselor is the process expert and expert learner (of the client). Patience is essential.



# GOAL

The goals of person-centered counseling center around the client as a person, not his or her problem.

Rogers (1977) emphasizes that people need to be assisted in learning how to cope with situations. One of the main ways to accomplish this is by helping a client become a fully functioning person who has no need to apply defense mechanisms to everyday experiences. Such an individual becomes increasingly willing to change and grow.

He or she is more open to experience, more trusting of self-perception, and engaged in self-exploration and evaluation.

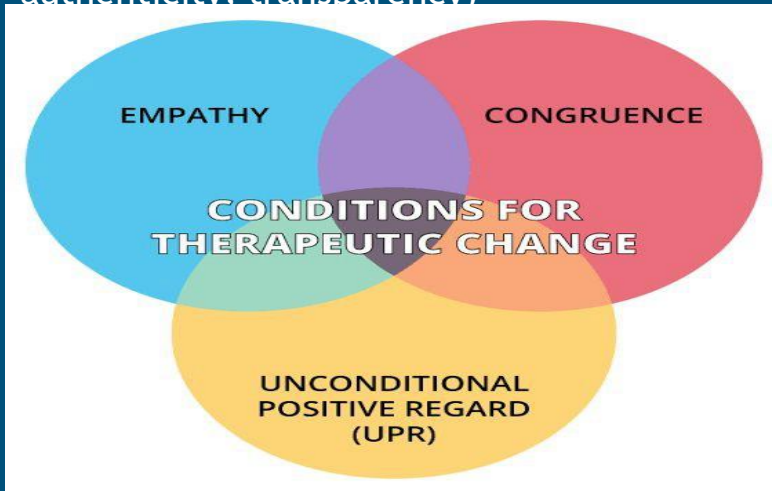
A fully functioning person develops a greater acceptance of self and others and becomes a better decision maker in the here and now. Ultimately, a client is helped to identify, use, and integrate his or her own resources and potential



# TECHNIQUE

**S** Rogers (1957) believed there are three necessary and sufficient (i.e., core) conditions of counseling:

1. Empathy
2. Unconditional positive regard (acceptance, prizing)
3. Congruence (genuineness, openness, authenticity, transparency)



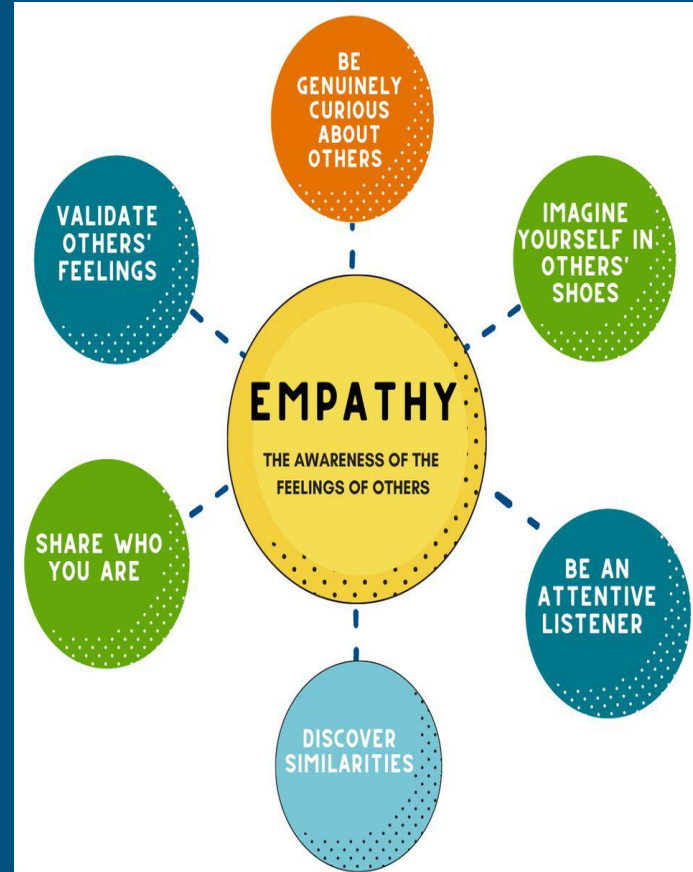
# Empathy

Empathy may be subjective, interpersonal, or objective.

“Subjective empathy enables a counselor to momentarily experience what it is like to be a client, interpersonal empathy relates to understanding a client’s phenomenological experiencing, and objective empathy uses reputable knowledge sources outside of a client’s frame of reference”.

In therapeutic situations, empathy is primarily the counselor’s ability to feel with clients and convey this understanding back to them. This may be done in multiple ways but, essentially, empathy is an attempt to think with, rather than for or about, the client and to grasp the client’s communications, intentions, and meanings.

Rogers noted, “The research keeps piling up and it points strongly to the conclusion that a high degree of empathy in a relationship is possibly the most potent and certainly one of the most potent factors in bringing about change and learning”





# Unconditional positive regard

Unconditional positive regard, also known as acceptance, is a deep and genuine caring for the client as a person—that is, prizing the person just for being (Rogers, 1961, 1980).

Rogers believed that in order for people to discover the reasons behind their personal struggles and then take steps to grow, the therapist should show them unconditional positive regard.

It involves showing complete support and acceptance of a person no matter what that person says or does.

The therapist accepts and supports the client, no matter what they say or do, placing no conditions on this acceptance. That means the therapist supports the client, whether they are expressing "good" behaviors and emotions or "bad" ones.



# Congruence

Congruence is the condition of being transparent in the therapeutic relationship by giving up roles and facades. It is the “counselor’s readiness for setting aside concerns and personal preoccupations and for being available and open in relationship with the client”.

Person-centered counselors have tried a number of other procedures for working with clients, such as limited self-disclosure of feelings, thoughts, and values.

## Congruence VS. Incongruence

### Congruence

- ▶ When a person's ideal self is consistent to their actual experiences



### Incongruence

- ▶ When a person's ideal self is not consistent with what happens in their life





# Motivational interviewing

Motivational interviewing is a counseling approach designed to help people find the motivation to make a positive behavior change.

Motivational interviewing (MI) has also grown out of the person-centered approach and has been used to help ambivalent clients more clearly assess their thoughts and feelings as they contemplate making changes.

“Typically MI is differentiated from Rogers’s style in that MI is directive, attending to and reinforcing selective change talk regarding the presenting behavioral problem”.

At the heart of person-centered counseling, regardless of procedures, is that clients grow by experiencing themselves and others in relationships.

# STRENGTHS

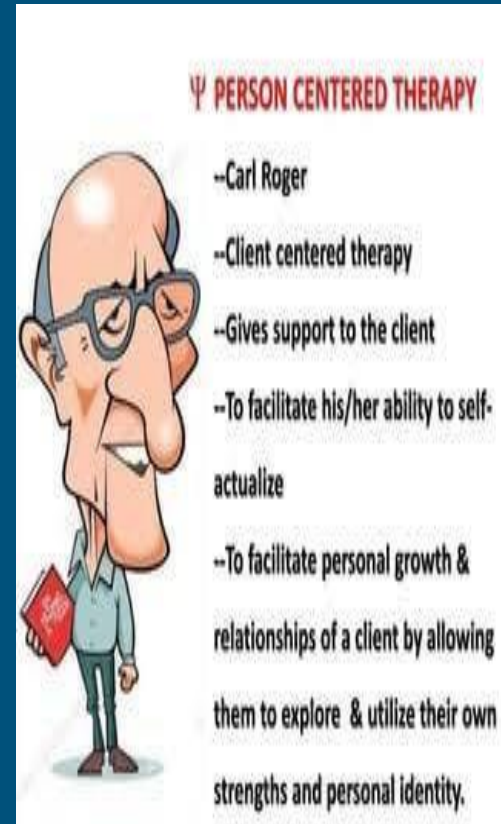
The approach revolutionized the counseling profession by linking counseling with psychotherapy and demystifying it by making audiotapes of actual sessions and publishing actual transcripts of counseling sessions.

The person-centered approach to counseling is applicable to a wide range of human problems, including institutional changes, labor-management relationships, leadership development, career decision making, and international diplomacy.

Person-centered counseling helps improve psychological adjustment, learning, and frustration tolerance and decrease defensiveness.

It is appropriate in treating mild to moderate anxiety states, adjustment disorders, and conditions not attributable to mental disorders, such as uncomplicated bereavement or interpersonal relations (Seligman, 2004).

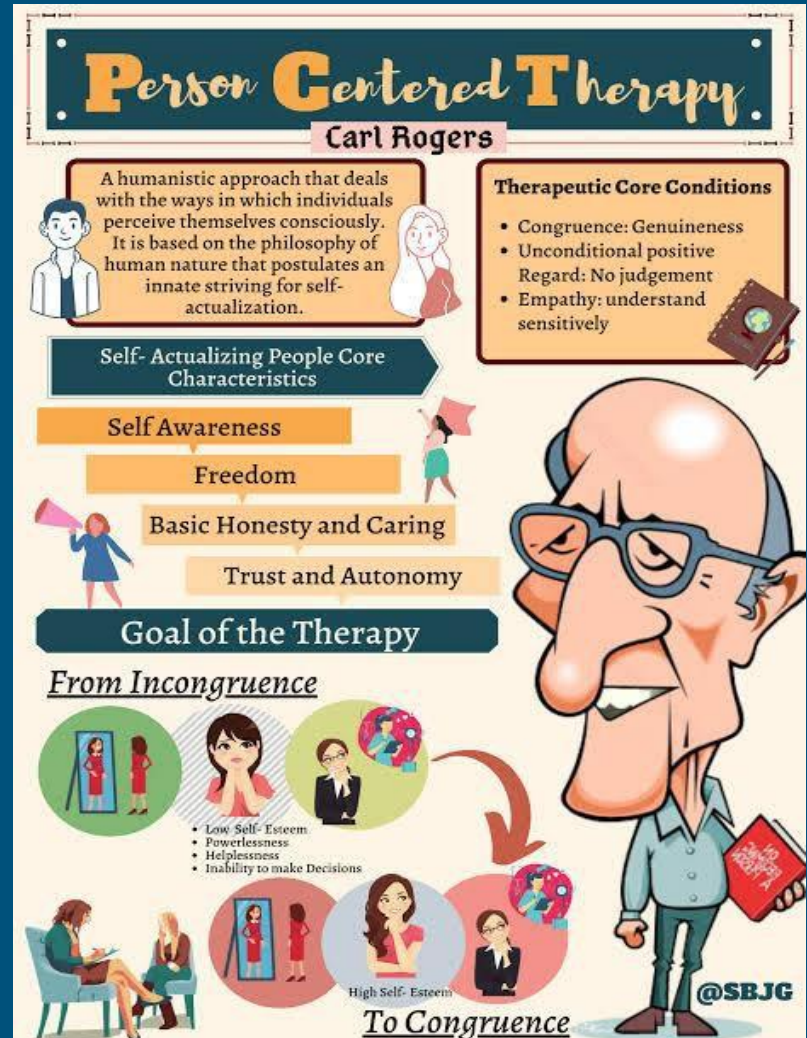
- The person-centered approach may be especially helpful in working with clients who have experienced tragedies since it allows them “to struggle through emotions and actually become less affected in time by fully realizing feelings related to the tragedies”.
- The approach focuses on the open and accepting relationship established by counselors and clients and the short-term nature of the helping process.
- With its emphasis on mastering listening skills, person-centered counseling is a foundation for training many paraprofessional helpers.
- The approach has a positive view of human nature and it continues to evolve.



# LIMITATIONS

The approach may be too simplistic, optimistic, leisurely, and unfocused for clients in crisis or who need more structure and direction.

- The approach depends on bright, insightful, hard-working clients for best results. It has limited applicability and is seldom employed with the severely disabled or young children.
- The approach ignores diagnosis, the unconscious, developmental theories, and innately generated sexual and aggressive drives. Many critics think it is overly optimistic.
- The approach deals only with surface issues and does not challenge the client to explore deeper areas. Because person-centered counseling is short term, it may not make a permanent impact on the person.
- The approach is more attitudinal than technique-based. It is void of specific techniques to bring about client change (Moon, 2007).



# RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT)



## RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT)

First Cognitive Behavior Therapy (CBT) developed by Albert Ellis and currently a common approach in CBT.



Albert Ellis

Image Source: Wikipedia & Google

### ABC Framework

- A** Activating Event or Triggering Adversity
- B** One's belief that causes 'C' because of 'A'.
- C** Healthy/Unhealthy Reaction
- D** Methods to help challenge Irrational Beliefs
- E** New Effective Philosophy or Thoughts

### Goals of REBT

Unconditional Self-Acceptance

Unconditional Other-Acceptance

Unconditional Life-Acceptance

### Cognitive Techniques

- ✓ Disputing Irrational Beliefs
- ✓ Cognitive Assignments
- ✓ Bibliotherapy
- ✓ Changing word preferences
- ✓ Psychoeducational Methods

### Emotive Techniques

- ✓ Rational Emotive Imagery
- ✓ Humor
- ✓ Role Playing
- ✓ Shame Attacking Exercises
- ✓ Behavioral Techniques





# FOUNDERS/DEVELOPERS

The founder of rational emotive behavioral therapy (REBT) is Albert Ellis (1913-2007).

His theory has similarities to Aaron Beck's cognitive therapy (which was formulated independently at about the same time) and David Burns's new mood therapy.

An interesting variation on REBT is rational behavior therapy (RBT), which was formulated by Maxie Maultsby and is more behavioral.

## REBT

### RATIONAL EMOTIVE BEHAVIOR THERAPY

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#### WHAT IS REBT

We being a human operates on three things – emotions, behaviors, and thinking. You believe that when you think you act as a response of that thought, or either your thought generates your emotional reaction. Most of us believe that these their components (emotions, behaviors, and thinking) do not go in response to any event. But actually, in any situation we think, behave and emotionally analyses that situation.

This REBT concept was given by Albert Ellis in 1953 that – emotions, behaviors, and thinking are not disparate human emotions but they work in an integrative and holistic manner.



#### REBT TERMS & EMOTIONAL DISTURBANCE

REBT Terms :  
Rational Beliefs | Irrational Beliefs | Healthy Negative Feelings | Unhealthy Negative Feelings

ABC Theory of Emotional Disturbance :  
A – ACTIVATING EVENT  
B – BELIEF SYSTEM  
C – CONSEQUENCES



#### REBT CONSEQUENCES & BELIEFS

REBT Consequences :  
Major Unhealthy Negative Emotions  
Major Self-Defeating Behaviors

REBT Beliefs :  
Awfulizing | I can't stand it | Overgeneralizing | Jumping to the conclusion | Focusing on the negatives | Disqualifying the positives | Minimizing the good things | Personalizing | Phoneyism | Perfectionism |



#### REBT TECHNIQUES & INTERVENTION

1 - Cognitive Techniques :  
Disputing | Rational Coping Statements | Modeling | Referencing | Cognitive Homework | Bibliotherapy | Reframing | Recording Therapy Sessions |

2 - Behavior Techniques :  
Reinforcement | Penalties | Modeling | Shame Attacking exercises | Skill Training | Paradoxical Homework | Relapse Prevention | In vivo desensitization | Staying | Acting |

3 - Emotive Techniques



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# VIEW OF HUMAN NATURE

Ellis believes that people have both **selfinterest** and **social interest**. However, REBT also assumes that people are “**inherently rational and irrational, sensible and crazy**”. According to Ellis, this latter duality is biologically inherent and perpetuated unless a new way of thinking is learned.

Irrational thinking, or as Ellis defines it, irrational Beliefs (iBs), may include the invention of upsetting and disturbing thoughts. Ellis thinks that children are more vulnerable to outside influences and irrational thinking than adults are. By nature, he believes, human beings are gullible, highly suggestible, and easily disturbed. Overall, people have within themselves the means to control their thoughts, feelings, and actions, but they must first realize what they are telling themselves (self-talk) to gain command of their lives.

This is a matter of personal, conscious awareness. The unconscious mind is not included in Ellis’s conception of human nature. Ellis believes it is a mistake for people to evaluate or rate themselves beyond the idea that everyone is a fallible human being.

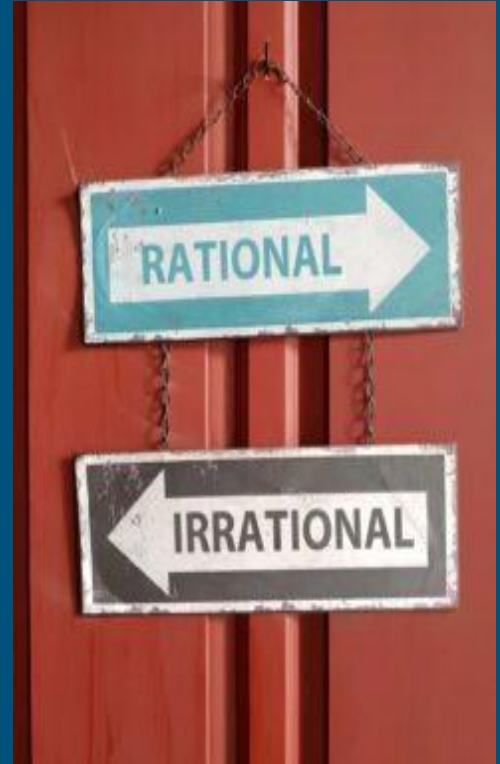


# ROLE OF THE COUNSELOR

In the REBT approach, counselors are **active and direct**. They are **instructors who teach and correct the client's cognitions**.

“Countering a deeply ingrained belief requires more than logic. It requires consistent repetition”. Counselors must **listen carefully for illogical or faulty statements from their clients and challenge beliefs**.

Ellis (1980) and Walen have identified several characteristics desirable for REBT counselors. They need to be **bright, knowledgeable, empathetic, respectful, genuine, concrete, persistent, scientific, interested in helping others**, and users themselves of REBT.



# GOALS

The primary goals of REBT focus on helping people realize that they can live more rational and productive lives. REBT helps clients stop making demands and becoming upset through catastrophizing. REBT helps people learn how to recognize an emotional anatomy—that is, to learn how feelings are attached to thoughts. REBT also encourages clients to be more tolerant of themselves and others and urges them to achieve personal goals.

Clients in REBT may express some negative feelings, but a major goal is to help them avoid having more of an emotional response to an event than is warranted.

The goal of REBT is to help people change self-defeating habits of thought or behavior. One way this is accomplished is through teaching clients the A-B-C-D-E model of REBT: A signifies the activating experience;

B represents how the person thinks about the experience;

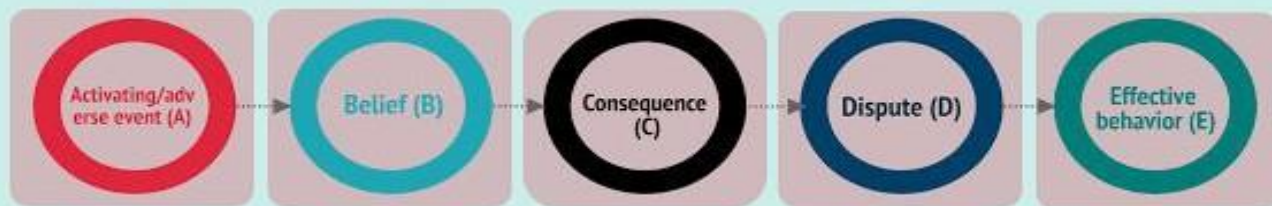
C is the emotional reaction to B.

D is disputing irrational thoughts, usually with the help of a REBT counselor, and replacing them with

E effective thoughts and hopefully a new personal philosophy that will help clients achieve great life satisfaction

Thoughts about experiences may be characterized in four ways: positive, negative, neutral, or mixed.

These goals are accomplished by helping people learn to think rationally, to change self-defeating behavior and beliefs, to learn new ways of acting.





# Techniques

REBT encompasses a number of diverse techniques. Two primary ones are **teaching** and **disputing**.

Teaching involves having clients learn the basic ideas of REBT and understand how thoughts are linked with emotions and behaviors. This procedure is didactic and directive and is generally known as rational emotive education (REE).

Disputing thoughts and beliefs takes one of three forms: cognitive, imaginal, and behavioral. The process is most effective when all three forms are used.

**Cognitive disputation** involves the use of direct questions, logical reasoning, and persuasion.

**Imaginal disputation** uses a client's ability to imagine and employs a technique known as rational emotive imagery (REI) (Maultsby, 1984).

**Behavioral disputation** involves behaving in a way that is the opposite of the client's usual way, including role-playing and the completion of a homework assignment in which a client actually does activities previously thought impossible to do. Sometimes behavioral disputation may take the form of bibliotherapy, in which clients read selfhelp books such as *A Guide to Rational Living* or *Staying Rational in an Irrational World*.

# Strengths

The approach is clear, easily learned, and effective. Most clients have few problems in understanding the principles or terminology of REBT.

- The approach can easily be combined with other behavioral techniques to help clients more fully experience what they are learning.
- The approach is relatively short term, and clients may continue to use the approach on a self-help basis.
- The approach has generated a great deal of literature and research for clients and counselors. Few other theories have developed as much bibliotherapeutic material.
- The approach has continued to evolve over the years as techniques have been refined.
- The approach has been found effective in treating major mental health disorders such as depression and anxiety

## REBT Therapy



# Limitations

- The approach cannot be used effectively with individuals who have mental problems or limitations, such as schizophrenics and those with severe thought disorders.
- The approach may be too closely associated with its founder, Albert Ellis. Many individuals have difficulty separating the theory from Ellis's eccentricities.
- The approach is direct, and the potential for the counselor being overzealous and not as therapeutic as would be ideal is a real possibility.
- The approach's emphasis on changing thinking may not be the simplest way of helping clients change their emotions.



# COGNITIVE BEHAVIORAL THERAPY



CBT is a type of **talking therapy**, focusing on the relationship between thoughts, feelings & behaviours



"Cognitions" are our **thoughts**  
"Behaviours" are **what we do**



CBT helps us identify which thoughts & behaviours might be **helpful or unhelpful** in our situations

## What is Cognitive Behavioural Therapy?

@thelondonpsych



It often involves doing **tasks outside of the sessions** to help you learn new skills



CBT is usually focused on the **present**, although you might also talk about the past



**Research** has found that CBT can help with issues like anxiety, depression, OCD & trauma

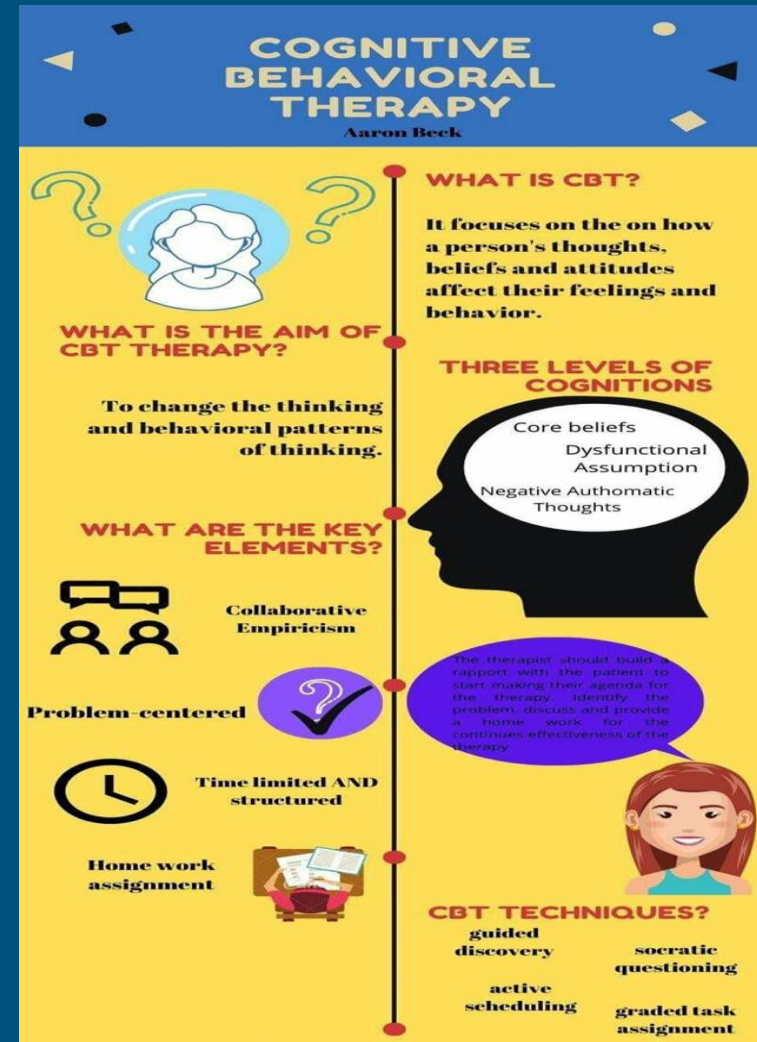
Aaron Beck (1921-), a psychiatrist, is credited as the founder of cognitive therapy (CT). His daughter, Judith Beck, is the leading proponent of CT today. Beck's early work began about the same time as that of Ellis.

CBT is a common type of collaborative talk therapy that helps the client become aware of inaccurate or negative thinking so you can view more

challenging situations and clearly in a respond to

# VIEW OF HUMAN NATURE

Beck proposes that perception and experience are —“active processes that involve both inspective and introspective data”. Furthermore, how a person “apprises a situation is generally evident in his cognitions (thoughts and visual images)”. Therefore, dysfunctional behavior is caused by dysfunctional thinking. If beliefs do not change, there is no improvement in a person’s behaviors or symptoms. If beliefs change, symptoms and behaviors change.





## ROLE OF THE COUNSELOR

The CT counselor is active in sessions. He or she works with the client to make covert thoughts more overt.

This process is especially important in examining cognitions that have become automatic, such as “Everyone thinks I’m boring.”

## GOALS

The goals of CT center on examining and modifying unexamined and negative thoughts.

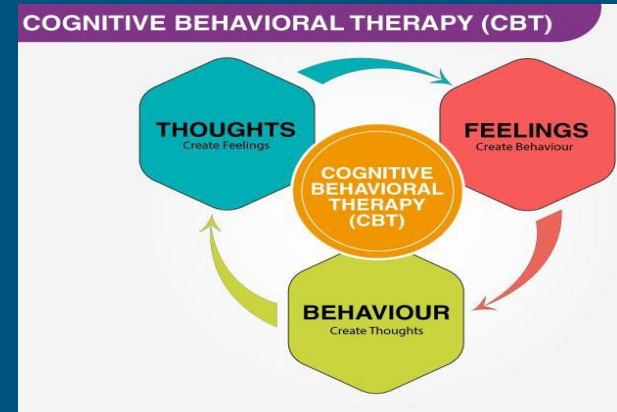
CT counselors especially hone in on excessive cognitive distortions, such as all-or-nothing thinking, negative prediction, overgeneralization, labeling of oneself, self-criticism, and personalization (i.e., taking an event unrelated to the indiv



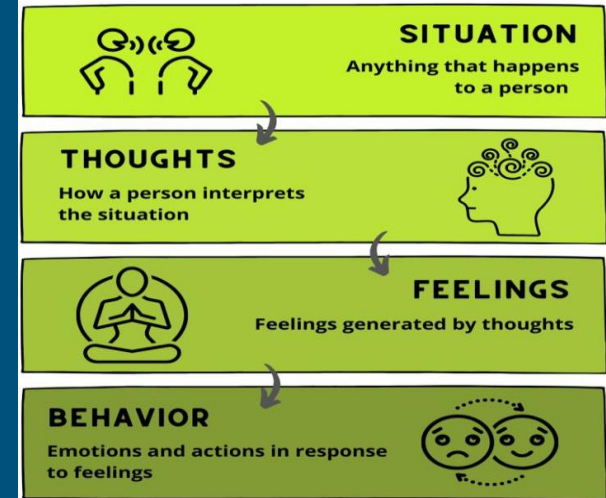
# Techniques

There are a number of techniques associated with CT:

- Challenging the way individuals process information
- Countering mistaken belief systems (i.e., faulty reasoning)
- Doing self-monitoring exercises designed to stop negative “automatic thoughts”
- Improving communication skills
- Increasing positive self-statements and exercises
- Doing homework, including disputing irrational thoughts



## THE COGNITIVE MODEL





# STRENGTHS

- CT has been adapted to a wide range of disorders, including depression and anxiety.
- — CT has spawned, in conjunction with cognitive-behavioral therapy, dialectical behavior therapy, an intensive psychosocial treatment for individuals who are at risk for self-harm, such as people diagnosed with borderline personality disorder (BPD). The objective is to help clients be more mindful and accepting of things that cannot be easily changed and live lives worth living.
- CT is applicable in a number of cultural settings. For instance, Beck's model of cognitive therapy was introduced in China in 1989 and a variation of it has been popular there since.
- CT is a well-researched, evidence-based therapy that has proven effective for clients from multiple backgrounds.
- CT has spawned a number of useful and important clinical instruments including the Beck Anxiety Inventory, the Beck Hopelessness Scale, and the Beck Depression Scale.
- CT has a number of training centers around the United States and Europe including the Beck Institute in Bala Cynwyd, Pennsylvania.

# CBT

cognitive behavioral  
therapy  
thoughts, emotions,  
behaviors

*A form of psychotherapy that focuses on how a person's thoughts, beliefs, and attitudes affect their feelings and behaviors.*

**BASED ON BELIEFS:**

- ✓ Unhelpful ways that people think can lead to psychological problems
- ✓ If people learn unhelpful behaviors can also lead to psychological issues
- ✓ People can learn more beneficial ways of thinking and behaving
- ✓ New habits can relieve symptoms of mental and physical conditions and allow people to act in better ways

**Learning Tools:**

- / Sessions
- / Feedback
- / Role-play act.
- / Ways to calm mind & body
- / Exposure to fear
- / Assignments
- / Diary/Journal

**SUPPORTS PEOPLE WITH:**

- ☐ Depression
- ☐ Panic Disorder
- ☐ Insomnia
- ☐ Eating Disorder
- ☐ Generalised Anxiety Disorder

**How does it work?**

- / Focuses on present thoughts and beliefs
- / Transform ways of thinking and behaving
- / Challenging automatic thoughts and comparing with reality
- / Reduces stress
- / Helps to feel more in control
- / Reduce risk of a negative mood



# LIMITATIONS


- CT is structured and requires clients to be active, which often means completing homework assignments.
- CT is not an appropriate therapy for people seeking a more unstructured, insight-oriented approach that does not require their strong participation.
- CT is primarily cognitive in nature and not usually the best approach for people who are intellectually limited or who are unmotivated to change.
- CT is demanding. Clinicians as well as clients must be active and innovative. The approach is more complex than it would appear on the surface.

## WHAT I NEED TO KNOW ABOUT CBT?

"A guide to help people experiencing mental health problems"

### COGNITIVE BEHAVIORAL THERAPY





- CBT focuses on the present-day challenges, thoughts, and behaviors of a person. It is time limited, person knows and aware when it will end.
- Collaborative



Month 30

### What I need to know about CBT?

- A psychotherapy that focuses on how a person's thoughts, beliefs, and attitudes affect their feelings and behaviors.
- Offer support with people suffers from health conditions.





### You will learn...

- Identify and distinguish negative and positive thoughts.
- Develop positive perspectives.
- Awareness to yourself

THROUGH:

1. One on one or group session.
2. Exposure that can cause fears.
3. Feedback and positive outlook skills


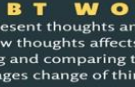


### CBT treat...

- Depression
- Stress
- Phobia
- Anger
- Panic Disorder

### HOW CBT WORKS?

- Focus on present thoughts and beliefs.
- Awareness how thoughts affects behaviors.
- Challenging and comparing thoughts.
- Encourages change of thinking.



# Groups in Counseling

Working in groups is a counseling activity that is often effective in helping individuals resolve personal and interpersonal concerns. Organized groups make use of people's natural tendency to gather and share thoughts and feelings as well as work and play cooperatively. "Groups are valuable because they allow members to experience a sense of belonging, to share common problems, to observe behaviors and consequences of behaviors in others, and to find support during self-exploration and change."

Jacob L. Moreno, who introduced the term group psychotherapy into the counseling literature in the 1920s and began psychodrama as a therapeutic approach to counseling;

<p><b>Psychodrama</b></p> <p>Jacob L. Moreno, a Viennese psychiatrist, is credited as the originator of <u>psychodrama</u>.</p> <p>In psychodrama, members enact unrehearsed role-plays, with the group leader or other members as group members and the protagonist's play, give feedback to the protagonist as members</p>	<p><b>Encounter groups</b> emerged from T-groups in an attempt to focus on the growth of individual group members rather than the group itself. They were intended for “normally functioning” people who wanted to grow, change, and develop</p>	<p><b>T-group</b></p> <p>The first T-group (the T stands for training) was conducted at the National Training Laboratories (NTL) in Bethel, Maine, in 1946. Members of such groups are likely to learn from the experience how one's behavior in a group influences others' behavior and vice versa. T-groups are similar to some forms of family counseling in which the emphasis is on both how the system operates and how an individual within the system functions.</p>
<p>of particular the audience, or do both. <u>Support groups</u> are established by professionals but focus on helping organizations or individuals</p>	<p><b>Group marathon</b> is an extended, one-session group experience that breaks down defensive barriers that individuals may otherwise use. It usually lasts for a minimum of 24 hours. Frederick Stoller and George Bach pioneered the concept in the 1960s. Group marathons have been used successfully in working with substance abusers in rehabilitation programs and well-functioning individuals in other group counseling settings.</p>	
	<p>Self-help groups usually develop spontaneously, center on a single topic, and are led by a layperson with little formal group training but with experience in the stressful event that brought the group together. Self-help groups can be either short or long term, but they basically work to help</p>	

# Myths about Groups

- They are artificial and unreal.
- They are second-rate structures for dealing with problems.
- They force people to lose their identity by tearing down psychological defenses. They become emotional and spill their guts. They have to confront touchy-brainwash, feely, and participants. hostile; they

# Therapeutic factors

- Instillation of hope
- Universality (i.e., the realization that one is not alone, unique, or abnormal)
- Imparting of information about mental health, mental illness
- Altruism
- Corrective recapitulation of the primary family group (i.e., reliving early family conflicts and resolving them)
- Development of socializing techniques (i.e., interacting with others and learning social skills as well as more about oneself in social situations)
- Imitative behavior (i.e., modeling positive actions of other group members)
- Interpersonal learning (i.e., gaining insight and correctively working through past experiences)
- Group cohesiveness (i.e., bonding with other members of the group)
- Catharsis (i.e., experiencing and expressing feelings)
- Existential factors (i.e., accepting responsibility for one's life in basic isolation from others, recognizing one's own mortality and the capriciousness of existence)

**Psychoeducational groups**, sometimes known as **guidance groups** or **educational groups**, are preventive and instructional. Their purpose is often to participate in how to deal with a potential threat (such as catching the flu), a developmental life event (such as growing older), or an immediate life crisis (such as the death of a loved one).

**Psychotherapy groups**, sometimes known as **personality reconstruction groups**, are set up to help individual group members remediate in-depth psychological problems. They have been found to be a highly effective form of psychotherapy that is at least as equal to individual psychotherapy in their power to provide meaningful benefits, such as relationships, sharing, communicating, and nurturing.

**Counseling groups**, sometimes known as interpersonal problem-solving groups, seek “to help group participants to resolve the usual, yet often difficult, problems of living through interpersonal support and problem solving. An additional goal is to help participants develop interpersonal problem-solving competencies so they may be better able to handle future problems.

**Task/work groups** help members apply the principles and processes of group dynamics to improve practices and accomplish identified work goals. “The task/work group specialist is able to assist groups such as task forces, committees, planning groups, community organizations, discussion groups, study circles, learning groups, and other similar groups to correct or develop their functioning”



**TABLE 9.2 Four Types of Groups**

Type	Focus	Setting	Outcome
1. Psychoeducational (Guidance)	instructional (cognitive)	educational/work	direct learning skill acquisition
2. Counseling	interpersonal problem-solving (affective)	outpatient nonsevere	indirect learning
3. Psychotherapy	personality-reconstruction	outpatient severe	remediation in-depth psychological problems
4. Task/Work	identify/improve work goals	work	accomplish objectives

**Four main factors when selecting a theory:**

- Personal experience,
- Consensus of experts,
- Prestige,
- Verified body of knowledge.



# Stages in Groups: Designed by Tuckman(1965)

**Forming :** Members express anxiety and dependency and talk about nonproblematic issues. One way to ease the transition into the group at this stage is to structure it so that members are relaxed and sure of what is expected of them.

**Storming:** Group members seek to establish themselves in the hierarchy of the group and deal successfully with issues concerning anxiety, power, and future expectations.

**Norming:** Goals and ways of working together are decided on.

**Performing:** This stage is sometimes combined with the storming stage, but whether it is combined or not, it is followed by performing/working, which parallels adulthood in a developmental sense. In the performing stage, group members become involved with one another and their individual and collective goals. This is the time when the group, if it works well, is productive.

**Mourning/termination stage:** The group comes to an end, and members say good-bye to one another and the group experience. In termination, members feel either fulfilled or bitter. Sometimes there is a celebration experience at this point of the group; at a minimum, a closure ceremony almost always takes place.

# Issues that potential participants should clarify before they enroll in a group

- A clear statement of the group's purpose
- A description of the group format, ground rules, and basic procedures
  - A statement about the educational and training qualifications of the group leader(s)
  - A pregroup interview to determine whether the potential group leader and members are suited for one's needs at the time
  - A disclosure about the risks involved in being in a group and the members' rights and responsibilities
  - A discussion about the limitations of confidentiality and the roles group leaders and participants are expected to play within the group setting

**TABLE 9.3** Characteristics of the Five Group Stages

Forming	Storming	Norming	Performing/ Working	Mourning/ Termination
<p><b>Characterized</b> by initial caution associated with any new experience; attempt to avoid being rejected by others.</p> <p><b>Peer relationships:</b> group members tend to be superficial and center conversation around historical or future events that do not have a direct impact on the group.</p> <p><b>Task processing:</b> dealing with apprehension; reviewing members' goals and contracts; specifying more clearly or reiterating group rules; setting limits; promoting positive interchange among members so they will want to continue.</p> <p><b>Useful procedures:</b> joining, linking, cutting off, drawing out and clarifying purpose.</p>	<p><b>Characterized</b> by a time of conflict and anxiety; group moves from primary to secondary tension; attempt to balance between too much and too little tension.</p> <p><b>Peer relationships:</b> group members tend to be more anxious in their interactions with one another; concern for power is prevalent.</p> <p><b>Task processing:</b> concentration on direct objectives diminishes; a healthy "pause" takes place; scapegoating might take place.</p> <p><b>Useful procedures:</b> leveling, feedback, informal and formal feedback.</p>	<p><b>Characterized</b> by a feeling of "Wenness" that comes when individuals feel that they belong to the group; often enthusiasm and cooperation at this time.</p> <p><b>Peer relationships:</b> identification with others in the group; hope, cooperation, collaboration, cohesion.</p> <p><b>Task processing:</b> members must agree on the establishment of norms from which to operate the group; groups accept both prescriptive and proscriptive norms; importance of commitment is stressed during this time.</p> <p><b>Useful procedures:</b> supporting, empathizing, facilitating, self-disclosure.</p>	<p><b>Characterized</b> by a focus on the achievement of individual and group goals and the movement of the group into a more unified and productive system.</p> <p><b>Peer relationships:</b> genuine concern on a deep, personal level by members for one another; greater willingness to self-disclose on the part of members; increased awareness in the group about individual participants and the world of each person.</p> <p><b>Task processing:</b> major emphasis on productivity whether the results are tangibly visible or not; maintenance of interpersonal relationships must be attended to and balanced with productivity.</p> <p><b>Useful procedures:</b> modeling, exercises, group observing group, brainstorming, nominal-group technique, synectics, written projections, group processing, teaching skills.</p>	<p><b>Characterized</b> by participants coming to know themselves on a deeper level; primary activities in termination—reflect on past experiences, process memories, evaluate what was learned, acknowledge ambivalent feelings, engage in cognitive decision making</p> <p><b>Peer relationships:</b> feelings of empathy, compassion, and care abound; participants relate to one another on a deep and sometimes emotional level; feelings of warmth and sorrow often occur simultaneously.</p> <p><b>Task processing:</b> major emphasis on promoting a successful end to the group and relationships in the group; consolidation of gains; finding of meaning in group; making decisions for new ways of behaving; preparation for a new beginning after group ends.</p> <p><b>Useful procedures:</b> summarization, rounds, dyads, written reactions, rating sheets, homework, time limits, capping skills, and modeling.</p>

# Issues in Groups

- **Selection and Preparation of Group Members**

During a pregroup interview group members should be selected whose needs and goals are compatible with the established goals of the group. These are members who will not impede the group process, and whose well-being will not be jeopardized by the group experience. Research indicates that pregroup training, in which members learn more about a group and what is expected of them, provides important information for participants and gives them a chance to lower their anxiety.

- **Group Size and Duration**

A group's size is determined by its purpose and preference. A generally agreed-on number is 6 to 8 group members, although Gazda (1989) notes that if groups run as long as 6 months, up to 10 people may productively be included. Corey (2016) states, "For ongoing groups with adults, about eight members with one leader seems to be a good size. Groups with children may be as small as three or four.

- **Open-Ended versus Closed Groups**

Open-ended groups admit new members after they have started; closed groups do not. Lynn and Frauman (1985) point out that open-ended groups are able to replace lost members rather quickly and maintain an optimal size. Many long-term outpatient groups are open ended.

Confidentiality Groups function best when members feel a sense of confidentiality—that is, what has been said within the group setting will not be revealed outside. To promote a sense of confidentiality and build trust, a group leader must be active.

- **Physical Structure**

The setting where a group is conducted is either an asset or a liability. Terres and Larrabee (1985) emphasize the need for a physical structure (a room or a setting) that ensures the safety and growth of group members. Groups within schools and community agencies need to be conducted in places that promote the well-being of the group. The furnishings of the space (attractive) and the way the group is assembled (preferably in a circle) can facilitate the functioning of the group.

- **Co-Leaders**

It is not necessary for groups to have co-leaders (two leaders), but such an arrangement can be beneficial to the group and the leaders, especially if the group is large (more than 10 members). With co-leaders, one leader can work with the group while the other monitors the group process. A co-leader arrangement may also be beneficial when an inexperienced leader and experienced leader are working together. In such a setup, the inexperienced leader can learn from the experienced one.

- **Self-Disclosure**

Shertzer and Stone (1981) define self-disclosure as “here and now feelings, attitudes, and beliefs” (p. 206). The process of self-disclosure is dependent on the trust that group members have for one another. If there is high trust, greater self-disclosure will ensue.

- **Feedback**

It is a multidimensional process that consists of group members' responding to the verbal messages and nonverbal behaviors of one another. It is one of the most important and abused parts of any group experience. When feedback is given honestly and with care, group members can gauge the impact of their actions on others and attempt new behaviors.

criteria for feedback evaluation. Some of their important recommendations are:

- Feedback should be beneficial to the receiver and not serve the needs of the giver.
- Feedback is more effective when it is based on describable behavior.

In the early stages of group development, positive feedback is more beneficial and more readily accepted than negative feedback.

- Feedback is most effective when it immediately follows a stimulus behavior and is validated by others.
- Feedback is of greater benefit when the receiver is open and trusts the giver.

- **Follow-Up**

It is keeping in touch with members after the group has terminated to determine how well they are progressing on personal or group goals. Often group leaders fail to conduct proper follow-up. This failure is especially prevalent in short-term counseling groups or groups led by an outside leader (Gazda, 1989).

Follow-up helps group members and leaders assess what they gained in the group experience and allows the leader to refer a group member for help, if appropriate.

# Qualities of effective leaders

1. Caring—the more, the better
  2. Meaning attribution—includes clarifying, explaining, and providing a cognitive framework for change
  3. Emotional stimulation—involves activity, challenging, risk taking, self-disclosure
  4. Executive function—entails developing norms, structuring, and suggesting procedures
-