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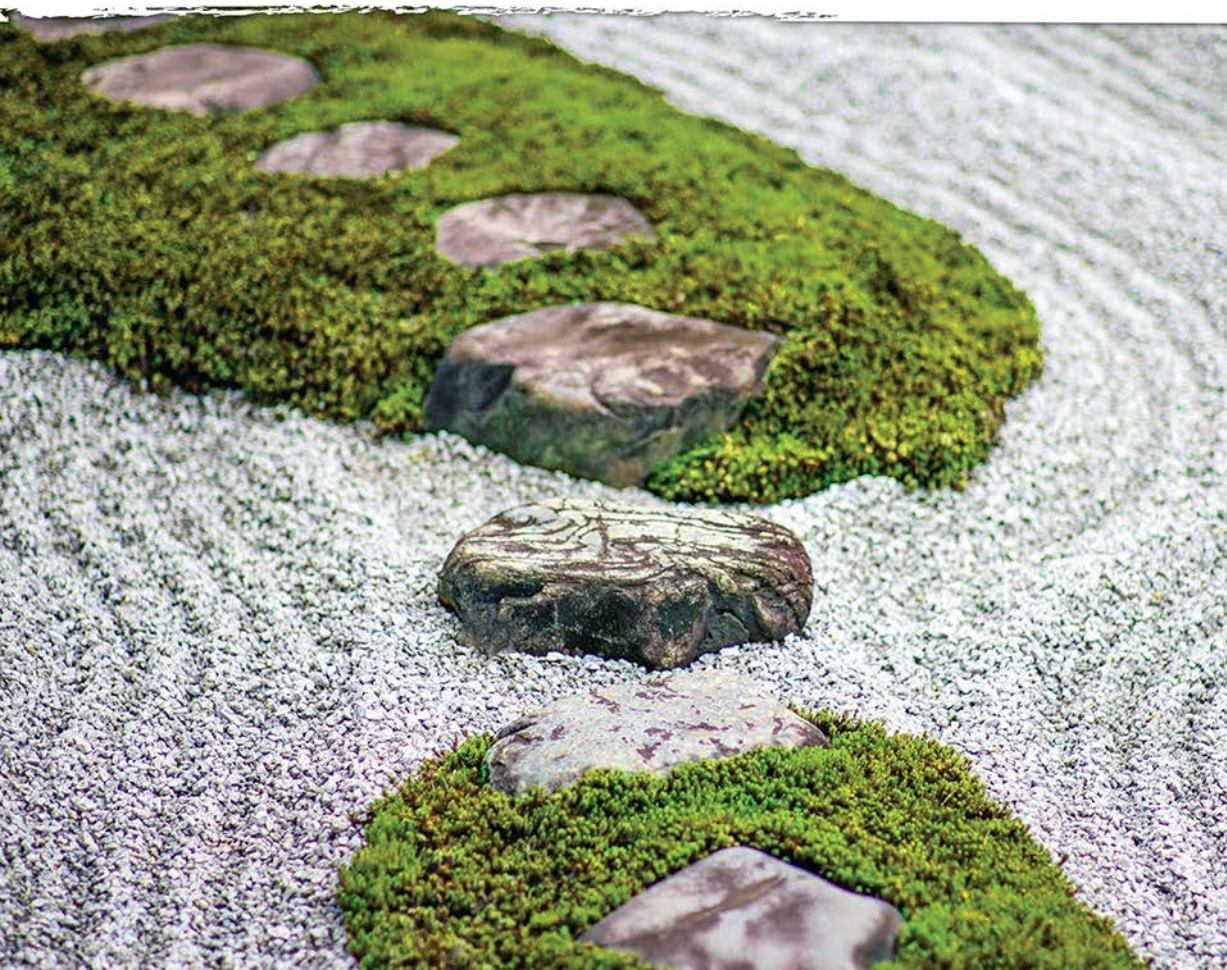
6TH EDITION

LEARNING THE ART OF HELPING
Building Blocks and Techniques

MARK E. YOUNG



Learning the Art of Helping

Building Blocks and Techniques

Sixth Edition

Mark E. Young
University of Central Florida

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ABOUT THE AUTHOR

Mark E. Young is Professor at the University of Central Florida. He received his bachelor's degree from Miami University, his master's from Wright State University, and his doctorate from Ohio University. He has trained helpers for more than 25 years and worked as a therapist in community mental health, private practice, college counseling centers, and corrections for more than 15 years. Since 2003 he has been affiliated with the Marriage and Family Research Institute teaching relationship skills to low-income couples. His professional writing has focused mainly on therapeutic methods and techniques, wellness, and couples. If you have comments or suggestions on what you have read, please send an e-mail to *meyoung3000@gmail.com*.

PREFACE

HOW IS THIS BOOK DIFFERENT FROM OTHER BOOKS ABOUT HELPING SKILLS?

This book is unique in five ways. First, it is based on lessons learned through years of practice and supervision. I have tried to infuse what I learned from my clients, my students, and my teachers about the practical aspects of helping. For example, we will talk about what a therapeutic office environment should look like and how to appropriately terminate a client. My work with students has helped me understand the common problems in learning the art of helping and how to overcome them.

Second, the most important innovation of this book is that it involves you personally in your learning. Throughout the book you are asked to "Stop and Reflect," to consider thorny issues and challenges that you will face. If you wish, you can journal using Journal Starters or do outside homework to deepen your interaction with the material. In addition, you will have the opportunity to practice on your own by watching videos of helpers and clients and then identify the best helping responses. Every chapter contains Application Exercises in which you can follow the steps of a particular technique and get feedback on your answers.

Third, this book emphasizes that the relationship between helper and client is the most powerful ingredient for success. The relationship (Vitamin R) potentiates all the basic techniques that you will learn. If you and the client are on the same wavelength, progress is possible. When the relationship fails, the helping process falters. In this book, I talk about how to develop a therapeutic relationship and how to repair ruptures that threaten it.

Fourth, I have tried to incorporate the latest research on effective treatments. Staying close to the research can be called "evidence-based practice." At the same time, we must recognize that there is such a thing as clinical wisdom or "practice-based evidence." Not every method, technique, or client problem has been researched or even discovered. Thus the helper-in-training needs to learn from his or her clients about what is working for that specific person. I suggest that in every session, the helper should elicit feedback from the client about the relationship and progress toward goals.

Finally, this is a book with an integrative perspective. That means that I have drawn from the techniques of many different theories rather than presenting a purely person-centered or cognitive behavioral approach. At first this may sound like chaos. How can we possibly learn to arrange treatment by blending so many competing theories? In this text, we do not blend theories but instead take a common factors approach to organizing the techniques using the REPLAN method. Common factors are those therapeutic effects that underlie the various theories. REPLAN is an acronym that describes each of the healing factors. R stands for establishing and maintaining a therapeutic Relationship, E is Enhancing efficacy and self-esteem, P means Practicing new behaviors, L is Lowering and raising emotional arousal, A is Activating expectations, hope, and motivation, and N is providing New learning experiences. Every theory emphasizes one or more of these common factors and even advanced therapeutic techniques tend to fall into one of these categories. We have found that categorizing the techniques in this way provides a rational basis for deciding what kind of help the client

needs. Is it important to raise self-esteem or practice new behaviors? This forms the skeleton of our treatment plan and is guided by the goals that are collaboratively formed between helper and client. This approach can incorporate both time-honored methods and cutting-edge techniques.

WHAT IS NEW IN THE SIXTH EDITION?

- The Sixth Edition of *Learning the Art of Helping* has additional coverage of cultural issues. Throughout the book are new *Culture Check* sections that highlight issues of culture in research and in personal experiences as they relate to helping skills.
- In addition, Chapter 12 focuses specifically on learning to help those who are culturally different from you.
- For the first time, we have identified helping skills you should develop when you work with children.
- We address the issue of gender differences and how they can challenge the helping relationship.
- The book now includes two new self-assessment tools to help you evaluate recorded sessions or transcripts. They are the Helper Competency Scale, which assesses the basic skills, and the Depth Scale, which looks at the depth of helper responses.
- In addition to the end of chapter activities, such as homework, activities, exercises, self-assessments, and journal starters, we now identify specific points of practice where you can watch a video of the skill you are learning or complete written exercises and receive feedback on your answers. You can now access these ancillary materials at the same time you are reading about them.

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In my own journey, there have been many who have taught and inspired me to be a better person and a better helper. I must acknowledge my teachers Rajinder Singh, J. Melvin Witmer, Harry Dewire, and James Pinnell, my first supervisor, who took me as a raw recruit in a mental health clinic, sacrificing his time and talent to teach me as an apprentice. We shared a zeal and passion for the profession, and his wisdom infuses every chapter of this book. I must also mention those who have encouraged me in my writing, Sam Gladding, Gerald Corey, Jeffrey Kottler, Adam Blatner, James Framo, John Norcross, and Jerome Frank. I appreciate the feedback from my colleagues at Ohio State University, Darcy and Paul Granello, and Daniel Gutierrez at the University of North Carolina at Charlotte. Tracy Hutchinson deserves special mention for reading every chapter and giving feedback at every step. I also recognize the helpful comments of those who reviewed various drafts of the manuscript including Hannah Acquaye and Shainna Ali. In addition, the following reviewers supplied insightful feedback for updating this edition: Valerie G. Balog, University of North Carolina at Charlotte; Daniel Bishop, Concordia University Chicago; Natalie Arce Indelicato, University of North Florida; Kristin Perrone McGovern, Ball State University; David A. Scott, Clemson University; and Heather Trepal, University of Texas at San Antonio.

I would like to thank my editor, Kevin Davis, who has believed in this book since its first edition. Finally, I recognize the contribution of my wife, Jora, who remains my most demanding critic and my staunchest supporter.

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CHAPTER 1

Helping as a Personal Journey

The Demands of the Journey

Becoming a Reflective Practitioner
- Using Reflection to Help You Overcome Challenging Helping Situations and Enhance Your Learning
- Using Reflection to Help Clients with Backgrounds Different from Your Own
- Using Reflection to Accommodate New Information about Yourself
- Learning to Reflect through Exercises in This Book

What Is Helping?
- Psychological Helping
- Interviewing
- What Are Counseling and Psychotherapy?
- Coaching

Challenges You Will Face in Learning the Art of Helping
- The Challenge of Development
- Taking Responsibility for Your Own Learning
- Finding a Mentor
- Finding the Perfect Technique
- In Limbo
- Accepting Feedback and Being Perfect
- Following Ethical Guidelines
- Individual Differences

Who Can Be an Effective Helper?
- What Can You Bring to a Client?

The Nuts and Bolts of Helping
- Learning Basic Skills and Common Therapeutic Factors
- Therapeutic Building Blocks
- Change Techniques
- The Importance of the Building Blocks

The Stages of the Helping Process: A Road Map

Summary

Exercises
- Group Exercises
- Group Discussions
- Written Exercises
- Self-Assessment
- Homework
- Journal Starters

LEARNING OUTCOMES

By the end of this chapter, you will be able to:

1.1 Identify ways of reflecting that you can begin implementing to deepen your learning of helping skills.

1.2 Recognize that there are personal challenges in learning helping skills such as recognizing the time factor needed to master skills and dealing with ethical dilemmas as you train with fellow learners.

1.3 Identify the therapeutic factors, the building blocks, and the stages of the helping relationship.

THE DEMANDS OF THE JOURNEY

Learning to be a professional helper is a journey that takes years. Besides gaining a basic fund of knowledge about people and their strengths and challenges, one must be constantly learning

and updating knowledge just as a physician needs to know about new treatments and new diseases. But helping is also a personal, "interior" journey because you must be committed to understanding yourself as well as your clients. In this book you will learn the essential helping skills, but it is not enough to be skilled; at every turn, you face self-doubt, personal prejudices, and feelings of attraction, repulsion, and frustration. You will experience self-doubt when your clients encounter complex and unfamiliar problems; you will experience attraction and repulsion because of your personal needs and prejudices based on your cultural conditioning. Moreover, all helpers become frustrated at times when clients fail to reach the goals we expect of them. These reactions can be roadblocks on our journey if they interfere with the ability to form a vibrant client/helper relationship or when we see the client as a reflection of ourselves rather than as a unique human being. Irvin Yalom, in his book *Love's Executioner* (1989, pp. 94–95), describes his treatment of an obese woman who is depressed. From the moment he meets her, he is disgusted by her body and realizes his reaction is extreme. It makes him think about the rejection he received for being Jewish and white during his childhood in segregated Washington, DC. He thinks that his repulsion is perhaps a historical attempt to have someone to reject as he was rejected. It makes him wonder why he cannot accept fatness even though he was able to easily counsel people who were criminals when he worked in a prison. All of these reactions flood into his mind before the client ever even opens her mouth. Becoming aware of our prejudiced responses to others is part of the journey of the professional helper. This journey is difficult because it requires that we simultaneously try to focus on the client while keeping a close watch on our own tendencies to judge, to boost our egos, or to force our viewpoint on others.

BECOMING A REFLECTIVE PRACTITIONER

Because of the challenges caused by our personal reactions and unique client characteristics, we believe that helpers need a method of integrating new learning and coping with moments of indecision and doubt. In this book, we teach one method of dealing with the dilemma of understanding the client and monitoring the self. This is an approach called the **reflective practitioner**. Being a reflective practitioner means that you make a commitment to personal awareness of your automatic reactions and prejudices by taking time to think back on these reactions and perhaps to record them in a journal or discuss them with a supervisor or colleague. In other words, the reflective practitioner consciously reviews what has happened and decides on a plan of action. Jeffrey Kottler (2010) considers reflection to be not only a necessary characteristic of an effective helper but also a form of training. Reflection trains one to be open to contemplation, to consider alternative plans of action, to become resourceful, and to be inquisitive in one's lifestyle as well as in one's work.

You may find that your teachers ask you to use reflective methods in class and on your own. For example, the teacher might use such techniques as Socratic questioning (asking leading questions), journal writing, watching and then reflecting on video segments, conducting small groups to react to case studies, or even reflecting teams (Griffith & Frieden, 2000; Magnuson & Norem, 2002; Willow, Bastow, & Ratkowski, 2007). Just as every client will respond to the same technique or skill in a different way, you, as a student, will react to different learning situations based on your history and favored learning

styles. Some students learn best by listening and then reflecting, others need to write down what they are learning, and some do best when they can have hands-on experience and then talk about the theory. Thus, you will respond differently to different assignments throughout your program of study based on your individual preferences. Still, reflection can help you even when a teacher's method does not suit your learning style. You can record what is said and then write your reaction and rebuttals in the margins. You can come to class with questions and concerns based on the previous week's lesson. In short, the method of the reflective practitioner challenges you to be more than a receptacle of knowledge. It asks you to chew everything thoroughly before you swallow it, rather than to merely remember and give back just what you have heard or read.

Using Reflection to Help You Overcome Challenging Helping Situations and Enhance Your Learning

If you are engaged in a course of study to become a professional helper, you will be confronted with many challenging experiences both in the classroom and when you actually meet your clients. For example, a client may be hostile and uncooperative. Your training may tell you to encourage clients to articulate their concerns more fully. But sometimes this seems to make the client even madder. The process of reflection can help at such times when tried-and-true methods are not working. Let me give an example from my own experience. When I was first learning group counseling, I read in several textbooks that clients should never receive both group and individual therapy at the same time. As I began to practice group counseling, I found support for this rule in the fact that when clients received both forms of treatment, they did not contribute to the group, saving their most personal issues for their individual sessions. One day, I received a new client for my group who had undergone a number of very traumatic events and was still being seen individually by another therapist. She performed beautifully in group, and she felt that individual counseling was a vital support in her life. She seemed to be profiting from both forms of treatment. Normally, I would insist on the client dropping out of individual counseling while she attended my group, but now my rule of thumb was in jeopardy because it did not seem to be limiting her progress or the group. In fact, she was applying the insights of individual counseling to her interpersonal world! I went to my supervisor with my dilemma, and she helped me put my old rule and my new experience together. With her help, I constructed a revised rule: "Most of the time, clients will not benefit from both forms of treatment; however, there are times, especially when the client is in need of a great deal of support or has been traumatized, when both modalities might be beneficial." I have found that the process of reflection allows me to better accommodate new information rather than rejecting it out of hand. You will undoubtedly experience similar moments as you study the skills of helping. You may be shocked when you discover that the methods you have always used to help your friends are not recommended in a therapeutic relationship. At times like these, reflection can help you meld old and new information.

Using Reflection to Help Clients with Backgrounds Different from Your Own

An important and frequent challenge occurs when you encounter people who are completely different from you in one or several ways: culture or ethnicity, socioeconomics,

education, race, religion/spirituality, and family rules and relationships. For example, you will encounter family situations where people openly express their thoughts and feelings and others where they rarely if ever reveal their inner lives to each other. Because of your own upbringing, you might be shocked by or you might disapprove of a particular family dynamic. If you undertake the challenge of becoming a reflective practitioner, allow yourself to register surprise and all the other emotions as you encounter these novel situations. Later, take time to think back on what you know and what you have learned and compare it with your new experience. Through reflecting, you will be better able to separate your personal prejudices about what seems normal and perhaps look at the situation from an alternate viewpoint. The ability to see another perspective is enhanced when you have the opportunity to reflect with teachers, fellow students, and supervisors. Growth means that we consciously stretch and are able to see multiple viewpoints. That is why we think of helpers as *expanders* rather than as "shrinks."

Using Reflection to Accommodate New Information about Yourself

Perhaps more than any other profession, helping requires helpers to become aware of their own personalities, preferences, values, and feelings. Reflection can help you integrate new discoveries that you make about yourself. It allows you to carefully consider the feedback you are getting from supervisors, teachers, fellow students, and even your clients. In the course of your training, others will comment on your interpersonal style (the typical way you interact with others), your words, and even your gestures and posture. You will frequently become defensive, rationalizing your mistakes, discounting the giver of feedback, or blaming the client for a lack of progress. These are natural reflexes to the threat of feeling uncertain, impotent, or incompetent. Yet the reflective practitioner is one who examines and reflects on critical incidents and strong personal feelings in the course of supervision, rather than making excuses or blaming others. He or she learns from difficult clients, unpleasant interactions, failure of a technique, and unexpected successes (Gordon, 2004). So, being a reflective practitioner also means having the courage to ask for feedback from others and then to reflect on how you can work more effectively in a particularly difficult situation (Kinsella, 2010; Schön, 1983, 1987).

The following are some ways that you can be proactive in reflecting on your practice, including asking for supervision, developing a support group of fellow learners, becoming a client yourself, and keeping a personal journal. In addition, this book provides a number of opportunities to personally respond to the material, including exercises to help you become accustomed to the reflective process.

ASK FOR SUPERVISION Supervision is the practice of a helper and a supervisor sitting down to review the helper's problems and successes with his or her clients. In supervision, you will reflect on possible courses of action, ethical issues, and personal reactions. Everyone in the helping field needs periodic supervision whether he or she is a student or an experienced practitioner. Professional helpers are required to be under supervision while they are students and during their post-degree internships. Lawrence LeShan (1996) reported that his own mentor still sought supervision for herself, even when she was in her 80s, indicating that the reflective process is necessary at all stages of the journey. This approach abandons the view of supervision as a dependent relationship and guidance as the main purpose of the meeting. Supervision's real value is that it is a time set aside for

you to listen to yourself as you explain your situation to someone else. As a student, you may have the opportunity to ask supervisors and faculty members to look at your videos and discuss cases with you. Make use of this valuable opportunity to reflect on your work. Schön (1987) indicates that having a "master teacher" is important, but it must be in a setting where you have the chance to face real problems, try out various solutions, and make mistakes. The best learning environment involves **reflection in action**.

DEVELOP A SUPPORT GROUP OF FELLOW LEARNERS Another golden opportunity for reflecting on your new learning is to develop a supportive group of co-learners with whom you can discuss your personal reactions to the material. Many therapists in private practice are members of such groups. In some training programs, students are part of a cohort or group that goes through every class together. If you are not part of a cohort, you can still develop a supportive group that meets regularly, shares information, and studies together.

BECOME A CLIENT Another way of building a reflective component into your learning plan is to enter a counseling relationship as a client. More than half of therapists become clients after their advanced training and about 90% consider it to be very beneficial (Norcross, 1990). Many universities offer free services to students, and this can be a way for you to experience what it is like to sit in the other chair. You should be aware that some schools restrict their counseling centers to people who are in critical need.

KEEP A PERSONAL JOURNAL One of the most popular methods for reflecting is to keep a personal journal. Some helpers even use journals as a therapeutic technique and a way of assessing the client's feelings, relationships, and dreams (Stone, 1998). They write their reflections to clients in letters, or client and helper journal together and compare notes. There is a boom in blogging and online Internet journals. Personal journaling is also available on your smartphone using applications such as Day One, Momento, My Day Journal, and Journie.

OTHER METHODS FOR REFLECTING Reflection does not have to be a separate activity. It can be incorporated into your daily life as a student or practitioner. A number of writers (e.g., Gordon, 2004; Sax, 2006) have compiled lists of opportunities for reflection. The examples that follow were submitted by helpers working in the field. They found that reflecting can take place:

- When writing case notes
- During group supervision
- During individual discussion with a supervisor
- In personal therapy
- While journal writing
- During meditation
- As a part of course assignments such as papers
- While listening to recorded sessions
- When talking informally to fellow practitioners
- When unexpectedly thinking about a client
- In online groups, synchronously or asynchronously

Learning to Reflect through Exercises in This Book

As you read this book, we will offer several opportunities to develop this reflective habit. In every chapter, we have included "Stop and Reflect" sections that ask you to consider your reaction to real cases or situations. These sections have no right or wrong answers. Instead, they ask for personal reactions and hopefully stimulate your thinking. They can make your learning more interactive if you take the time to respond as authentically as you can.

You will also have opportunities to receive feedback from your fellow students and to reflect on your own progress when you practice new skills. Finally, we have included suggested journal questions at the end of each chapter. These questions are meant to kindle your thinking, but do not feel that answering these questions is your only journaling option. If you do not find the stimulus question to be relevant, design your own or, instead, record your reaction to your practice sessions each week.

Next we look at helping and the different emphases of counseling, psychotherapy, interviewing, and coaching in helping clients. Being a skilled reflective practitioner is a benefit in each field and in each helping relationship.

MyCounselingLab Application Exercise 1.1 A Reflection Plan

WHAT IS HELPING?

Helping is a broad term that encompasses all the activities we use to assist another person, whether we have a therapeutic relationship or not. For example, a school administrator who takes time to listen to a crying first grader can utilize helping skills. A foster parent can learn to listen to the child and to the biological parents. A teacher's aide in a sixth-grade classroom can take a nonjudgmental stance when a child talks about why homework is late. Marital partners can help each other deal with disappointments and frustrations. Helping does not require a contract or a professional, confidential relationship. Helping only requires a person desiring help (a client), someone willing and able to give help (a helper), and a conducive setting (Hackney & Cormier, 2005). You can learn helping skills and use them whether you are on the way to becoming a professional or you simply want to help those with whom you live and work. In Table 1.1, we identify some of the major ways that we can help another person, whether physically, financially, spiritually, psychologically, or through advocacy. The table provides examples and cautions, and briefly describes the role of the helper. One of the current controversies is how much emphasis should be placed on advocacy, or seeking to change unfair social and political systems, rather than on merely helping an individual client. Consider the anecdote about a group of people pulling accident victims from the river without sending anyone upstream to see why people were ending up in the river in the first place. The apparent moral is that we need to prevent people from falling in rather than just treating the victims. The problem is that there will always be people falling in the river, and someone still needs to pull them out. Efforts to make our social systems more responsive and just will not entirely replace the need to help individual clients. So, we take the stance that although all helpers should have

TABLE 1.1 Ways of Helping

Ways of Helping	Example	Cautions	Help That Is Not Helping	Role of the Helper	Comment
Physically	Joining Habitat for Humanity to build houses	None	Doing things for people that they can do for themselves makes them dependent.	Laborer	
Financially	Giving money to the Red Cross	Not all organizations make the best use of donated funds. Be sure your donations are used effectively.	Giving money to a person on the street can assuage your conscience but may not actually be helping.	Donor	
Advocating at agency or school level	Calling Social Security to understand application procedures and explaining them to the client	This kind of help is only useful if clients then learn more about how to work the system themselves.	The client may be helped in one situation but not empowered to deal with future situations.	Client Advocate	This is a normal part of every helper's daily work.
Advocating at the sociopolitical level	Writing letters of complaint or concern to the Veterans Administration about gaps in service; helping client get on Medicaid	You must have client's permission if advocating for a specific client.	Professional helping requires a client. Most clients are not looking for this kind of help.	Activist	More educators are recommending additional training for helpers in this area.
Spiritually	Encouraging client to pray or meditate; read scriptures; go to church, mosque, or temple; or utilize spiritual beliefs to aid treatment	Helpers must be aware of their client's background and their own personal biases.	Client may be seeking to avoid or oversimplify problems rather than address them.	Spiritual Advisor	Helpers are becoming more aware of their responsibility to consider this aspect of a person's life and help or refer.
Psychologically	Counseling or psychotherapy to aid client in changing, thoughts, feelings, and behaviors	This kind of helping requires a commitment to personal growth and a long period of training and supervision.	Clients can become dependent on the relationship, and the helper must stay alert to when the client needs to go it alone.	Professional Helper	This book is about helping psychologically.

advocacy skills, they must also have the skills to help the individual, couple, group, or family member. Some helpers are better at working with agencies and institutions, and some helpers are better with families, couples, or children, but both avenues are equally important.

Psychological Helping

Although *helping* in the psychological realm is the term we use in the last row of Table 1.1, different settings and different contracts between helper and client mean that this kind of helping can be defined in a variety of ways (see Figure 1.1). To the newcomer, this can be confusing. The following sections will clarify some of the most common terms, including *interviewing, counseling, psychotherapy,* and *coaching.*

Interviewing

According to the simplest definition, **interviewing** is a conversation between an interviewer and an interviewee. During the conversation, the interviewer gathers and records information about the interviewee. In essence, during an interview, the interviewer is eliciting data, not trying to improve the situation of the interviewee. Thus, interviewing is one method of assessment, as is giving a client a paper-and-pencil test. Both assessment methods can utilize simple and direct questions or use a fill-in-the-blank approach. Interviews can be *structured* with a series of predetermined questions or *unstructured* with the helper fitting questions in during the flow of the session. There are published structured interviews for a variety of psychological conditions and problems, from eating disorders to depression. If you utilize an intake or history form during the first session with a client and fill in all the spaces, you are conducting an interview. Interviewing is part of the assessment process that we discuss in more detail later. But it is important to talk about the relationship between

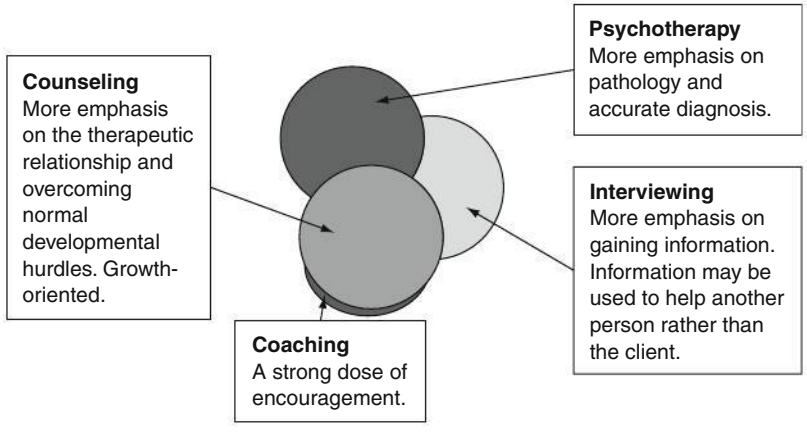

FIGURE 1.1 Different Emphases among Psychotherapy, Counseling, Interviewing, and Coaching. Despite these differences, there are many common theoretical underpinnings as well as common skills. The area overlapped by all four circles depicts this shared base.

assessment and helping early on, so that you can begin to distinguish their separate but complementary roles.

The purpose of an interview may be to help an interviewee or to make a decision about that person. For example, many counseling centers hire intake interviewers who talk with clients and then assign them to the appropriate counselor or refer them to another service or treatment facility. Employers interview applicants for jobs, promotions, or entrance into special training programs. An interview may also be used to test the interviewee's skills, poise, or ability to think in a "live" setting. This is called a **situational interview**. For example, some companies use a stress interview (a type of situational interview) to determine which of their employees can operate best under pressure. The interviewee is "grilled" and even treated disrespectfully to gauge his or her reaction. Many people think that this kind of interview is unethical, but the point is that an interview can provide an opportunity to observe the reaction of a student or employee in a contrived situation similar to actual situations that he or she may encounter. Whenever we interview someone, we want to watch the person's reaction to the interview because we can learn about how he or she responds to people.

Helpers interview to determine the appropriateness of services for an individual, to assess some skill, or to confirm a diagnosis. These interviews are designed to ultimately benefit the client, but in business settings, the interview is primarily for the benefit of the organization. In clinical settings, interviewing and counseling are rarely separate processes. For example, I was recently seeing a couple for counseling. During the first session, they both wanted to talk about their anger and frustration related to financial difficulties. It seemed clear that they blamed each other for these problems, and each wanted to unload. Although I felt that it was important that they be allowed to express some of these feelings, I had other items on my agenda. I needed to know whether financial problems were the only issues. In my experience, couples most frequently complain about the following concerns: their inability to communicate, children, in-laws, sex, *and* finances. I wanted to make sure that I covered each of these areas and that I was not missing something important. It is also essential to know whether there has been violence in the relationship, whether substance abuse is involved, or whether either party suffers from a mental disorder. So I frequently stopped their argument about finances to insert a question about these other areas. In the middle of the session, the wife revealed that she was concerned about her husband's drinking. I immediately took time to ask the husband several questions about his drinking and looked back at the OQ-45, a short test we give to all our clients during the first session. He had marked several of the questions that indicate substance abuse problems. I used the data from the test, from his spouse, and from the client himself to determine the extent of his problem. By the end of the session it was clear that his drinking was a serious problem that needed treatment before we could solve any other concerns, even their finances. This case demonstrates several important issues. First, helping and interviewing frequently occur during the same therapeutic session. Second, interviewing, as part of the assessment process, can make your helping more effective because it is a way of making sure you are going in the right direction and treating the right problems. Finally, interviewing can be disruptive of the relationship. Clients want to tell you their version of the story, and interviewing is experienced as an intrusion. A helper must go back and forth between helping and interviewing in almost every session because clients bring up new

issues as the relationship deepens. It is up to the helper to repair the relationship when clients feel disrupted and to explain the reasons for the interview so the clients understand *your need* to get the whole picture.

In summary, interviewing is utilized in a variety of settings, not all of which are designed to directly help the interviewee. Interviewing is an art whose medium is the relationship; it is not merely a mechanical process of filling in the spaces. A skilled interviewer knows how to quickly develop a working relationship with an interviewee in order to obtain the most relevant information for the decision-making process. The interviewer creates a climate where the interviewee will feel like talking and asks relevant questions to gain vital information. The basic helping skills you learn in this text will help you create this climate of openness, warmth, and acceptance needed for an effective interview. This atmosphere increases the quantity and quality of information obtained. In the assessment chapter, you will have an opportunity to utilize your helping relationship skills and also learn to interview for key data.

What Are Counseling and Psychotherapy?

Counseling and **psychotherapy** are professional helping services provided by trained individuals who have contracts with their clients to assist them in attaining their goals. Counselors and other psychotherapists use specific techniques to persuade, inform, arouse, motivate, and encourage their clients and to thoroughly assess their issues and backgrounds. Sessions with a counselor or psychotherapist take place on a regularly scheduled basis, usually weekly, and last about 1 hour. A therapeutic relationship will last several months or even several years. Although counselors and psychotherapists may help clients deal with emergencies, they also try to empower clients to address persistent problems in living and make changes that will lead to overall improvement rather than temporary relief. In most states, counselors, clinical social workers, psychologists, marriage and family therapists, and psychiatrists can all practice counseling and psychotherapy in private practice when they have a license. Other individuals without these licenses, such as individuals certified in treating substance abuse or with a background in human services, can usually practice within an organization under supervision.

In the literature and in practice, the words *counseling* and *psychotherapy* are now used interchangeably. Historically, however, different professional groups have tended to prefer one or the other, creating confusion for professionals and clients. Between 1920 and 1950, *psychotherapy* was used to describe the process of helping clients who were troubled by mental disorders. *Mental disorders* are defined as severe disturbances of mood, thought, and behavior for which there are specific diagnostic criteria. Examples include major depressive disorder, schizophrenia, and panic disorder. For each disorder, there is a list of criteria that the client must meet to possess the diagnosis. The criteria for more than 300 mental disorders are outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), which is the bible of mental disorders (American Psychiatric Association, 2013). Even today, these are the only problems that most health insurance companies recognize as reimbursable. From the beginning, the processes of assessment, diagnosis, and treatment planning have been integral aspects of psychotherapy.

Counseling was developed in the early 1960s as psychotherapy for "normal people." Medical terminology was shunned by counselors, along with words such as *treatment, patient*, and *diagnosis*. Counselors believed in seeing each individual as a unique person, rather than as a diagnostic label. For that reason, personality tests and other assessment activities were minimized, and identifying areas of growth rather than dysfunction was emphasized. Counseling was focused more on the counselor/client relationship as the medium for change rather than on the tools and techniques. Although these values are still common among counselors today, the distinctions between counseling and psychotherapy have blurred. Now, counseling includes helping people with mental disorders as well as those experiencing normal developmental problems. Modern counselors routinely use assessment tools, learn diagnostic methods, and engage in treatment planning. By the same token, professionals such as psychologists and marriage and family therapists who prefer the term *psychotherapy* or *therapy* also help clients with difficulties such as adolescent adjustment, marital issues, and the transition to college or work—what we might call "normal problems." Although some may still feel there are good reasons to make distinctions between the terms *counseling* and *psychotherapy,* they will be used interchangeably in this book. Both will refer to the contractual and professional relationship between a trained helper and a client.

Coaching

Coaching is a new term on the mental health scene. Coaching practices are springing up because coaching is not yet regulated by licensing boards and state legislatures, and because there is a market for a helper who is not therapeutic but mostly supportive. Coaching allows individuals without therapeutic degrees to practice professional helping, and "coaching" sounds a lot more pleasant than counseling or therapy. But coaching is mostly counseling by another name. Here is a definition provided by Cummings and Worley (2009): "Coaching is a development process whereby an individual meets on a regular basis to clarify goals, deal with potential stumbling blocks and improve their performance. It is an intervention that is highly personal and generally involves a one-on-one relationship between coach and client" (p. 451). DuBrin (2005) identifies the following elements of an effective coach: "empathy, active listening, ability to size up people, diplomacy and tact, patience toward people, concern for the welfare of others, self-confidence, non-competitiveness with team members and enthusiasm" (p. ix). About 90% of this definition overlaps with counseling and psychotherapy. What may be different is that the definition of a coach frequently includes a very encouraging cheerleader sort of attitude and the focus on specific achievable goals that the client wants to pursue (Biswas-Diener, 2009). Later in this book, we will talk about this issue more. Under what circumstances is this kind of enthusiasm helpful or potentially detrimental? Determine for yourself whether you think coaching is a new approach or merely a marketing strategy.

CHALLENGES YOU WILL FACE IN LEARNING THE ART OF HELPING

A major feature of this book is that I have included input from students about specific hurdles they have faced on the road to becoming a helper. In this section, we look at the normal challenges that you will probably face in your training.