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5TH EDITION

THEORIES OF COUNSELING AND PSYCHOTHERAPY

Systems, Strategies, and Skills

VICTORIA E. KRESS LINDA SELIGMAN LOURIE W. REICHENBERG

FIFTH EDITION

THEORIES OF COUNSELING AND PSYCHOTHERAPY

SYSTEMS, STRATEGIES, AND SKILLS

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This work is dedicated to the world's helpers and healers: You leave something of yourself in every interaction you have with another person. Never underestimate the power of human connection and the positive impact you can, do, and will have on others. You are important not just to your clients but also to the people around them who benefit from their growth and development—their children, family, partners, friends, and community. One warm connection at a time, you are making the world a better place.

~ Victoria Kress

PREFACE

I want to thank Linda Seligman (deceased) and Lourie Reichenberg for constructing and developing the earlier versions of this text. It was an honor to have the opportunity to be involved in the new edition of this book, and I am grateful to Pearson for this opportunity, and to Linda and Lourie for the work they invested in previous editions of this text.

This text was first published in 2001, and since that time it has been used by tens of thousands of students. Many changes to the text have been made based on developments in the helping professions; feedback and reviews received from students and faculty who have used this text in their courses; and feedback received from practitioners and instructors about what students and new professionals most need to know relative to counseling theories.

The basic structure of the text has been maintained, but extensive changes were made to this version. The BETA (**B**ackground, **E**motions, **T**houghts, and **A**ctions) format used in the previous text was removed to reflect the organic evolution of the theories, and to allow more space to thoroughly address the theories presented. In addition, the discussions of relevant research, documenting the validity of each approach, have been expanded. Updated information is provided on all approaches presented in the text, with considerably expanded information on many (see the "New to This Edition" section later in this Preface). Descriptions of important theories, skill development sections, case studies, and reflect and respond activities (formerly referred to as exercises) were retained.

ORGANIZATION OF THIS TEXT

This text organizes the major theories of counseling and psychotherapy in a unified format. Each chapter that presents a theory follows the same organizational format to facilitate comparison and ease of use, beginning with a brief overview of the approach and a biographical sketch of its developer, and then moving on to the theory's key concepts, therapeutic process (including therapeutic goals, the therapist's function and role, and the role of the relationship between the therapist and client), therapeutic techniques and procedures, application and current use, and strengths and limitations. Particular attention is given to the application of each theory to people from diverse backgrounds. Finally, at the end of each chapter, skill development and personal development activities allow students to apply the knowledge they have gained around each theory. These activities are as follows:

- ***Skill development section:*** This section teaches one or more key skills associated with the treatment system under review.
- ***Case illustration with the Diaz family:*** Edie, her husband Roberto, and their daughter Ava appear throughout the text to illustrate how treatment approaches can be used and applied.
- ***Reflect and Respond:*** These activities will help readers develop self-awareness and solidify learning.

Although this text focuses primarily on counseling theories that are designed for use with individuals, an overview of family systems theory is included in Chapter 14. Chapter 15 discusses the nature, strengths, and shortcomings of integrated and eclectic counseling approaches, and provides summary tables and overviews of all the major theories discussed in this text.

NEW TO THIS EDITION

Based on reviewers' comments and the feedback received from various sources, significant changes have been made to this fifth edition. It was my intent to make the text practical and functional for both students and instructors.

Changes to the Text

- The theories discussed in this text have some foundational common threads, yet they are unique. The BETA model was removed from the text to create more space to engage with the richness and complexity of the theories. As such, the four overview chapters that applied the BETA model were removed.
- Three new chapters were added: Contemporary Cognitive Behavioral Therapies (Chapter 8; e.g., acceptance and commitment therapy, dialectical behavior therapy, schema therapy, and mindfulness-based cognitive therapy), Feminist Therapy (Chapter 12), and Postmodern Therapy (Chapter 13; e.g., solution-focused brief therapy and narrative therapy). The contemporary cognitive behavioral theories have a solid research base which supports their use, and the feminist and post modern therapies play an increasingly important role in our diverse, rapidly evolving society. This edition addresses these theories more explicitly and systematically.
- The individual application activities at the end of each chapter—intended to help students apply aspects of the theories to their own experience—were expanded and additional activities were included. This section was previously referred to as "Exercises" and it is now called "Reflect and Respond."
- The fifth edition of this text brings a stronger multicultural focus. In each theoretical chapter in the text, a revised multicultural section intended to draw attention to cultural considerations was provided.
- To permit more space in the text to expand on important theoretical concepts, the large- and small-group activities that had been in each chapter were moved to the instructor's manual. Instructors are encouraged to use these activities in class so that students have an opportunity to apply what they are learning.
- A glossary was added to the text. In the eText version of this book, readers can click on the highlighted terms and be digitally linked the corresponding definition.
- Each chapter has been updated to include an overview of the latest research available on each theory.
- The common factors approach and support for the importance of an effective and sustained therapeutic alliance have been the focus of much newly published research. This information is integrated where relevant (usually in the discussion of the therapeutic alliance) throughout the text. Chapter 1, Foundations of Effective Counseling, includes an extended discussion of this topic, as does the chapter on theoretical integration.
- Changes were also made to the writing style of the text to help improve the flow and readability, and thus enhance the reader experience.
- Additional content was added to all of the chapters, as were updated resources and references.

EFFECTIVE WAYS TO USE THIS TEXT

This text has been designed for flexibility and ease of use. Although each college and university has its own curriculum and required courses, this text can be adapted to almost any curriculum in counseling, psychology, social work (or any other helping professions) and also can be used for training and staff development. Here are a few suggestions for using the text:

1. Most schools offer a counseling theories course in only one term, and the entire text could be covered in a one-semester course.

2. The text is also ideally suited for use in a two-semester or two-quarter course on theories and techniques of counseling and psychotherapy. The first part of the text could be covered in the first semester, with the remaining sections covered in the second semester to provide students with an in-depth and comprehensive understanding of the counseling theories.

3. The Skill Development sections are designed to accompany the theories taught in that particular chapter. However, these sections can be used independently of the theoretical portions, perhaps taught in a subsequent semester following a course on theories of counseling and psychotherapy or used as part of a practicum or internship to facilitate skill development.

4. Like the Skill Development sections, the Reflect and Respond activities are intended to accompany review of the theory in each chapter. However, they are designed to be used flexibly. These activities offer people the opportunity to work alone and apply their learning to themselves.

The large-group and small-group exercises have been moved to the Instructor's manual and are appropriate for encouraging classroom discussion. Small-group exercises allow clusters of a few learners to practice and improve their clinical skills with the benefit of peer feedback and support. Faculty members, of course, can choose to use any or all of the activities that accompany each chapter. Ideally, time should be allocated, either during or outside class, for at least some of the activities in each chapter. However, if time is limited, the individual activities enable students to continue their learning and skill development outside class. Although instructors may decide to review students' journals at the end of a course to determine whether they have completed the individual activities, I encourage them not to grade or evaluate these journals so that students feel free to express themselves, try out new skills, and gain learning and self-awareness. Students should be told at the beginning of the course whether they will be required to share their journals in any way so that they can determine how much they share.

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A big thank you goes out to my publishing team at Pearson. Kevin Davis taught me so much over the past 5 years; his wisdom, support, and patience have been priceless, and I will miss working with him as he moves into retirement. Rebecca Fox-Gieg's never-ending warmth and support provided me with the confidence I needed to get creative in developing this text. Thank you to both Kevin and Rebecca for believing in me! Because of their unconditional support, I have been able to reach my potential as an author.

Sometimes the universe gives you a gift when you most need it. With regard to this text, my gift came in the form of one Christine A. McAllister. It is impossible to communicate in words how grateful I was to have Christy assist me in developing this text. Christy is wise and gifted beyond her years. Her insights and opinions greatly informed the development of this text. She is a wonderful writer and editor. I could not have made my tight deadlines were it not for her support.

Thank you to Linda Seligman and Lourie Reichenberg, who constructed the original version of this text. I dramatically changed the structure and content of the text, but underneath those changes are the words and ideas they constructed. This text would not be what it is were it not for them.

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I would also like to thank the following people who offered useful suggestions that helped in developing this text: Eric Baltrinic, you are always exceptionally thoughtful, and I appreciate your insights around what constitutes a "good" theories text; Richard Watts, thank you for sharing Adlerian resources; Dana Unger, thanks for taking time to talk with me about what you look for in a theories text; and David Johnson, you are a deep thinker, and I so appreciate your assistance in thinking through the presentation of the forces that have influenced the development or waves of counseling theories.

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The editorial staff at SPi Global were amazing during the production stages of this text. Thank you to Janelle Criner, my content producer, and Joanne Boehme my copy editor, for being so thorough.

Last, but not least, writing a book necessarily requires sacrifice not only from the authors but also from the people who surround them. My profound thanks go out to my husband, Rob, and my children, Ava and Isaac, for their patience during this text's development. Thank you to my Department Chair, Jake Protivnak, for your flexibility and the support you regularly offered.

ABOUT THE AUTHORS

Victoria E. Kress, PhD/LPCC-S (OH), NCC, CCMHC, is a professor, counseling clinic director, and the director of the clinical mental health and addictions counseling programs at Youngstown State University. She previously worked as the director of advocacy for the National Board of Certified Counselors. She has over 25 years of clinical experience working with youth and adults in various settings, which include community mental health centers, hospitals, residential treatment facilities, private practices, and college counseling centers. She has published over 130 refereed articles and book chapters, and she has coauthored 5 books on counseling youth and adults. She was identified as the top producer/publisher in counseling journals between the years 2000 and 2017. She previously served as the associate editor of the Theory and Practice Sections of the *Journal of Mental Health Counseling*, and as an editorial board member for the *Journal of Counseling and Development* and other counseling journals. Dr. Kress has lectured throughout the United States, as well as internationally, on various topics related to counselor practice. Dr. Kress served two terms as a governor-appointed member of the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, and served as the chair of the Counselor Professional Standards Committee. She also served as the ethics liaison for Ohio's state regulatory board and presently serves as a consultant/expert witness for counselor ethics cases. She has been the recipient of over 40 professional and community service awards, most of which were for her advocacy, leadership, scholarship, community service, and mentorship initiatives. She has also received awards for her work with people who have intellectual disabilities, for empowering girls in her community, for her sexual assault prevention efforts, and for her child abuse advocacy work. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) honored her with the Martin Ritchie Award for Excellence in Advocacy. She also received the following American Counseling Association (ACA) Awards: the ACA Fellow Award, the Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person, the Distinguished Mentor Award, the Counselor Educator Advocacy Award, and the Government Relations Award. She has been the recipient of the following Association for Counselor Education and Supervision (ACES) Awards: the Counseling Vision and Innovation Award, the Outstanding Mentor Award, the Robert Stripling Award for Excellence in Standards, and the Leadership Award. She has also received a number of Youngstown State University awards (e.g., the Giant Award, Distinguished Scholar, Distinguished Public Servant) as well as various Ohio Counseling Association awards, including the Counselor of the Year Award, the Research and Writing Award, the Legislative Advocacy Award, and the Leadership Award. She is a past president of Chi Sigma Iota International and the Ohio Counseling Association; she is a past ACA region chair; and she is the president of the Association for Humanistic Counseling. She has also worked and volunteered in Malawi, Zambia, Tanzania, and Rwanda, promoting mental health awareness and training, as well as the professionalization of counseling.

Linda Seligman, PhD, received her doctorate in counseling psychology from Columbia University. Her primary research interests included diagnosis and treatment planning as well as counseling people with chronic and life-threatening illnesses. Dr. Seligman was a professor at George Mason University for 25 years. She served as codirector of the doctoral program in education, coordinator of the Counseling Development Program, associate chair of the School of Education, and head of the Community Agency Counseling Program. She was later named professor emerita. Dr. Seligman also

served as associate at Johns Hopkins University and as a faculty member in counseling psychology at Walden University.

During her lifetime, Dr. Seligman authored 15 texts, including *Selecting Effective Treatments, Diagnosis and Treatment Planning in Counseling, Developmental Career Counseling and Assessment,* and *Promoting a Fighting Spirit: Psychotherapy for Cancer Patients, Survivors, and Their Families*. She also wrote more than 80 professional articles and text chapters. She lectured throughout the United States, as well as internationally, on diagnosis and treatment planning and was recognized for her expertise on that subject. In 1990, the American Mental Health Counselors Association (AMHCA) designated Dr. Seligman as Researcher of the Year. In 2007, AMHCA honored her with the title of Counselor Educator of the Year.

Lourie W. Reichenberg, MA, LPC is a licensed professional counselor in private practice in Falls Church, Virginia. She also provides clinical supervision for therapists and interns at The Women's Center in Vienna, Virginia. She earned her master's degree in counseling psychology from Marymount University. She has taught crisis counseling, abnormal psychology, and counseling theories to graduate and undergraduate students.

She is currently on the executive committee of the Virginia Association of Clinical Counselors and serves on the board of directors for the Northern Virginia Licensed Professional Counselors.

Reichenberg is a member of the CrisisLink LOSS team, which provides assistance in the community after a suicide has occurred. She served on the CrisisLink Board of Directors from 2003 to 2006 and is on the organization's Advisory Council. She is a past editor of the Northern Virginia Licensed Professional Counselors and was the editor of the *Journal of the College and University Personnel Association* from 1988 to 1993. She coauthored *Selecting Effective Treatments* (2007, 2012) with Dr. Seligman and has published many professional articles, including a chapter on grief and loss in *Crisis Assessment, Intervention and Prevention* (Jackson-Cherry & Erford, 2010, 2013). She has edited more than 30 texts and monographs. Her primary interests include crisis counseling; grief and loss; and helping individuals, couples, and families cope with life transitions. She approaches her work as a therapist, educator, and community volunteer from a humanistic, person-centered, and emotionally focused perspective, and incorporates mindfulness into her practice.

ABOUT THE CONTRIBUTORS

Katherine A. Feather, PhD, is a licensed professional counselor and an assistant clinical professor in the Department of Educational Psychology at Northern Arizona University. Katherine has an extensive clinical background working with persons with disabilities—specifically, children diagnosed with autism spectrum disorder (ASD) and adults adjusting to their visual disability. She has published and presented on these topics at the regional, national, and international level. Her research interests include ASD and establishing competencies for the counseling profession, counselors' preparedness to work with persons with disabilities, school-to-career transition of students with disabilities, and psychosocial adjustment and family adaptation to a disability.

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Christine A. McAllister, MAEd., is a licensed professional counselor. She has conducted research and presented on topics such as mood-related disorders, best practices for clients who are suicidal, counseling clients who have sexual abuse histories, and counseling individuals with intellectual disabilities. Her clinical and research interests include trauma, suicide, chronic illness, and LGBTQ+ issues. She was a 2019 National Board for Certified Counselors (NBCC) Minority Fellow and is passionate about serving diverse populations, specifically people who identify within the gender and sexual/affectional minority spectrum. She is active in the profession and engages in professional service work with the American Counseling Association, Chi Sigma Iota, the American Mental Health Counseling Association, the Eastern Ohio Counseling Association/Ohio Counseling Association, the Association of Counselor Education and Supervision, and the Association for Humanistic Counseling.

BRIEF CONTENTS

PART ONE Foundations of Effective Counseling 1

Chapter 1 Foundations of Effective Counseling 1

PART TWO The First Force in Psychotherapy: Psychoanalysis and Psychoanalytic Theories 51

Chapter 2 Freud and Classic Psychoanalysis 51
Chapter 3 Adlerian Therapy 77
Chapter 4 Post- and Neo-Freudian Psychoanalytic Therapies 108

PART THREE The Second Force in Psychotherapy: Behavioral and Cognitive Behavioral Theories 149

Chapter 5 Behavior Therapy 149
Chapter 6 Cognitive Behavioral Therapies 179
Chapter 7 Reality Therapy 224
Chapter 8 Contemporary Cognitive Behavioral Therapies 246

PART FOUR The Third Force in Psychotherapy: Humanistic-Existential Theories 278

Chapter 9 Existential Therapy 278
Chapter 10 Person-Centered Therapy 307
Chapter 11 Gestalt Therapy 334

PART FIVE The Fourth Force in Psychotherapy: Culture, Context, and Constructivism 361

Chapter 12 Feminist Therapy 361
Chapter 13 Postmodern Therapy 392
Chapter 14 Family Systems Therapies 425

PART SIX Pulling it All Together 467

Chapter 15 Developing Your Theoretical Orientation 467

Glossary 509
Reference 528
Name Index 567
Subject Index 576

CONTENTS

Part One Foundations of Effective Counseling 1

Chapter 1 Foundations of Effective Counseling 1

Development of Counseling Theories 2
Understanding Counseling Theories 4
Counseling Is Effective 5
Common Factors 6
Characteristics of Successful Clients 7
Client Motivation 7
Client Expectations 7
Client Engagement 8
The Therapeutic Alliance 8
Empathy 9
Unconditional Positive Regard 9
Congruence 9
Characteristics of Effective Therapists 10
Effective Therapist Personal Qualities 10
Effective Therapist Professional Qualities 11
Developmental Considerations 13
Culture and Diversity 15
Therapist Awareness 16
Understanding Clients' Worldviews 16
Culturally Appropriate Interventions 17
A Strengths-Based Perspective 20
Counseling Theories and Setting 22
Ethical and Legal Considerations 28
Informed Consent/Assent 30
Competence 31
Assessment and Diagnosis 31
Evidence-Based Practices 33
Multiple Relationships and the Therapeutic–Fiduciary Relationship Tension 34
Ethical Decision Making: Practical Suggestions 35
Skill Development: Questioning and Interviewing 39
Asking Helpful Questions 39
Conducting an Intake Interview and Assessment 42

Example of an Intake Interview 43
Reflect and Respond 48
Summary 49 • Recommended Readings 50

Part Two The First Force in Psychotherapy: Psychoanalysis and Psychoanalytic Theories 51

Chapter 2 Freud and Classic Psychoanalysis 51
The First Force in Psychotherapy: Psychoanalysis and Psychodynamic Theories 51
Introduction/Development of Psychoanalysis 55
Key Concepts 57
Biological Processes: Attachment and Development 57
Personality Structure 57
Life and Death Instincts 59
Stages of Development 59
Levels of Consciousness 61
Defense Mechanisms 61
The Therapeutic Process 63
Therapeutic Goals 63
Therapist's Function and Role 64
Relationship Between Therapist and Client 64
Therapeutic Techniques and Procedures 65
Free Association 65
Analysis and Interpretation 66
Dream Analysis 67
Abreaction 67
Dealing with Resistance 68
Application and Current Use of Psychoanalysis 68
Counseling Applications 69
Application to Multicultural Groups 69
Evaluation of Freudian Psychoanalysis 70
Limitations 70
Strengths and Contributions 71
Skill Development: Interpretation 72
Case Application 72
Reflect and Respond 75
Summary 75 • Recommended Readings 76

Chapter 3 Adlerian Therapy 77
Introduction/Development of Adlerian Therapy 78
Key Concepts 79
Patterns of Human Personality 80
Family Constellation and Birth Order 84
Social Interest and Community Feeling 86
The Therapeutic Process 87
Therapeutic Goals 87
Therapist's Function and Role 87
Relationship Between Therapist and Client 88
Therapeutic Techniques and Procedures 89
Phases of Adlerian Therapy 89
Phase 1: Establishing a Relationship 89
Phase 2: Assessing Clients' Psychological Dynamics 90
Phase 3: Encouraging Insight and Self-Understanding 93
Phase 4: Putting Insights into Practice 97
Application and Current Use of Adlerian Therapy 98
Counseling Applications 98
Application to Multicultural Groups 101
Evaluation of Adlerian Therapy 102
Limitations 102
Strengths and Contributions 103
Skill Development: Analyzing Earliest Recollections 104
Case Application 105
Reflect and Respond 106
Summary 106 • Recommended Readings 107

Chapter 4 Post- and Neo-Freudian Psychoanalytic Therapies 108
Introduction/Development of Analytical Psychology 110
Key Concepts 110
The Components of the Psyche 110
Individuation 112
Balance and Polarities 113
Dimensions of Personality: Functions and Attitudes 113
The Therapeutic Process 114
Therapeutic Techniques and Procedures 115
Use of Symbols 115

Dream Interpretation 115
Word Association Tests 116
Rituals 116
Application and Current Use of Jungian Analytical Psychology 116
Introduction/Development of Ego Psychology 117
Key Concepts: Karen Horney's Ego Psychology 119
Self-Realization 119
Neurosis and Basic Anxiety 119
Selves and Self-Image 120
Female Development and Culture 121
The Therapeutic Process 121
Therapeutic Techniques and Procedures 121
Key Concepts: Anna Freud's Ego Psychology 122
Child Development 122
Ego Defenses 123
The Therapeutic Process 123
Therapeutic Techniques and Procedures 123
Developmental Assessment 123
Child Psychoanalysis 123
Enhancing Social Supports 124
Application and Current Use of Ego Psychology 124
Introduction/Development of Object Relations Theory 125
Key Concepts 126
Attachment Theory Across the Lifespan 126
Objects 127
Separation-Individuation Theory 127
The Fundamental Positions 128
The Therapeutic Process 128
Therapeutic Techniques and Procedures 128
Projective Identification 129
Resistance 129
Countertransference 129
Interpretation 129
Application and Current Use of Object Relations Theory 129
Introduction/Development of Self Psychology 131
Key Concepts 131
The Self 131

Positive Potentials: A Responsive Environment 132
Narcissism 132
The Therapeutic Process 132
Therapeutic Techniques and Procedures 133
Interpretation 133
Vicarious Introspection 133
Transference 133
Application and Current Use of Self Psychology 134
Introduction/Development of Brief Psychodynamic Therapy 134
Key Concepts 135
Therapy Is Brief 135
Ego Strengthening 135
The Triads 136
The Therapeutic Process 136
Therapeutic Techniques and Procedures 138
Supportive Techniques 138
Expressive Techniques 138
Countertransference 139
Application and Current Use of Brief Psychodynamic Therapy 140
Application and Current Use of Post- and Neo-Freudian Psychoanalytic Therapies 141
Counseling Applications 141
Application to Multicultural Groups 141
Evaluation of Post- and Neo-Freudian Psychoanalytic Therapies 142
Limitations 142
Strengths and Contributions 142
Skill Development: Identifying a Focal Concern 143
Case Application 144
Reflect and Respond 146
Summary 146 • Recommended Readings 147

Part Three The Second Force in Psychotherapy: Behavioral and Cognitive Behavioral Theories 149

Chapter 5 Behavior Therapy 149

Introduction to the Second Force in Counseling and Psychotherapy: Behavior and Cognitive Behavioral Therapies 149
Focus on Behaviors and Behavioral Change 151

Measurement, Evaluation, and Research 151
Behavior Therapy: The Three Waves 151
Introduction/Development of Behavior Therapy 154
Key Concepts 155
Classical Conditioning 156
Operant Conditioning 156
Social Learning Theory 157
The Therapeutic Process 158
Therapeutic Goals 159
Therapist's Function and Role 160
Relationship Between Therapist and Client 160
Therapeutic Techniques and Procedures 161
Assessment 161
Operant Conditioning Techniques 162
Classical Conditioning Techniques 169
Skills Training 172
Application and Current Use of Behavior Therapy 173
Counseling Applications 173
Application to Multicultural Groups 174
Evaluation of Behavior Therapy 174
Limitations 174
Strengths and Contributions 175
Skill Development: Progressive Muscle Relaxation 175
Case Application 176
Reflect and Respond 178
Summary 178 • Recommended Readings 178

Chapter 6 Cognitive Behavioral Therapies 179
Development and Key Concepts of Cognitive Behavioral Therapies 179
Development of Cognitive Behavioral Therapy 179
Key Concepts of Cognitive Behavioral Therapy 181
Introduction/Development of Rational Emotive Behavior Therapy 183
Key Concepts 184
Irrational Beliefs as the Cause of Struggle 184
A-B-C–D-E-F Model 186
The Therapeutic Process 188
Therapeutic Goals 189
Therapist's Function and Role 190
Relationship Between Therapist and Client 191

Therapeutic Techniques and Procedures 191
A-B-C–D-E-F Technique 191
Approaches to Disputing Irrational Beliefs 192
Introduction/Development of Cognitive Therapy 196
Key Concepts 197
The Cognitive Model 197
Cognitive Restructuring 197
The Therapeutic Process 199
Therapeutic Goals 199
Therapist's Function and Role 200
Relationship Between Therapist and Client 201
Therapeutic Techniques and Procedures 201
Case Formulation 202
Assessment 202
Dysfunctional Thought Record 203
Determining the Validity of Cognitions 204
Labeling Cognitive Distortions 206
Strategies for Modifying Cognitions 207
Termination and Relapse Prevention 209
Application and Current Use of Cognitive Behavioral Therapies 209
Counseling Applications 209
Application to Multicultural Groups 213
Evaluation of Cognitive Behavioral Therapies 214
Limitations 214
Strengths and Contributions 215
Skill Development: Exposure-Based CBT for Hoarding 216
Case Application 219
Reflect and Respond 221
Summary 221 • Recommended Readings 222

Chapter 7 Reality Therapy 224
Introduction/Development of Reality Therapy 226
Key Concepts 227
The Five Basic Human Needs 228
Concept of Mental Illness and Mental Health 228
Total Behavior and Motivation 229
Quality Worlds 230
Axioms of Choice Theory 231
WDEP System 231
The Therapeutic Process 234

Therapeutic Goals 234
Therapist's Function and Role 234
Relationship Between Therapist and Client 235
Therapeutic Techniques and Procedures 236
Metaphors 236
Relationships 236
Questions 237
WDEP and SAMI^{2}C^3 237
Positive Addictions 237
Using Verbs and "ing" Words 238
Reasonable Consequences 238
Paradoxical Interventions 238
Development of Skills 238
Application and Current Use of Reality Therapy 239
Counseling Applications 239
Application to Multicultural Groups 240
Evaluation of Reality Therapy 241
Limitations 241
Strengths and Contributions 242
Skill Development: Caring Confrontation 242
Case Application 243
Reflect and Respond 245
Summary 245 • Recommended Readings 245

Chapter 8 Contemporary Cognitive Behavioral Therapies 246
The Third Generation of Behavior Therapy 246
Introduction/Development of DBT 247
Key Concepts 248
Dialectics 248
Emotion Regulation 248
The Therapeutic Process 249
Therapeutic Techniques and Procedures 250
Emotion Regulation Skills 250
Mindfulness 251
Distress Tolerance 252
Interpersonal Effectiveness 253
Application and Current Use of DBT 254

Introduction/Development of ACT 255
Key Concepts 255
Experiential Avoidance 255
Relational Frame Theory 256
The Therapeutic Process 256
Therapeutic Techniques and Procedures 257
The Hexaflex Model 257
Awareness and Acceptance 257
Application and Current Use of ACT 258
Introduction/Development of MBCT 258
Key Concepts 258
Acceptance 258
The Being Mode 259
Tenets of Mindfulness 259
The Therapeutic Process 260
Therapeutic Techniques and Procedures 260
Conscious Thought Processing 260
Mindfulness 261
Decentering 261
Application and Current Use of MBCT 263
Introduction/Development of Schema Therapy 264
Key Concepts 264
Early Maladaptive Schemas 264
Schema Domains 264
The Therapeutic Process 268
Therapeutic Techniques and Interventions 268
Limited Reparenting and Empathic Confrontation 268
Cognitive Interventions 269
Schema Flash Cards 269
Application and Current Use of Schema Therapy 269
Evaluation of Third-Wave CBT 270
Limitations 270
Strengths and Contributions 270
Skill Development: Mindfulness 273
Case Application 274
Reflect and Respond 276
Summary 276 • Recommended Readings 277

Part Four The Third Force in Psychotherapy: Humanistic-Existential Theories 278

Chapter 9 Existential Therapy 278

Introduction to the Third Force in Counseling and Psychotherapy: Humanistic-Existential Theories 278
- Self-Actualizing Tendency 280
- Phenomenological Perspective 280
- Experiential Awareness 281

Introduction/Development of Existential Therapy 283
- Philosophical Foundations of Existential Therapy 283
- Existential Thought Compared to Other Theories 285

Key Concepts 286
- The Human Condition: Ultimate Concerns 286
- Existential and Neurotic Anxiety 287
- Dasein 288
- The Human Condition: Potentials 289

The Therapeutic Process 292
- Therapeutic Goals 293
- Therapist's Function and Role 293
- Relationship Between Therapist and Client 294

Therapeutic Techniques and Procedures 294
- Symbolic Growth Experience 294
- Frankl's Logotherapy 295
- Paradoxical Intention 295
- Dereflection 295
- Addressing the Four Dimensions of the Human Condition 296

Applicaton and Current Use of Existential Therapy 296
- Counseling Applications 296
- Application to Multicultural Groups 298

Evaluation of Existential Therapy 298
- Limitations 299
- Strengths and Contributions 299

Skill Development: Values Clarification 300

Case Application 302

Reflect and Respond 304

Summary 305 • Recommended Readings 306

Chapter 10 Person-Centered Therapy 307
Introduction/Development of Person-Centered Therapy 308
Key Concepts 309
Human Potential and Actualization 310
Conditions of Worth 310
Organismic Valuing Process 311
The Fully Functioning Person 311
The Therapeutic Process 312
Therapeutic Goals 312
Therapist's Function and Role 313
Relationship Between Therapist and Client 313
Therapeutic Techniques and Procedures 314
Facilitative Conditions 314
Nondirectiveness 318
Application and Current Use of Person-Centered Therapy 318
Counseling Applications 318
Application to Multicultural Groups 325
Evaluation of Person-Centered Therapy 326
Limitations 326
Strengths and Contributions 326
Skill Development: Empathic Responding 327
Case Application 329
Reflect and Respond 330
Summary 332 • Recommended Readings 332

Chapter 11 Gestalt Therapy 334
Introduction/Development of Gestalt Therapy 335
Key Concepts 336
Wholeness, Integration, and Balance 337
Awareness 341
The Therapeutic Process 344
Therapeutic Goals 344
Therapist's Function and Role 345
Relationship Between Therapist and Client 346
Therapeutic Techniques and Procedures 347
Exercises, Experiments, and Enactments 347
Use of Language 347

Dreams 348
Fantasy 349
Role Play Using Empty Chair Methods 349
The Body as a Vehicle of Communication 351
Group Gestalt Therapy 351
Application and Current Use of Gestalt Therapy 352
Counseling Applications 352
Application to Multicultural Groups 353
Evaluation of Gestalt Therapy 354
Limitations 354
Strengths and Contributions 354
Skill Development: Gestalt Chair Work 355
Case Application 357
Reflect and Respond 358
Summary 359 • Recommended Readings 360

Part Five The Fourth Force in Psychotherapy: Culture, Context, and Constructivism 361

Chapter 12 Feminist Therapy 361
Introduction to the Fourth Force in Counseling and Psychotherapy: Culture, Context, and Constructivism 361
Introduction/Development of Feminist Therapy 363
Key Concepts 367
The Personal Is Political 367
Women's Experiences Are Honored 368
Reframing Mental Health and Disorders 368
The Primacy of the Egalitarian Relationship 369
The Role of Social Locations and Multidimensional Identities 369
The Therapeutic Process 370
Therapeutic Goals 370
Therapist's Function and Role 371
Relationship Between Therapist and Client 371
Therapeutic Techniques and Procedures 374
Gender-Role Analysis 374
Power Analysis 376
Assertiveness Training 377
Reframing and Relabeling 378
Therapy-Demystifying Strategies 379
Consciousness-Raising 379

Social Activism 380
Application and Current Use of Feminist Therapy 380
Counseling Applications 380
Application to Multicultural Groups 382
Feminist Therapy Spotlight 383
Evaluation of Feminist Therapy 385
Limitations 385
Strengths and Contributions 386
Skill Development: Self-Disclosure 386
Case Application 388
Reflect and Respond 389
Summary 390 • Recommended Readings 391

Chapter 13 Postmodern Therapy 392
Development of Postmodern Theories 392
Introduction/Development of Narrative Therapy 395
Key Concepts 397
Stories 397
Listening with an Open Mind 398
The Therapeutic Process 398
Stages of Narrative Therapy 398
Therapeutic Goals 399
Therapist's Function and Role 400
Relationship Between Therapist and Client 400
Therapeutic Techniques and Procedures 401
Mapping 401
Externalizing 401
Therapeutic Documents 402
Application and Current Use of Narrative Therapy 403
Counseling Applications 403
Application to Family Interventions and Involvement 404
Application to Multicultural Groups 405
Evaluation of Narrative Therapy 405
Limitations 405
Strengths and Contributions 405
Introduction/Development of Solution-Focused Brief Therapy 406
Key Concepts 407
A Future-Oriented Focus 407
Strength-Based Orientation 408

A Focus on Solutions 408
The Therapeutic Process 409
Therapeutic Goals 411
Therapist's Function and Role 411
Relationship Between Therapist and Client 412
Therapeutic Techniques and Procedures 413
Pre-Therapy Changes 413
Formula First Session Tasks 413
Miracle Question 413
Exception Questions 414
Scaling Questions 415
Solution Talk 416
Preferred Future 416
Therapist Feedback to Client 417
Solution Prescriptions 417
Application and Current Use of Solution-Focused Brief Therapy 417
Counseling Applications 418
Application to Multicultural Groups 418
Evaluation of Solution-Focused Brief Therapy 419
Limitations 419
Strengths and Contributions 419
Skill Development: Mapping 419
Case Application 421
Reflect and Respond 423
Summary 423 • Recommended Readings 424

Chapter 14 Family Systems Therapies 425
Introduction/Development of Family Therapy 426
Key Concepts 427
Behavioral Functions Within Family Systems 428
Reciprocal Influence 428
Enhancing Communication 429
Introduction/Development of Bowenian Family Therapy 431
Key Concepts 432
Differentiation of Self 432
Triangulation 432
Nuclear Family Emotional System 433
Family Projection Process 433
Emotional Cutoff 433

Multigenerational Transmission Process 433
Sibling Position 434
Societal Regression 434
Relationship Between Therapist and Client 434
The Therapeutic Process 434
Therapeutic Techniques and Procedures 435
Genograms 435
Detriangulation 436
Application and Current Use of Bowenian Family Therapy 437
Introduction/Development of Experiential and Humanistic Family Therapy 438
Key Concepts 438
Humanistic 438
Process/Experiential 438
Communication 438
Relationship Between Therapist and Client 439
The Therapeutic Process 440
Therapeutic Techniques and Procedures 440
Family Sculpting 441
Choreography 441
Application and Current Use of Experiential and Humanistic Family Therapy 441
Introduction/Development of Structural Family Therapy 441
Key Concepts 442
Subsystems 442
Boundaries Between Systems 442
Family Hierarchy 443
The Therapeutic Process 444
Therapeutic Techniques and Procedures 444
Joining 444
Reframing 444
Enactment 445
Family Maps 445
Application and Current Use of Structural Family Therapy 445
Introduction/Development of Strategic Family Therapy 445
Key Concepts 446
Problem-Centered 446
Nature of Symptoms 446
Relationship Between Therapist and Client 446

The Therapeutic Process 446
Therapeutic Techniques and Procedures 447
Ordeals 447
Paradoxical Interventions 447
Circular Questioning 448
Application and Current Use of Strategic Family Therapy 448
Introduction/Development of Emotionally Focused Couple Therapy 449
Key Concepts 450
Systemic 450
Humanistic-Experiential 450
Attachment 450
Emotion 450
Relationship Between Therapist and Client 450
The Therapeutic Process 451
Therapeutic Techniques and Procedures 451
Application and Current Use of Emotionally Focused Couple Therapy 452
Individual Therapy Theories Applied to Family Therapy 452
Psychoanalysis 452
Adlerian Therapy 453
Behavior Therapy 453
Cognitive Behavioral Therapy 453
Reality Therapy 454
Existential Therapy 454
Person-Centered Therapy 454
Gestalt Therapy 455
Feminist Therapy 455
Postmodern Therapy 455
Application and Current Use of Family Therapy 455
Counseling Applications 455
Application to Multicultural Groups 456
Evaluation of Family Therapy 457
Limitations 457
Strengths and Contributions 457
Skill Development: Genograms 457
Gathering Information 458
Drawing a Genogram 458
Sample Genogram 459

Case Application 460
Reflect and Respond 461
Summary 462 • Recommended Readings 466

Part Six Pulling it All Together 467

Chapter 15 Developing Your Theoretical Orientation 467
Integrative Therapies 467
The Growth of Eclectic and Integrated Approaches 468
The Challenges of Eclectic and Integrated Approaches 469
The Benefits of Eclectic and Integrated Approaches 470
The Nature of Eclectic and Integrated Approaches 470
Examples of Eclectic and Integrated Approaches 470
Characteristics of Sound Eclectic and Integrated Approaches 471
Formulating an Integrative Theory 472
Examples of Integrative Theories 472
Finding Your Counseling Theory 482
Determinants of Theoretical Orientation 483
Counseling Theory and Therapist Personality 484
Theoretical Orientation Reflection Questions 485
Overview of Counseling Theories 485
Basic Philosophy/Key Concepts 485
Therapy Goals 489
Relationship Between Therapist and Client 491
Counseling Techniques and Applications 493
Multicultural Counseling 497
Strengths and Limitations of Theories 501
Future Directions In Counseling and Psychotherapy 505
Reflect and Respond 506
Summary 507 • Recommended Readings 507
Glossary 509
References 528
Name Index 567
Subject Index 576

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CHAPTER

1 Foundations of Effective Counseling

Learning Outcomes

When you have finished this chapter, you should be able to:

- Explain the development and commonalities of Counseling Theories.
- Identify the characteristics of successful clients and of successful counselors.
- Describe why clients' developmental levels are important in the context of counseling and counseling theory selection.
- Describe how culture/diversity issues and legal/ethics issues are important in the context of counseling theories.
- Explain the value of a strengths-based perspective in counseling.

Before considering specific theories of counseling and psychotherapy, it is important to pave the way by providing some information on the history and development of these approaches. This chapter focuses on some of the foundational elements that relate to effective counseling (e.g., the counseling relationship) and considerations that influence the counseling theories used (e.g., the counseling setting, a client's developmental level). The chapter addresses the following topics:

- Characteristics of clients who benefit from counseling
- The therapeutic alliance
- Helpful personal and professional characteristics of the counselor
- Client developmental considerations
- Culturally competent counseling
- The importance of a strengths-based perspective
- Counseling settings and how this relates to counseling theories used
- Ethical and legal guidelines and standards that relate to counseling theories.

Later in this chapter, the Diaz family—Roberto, Edie, and Ava—make their first appearance. The Skill Development section focuses on a review of effective questioning and interviewing techniques that lead to productive intake assessments. The Reflect and Respond section includes activities that reinforce those skills. The use of minimal encouragers and the Reflect and Respond section center on questioning and interviewing for a productive intake/initial assessment.

DEVELOPMENT OF COUNSELING THEORIES

Prior to the late 19th century, people understood little about mental and emotional difficulties and approaches that could be used to help individuals change. Many people with severe mental health symptoms were forcibly confined in institutions and exposed to largely ineffective therapies, while those with mild or moderate difficulties typically received no professional help.

The development of psychodynamic approaches to psychotherapy, spearheaded by the work of Sigmund Freud, led to the emergence of what has been called the first force of psychotherapy. Viewing past experiences as the source of people's present emotional difficulties and emphasizing unconscious processes and long-term therapy, psychodynamic approaches provided a solid foundation for the field of psychotherapy, but that approach had clear limitations.

The research and practice of B. F. Skinner, as well as more modern theorists such as Albert Ellis, Aaron Beck, William Glasser, and Donald Meichenbaum, led to the emergence of the second force of psychotherapy: behavioral and cognitive theories and interventions. Behavioral approaches, which originated in the 1950s, have been integrated with cognitive approaches, developed primarily in the 1980s, leading to the cognitive behavioral approaches that received considerable attention and empirical support in the 1990s. Cognitive and behavioral approaches emphasize the interaction between thoughts, feelings, and behaviors. They use interventions that generally focus on the present and seek to minimize dysfunctional cognitions and behaviors while replacing them with more helpful and positive thoughts and actions.

Carl Rogers' innovative work emerged in the 1960s and led to the development of the third force of psychotherapy: existential-humanistic psychotherapy. The work of Fritz Perls, Viktor Frankl, and others contributed to this force, which emphasizes the importance of emotions and sensations and of people taking charge of and creating meaning in their own lives. These approaches also drew attention to the importance of the therapeutic alliance.

During the later part of the 20th century and the front end of the 21st century, therapists have entered the era of the fourth force of psychotherapy: therapies that focus on Contextual/Systemic approaches (e.g., feminist, family systems, postmodern, multicultural). Contextual/Systemic therapists concentrate on individual identity (e.g., gender, culture, age, race, and sexual orientation) and consider context and culture as they impact clients' experiences and their change processes. Becoming culturally competent, being an ally with clients, and remaining open to their multiple perspectives of themselves and their world are essential for today's therapists. Networking and collaboration with other mental health professionals, providers of community resources, and important people in clients' lives are now viewed as integral to successful counseling. Theories of counseling and psychotherapy, as well as their implementation, have changed in response to the fourth force.

More than 400 counseling theories have been identified and described in the literature (Zarbo, Tasca, Cattafi, & Compare, 2015). Of course, all these theories cannot be reviewed in this text. Therefore, the following criteria were used to select the theories covered in this text:

1. The theories are clear, coherent, and easily communicated.
2. They are compatible with or can be adapted to include the therapeutic commonalities.
3. They encompass a concept of positive emotional development and health that can be used in setting goals and assessing progress.
4. They help therapists organize and make sense of information.

5. They are comprehensive, explaining and addressing a broad range of concerns and disorders.
6. They give therapists direction, steps, and guidelines for facilitating positive change.
7. They encompass strategies and interventions that grow out of and are consistent with the underlying theory.
8. They provide therapists with a common language that facilitates counseling and collaboration.
9. They are widely used in practice and generate research. Even if these approaches have not been conclusively validated by empirical research, the research is promising and their widespread use or growing popularity suggests that therapists find these approaches beneficial to their clients.
10. They focus on individual counseling and psychotherapy. (This book primarily addresses counseling with individuals, with the exception of one chapter that summarizes the major family therapy theories.)

Whether therapists describe themselves as integrative or eclectic (incorporating a variety of themes and techniques into their work), or affiliated with a particular theoretical model, counseling theories all shed light on people's challenges and change processes and provide skills that promote emotional health. It is difficult to determine the most popular theoretical orientations of various mental health providers. Little research on this topic exists, and when practitioners are asked about their theory preferences, only a small number of theories are presented to them as options, thus limiting the findings. With that said, Table 1.1 presents an overview of the theoretical orientation of choice of U.S. counselors, clinical psychologists, counseling psychologists, and social workers.

TABLE 1.1 Theoretical Orientations of Mental Health Providers in the United States

Orientation	Clinical Psychologists (%)	Counseling Psychologists (%)	Social Workers (%)	Counselors (%)
Behavioral	15	2	11	8
Cognitive	31	19	19	29
Constructivist	1	1	2	2
Existential/Humanistic	1	7	4	5
Gestalt/Experiential	1	1	1	2
Integrative/Eclectic	22	31	26	23
Interpersonal	4	8	3	3
Multicultural	1	2	1	1
Psychoanalytic	3	1	5	2
Psychodynamic	15	9	9	5
Rogerian/Person-Centered	2	3	1	10
Systems	2	4	14	7
Other	2	12	4	3

Source: Data from Bechtoldt, H., Norcross, J. C., Wyckoff, L., Pokrywa, M. L., & Campbell, L. F. (2001). Theoretical orientations and employment settings of clinical and counseling psychologists: A comparative study. *The Clinical Psychologist*, *54*(1), 3–6; Bike, D. H., Norcross, J. C., & Schatz, D. M. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extension 20 years later. *Psychotherapy*, *46*(1), 19–31; Goodyear, R. Lichtenberg, J., Hutman, H., Overland, E., Bedi, R., Christiani, K., . . . Young, C. (2016). A global portrait of counselling psychologists' characteristics, perspectives, and professional behaviors. *Counselling Psychology Quarterly*, *29*, 115–138. doi: 10.1080/09515070.2015.1128396; Norcross, J. C., & Karpiak, C. P. (2012). Clinical psychologists in the 2010s: Fifty years of the APA Division of Clinical Psychology. *Clinical Psychology: Science and Practice*, *19*, 1–12.

UNDERSTANDING COUNSELING THEORIES

Counseling, at its most basic level, is about helping people grow and change. When clients present for counseling, it can be difficult to know what information needs to be gathered and how to proceed in best helping clients make the changes they seek. Therapists use theories to organize and simplify the vast amount of information that clients present. Therapists' theories serve as the roadmap for determining the best way to help clients change. Theories assist counselors in organizing information about clients and in determining how to use such information to support clients.

Available resources on various techniques and interventions to facilitate client change are abundant. A quick Internet search reveals millions of counseling techniques and interventions. As an example, the Jongsma (e.g., Jongsma, Peterson, & Bruce, 2014) series includes numerous treatment planning books, which provide examples of short-term objectives, long-term goals, and therapeutic interventions for helping clients achieve their goals. There has also been a recent trend toward the use of computer software systems that generate predetermined counseling goals, objectives, and interventions based on clients' presenting concerns.

These resources can be very helpful tools, but counselors must pull on a counseling theory that can guide their conceptualization of their clients' situations and help them identify what interventions might be most useful (Kress & Paylo, 2019). Counselors who rely on a hodgepodge of techniques or interventions that are not thoughtfully linked to theory run the risk of harming their clients. Clients deserve to have counselors who thoughtfully conceptualize their situations and select counseling techniques grounded in both theory and science (Kress & Paylo, 2019). Anyone can apply counseling interventions and techniques, but skilled therapists will apply a theory and use this theory to guide and focus counseling and to determine when and how to apply specific interventions; the application of theory is what makes us unique and what separates us from the proverbial "armchair psychologists" of the world.

At the most basic level, theories are important because they help counselors to do the following:

- Weed through a vast amount of presenting information and understand and recognize what client information needs to be identified, gathered, and organized
- Conceptualize clients' situations and identify what is supporting their problems in living
- Identify ways of approaching clients that can help them make changes.

Theories of counseling and psychotherapy have been referred to as counseling or therapy approaches, treatment systems, treatment approaches, and theories of change, along with other terms. In this text, the terms therapy and counseling will primarily be used to refer to an integrated set of concepts that provides explanations for and descriptions of the following:

- Stages, patterns, and important factors in people's emotional development
- Healthy emotional development, as well as problematic or abnormal emotional development
- How to help people develop in positive ways and reduce symptoms that are distressing and/or cause impairment in functioning
- The role of therapists and how that role contributes to counseling
- Strategies for putting the theory into practice (e.g., identifying and modifying cognitive distortions, reflecting feelings, developing a clear plan for behavioral change)
- Specific skills or interventions that can enhance implementation of the counseling approach (e.g., use of earliest recollections, analysis of dreams, diaphragmatic breathing)
- Information on people who are likely to benefit from this counseling approach; this information might include people's age, cultural background, strengths, presenting issues, counseling settings, and other factors.

An effective theory is easily understood and comprehensive, provides explanations for a wide variety of presenting issues, and generates research. Effective counseling theories are also encouraging and instills in clients the confidence required to make positive changes; therefore, effective counseling theories integrate encouragement to some extent (Wong, 2015). Effective theories are grounded in an understanding of human development. They offer a framework for gathering and organizing information and exploring personality. They present a theory of development and change that helps us understand people and their concerns. They supply steps and interventions that encourage learning and growth and that allow for evaluation of progress and modification of treatment/counseling plans if needed. They provide reassurance and direction. They lend themselves to development of testable hypotheses that can be investigated to determine the validity and usefulness of the approach, and they promote further study and improvement of the counseling process. Counseling approaches that have proven their value over time are also reasonably well validated.

Readers of this text come from diverse backgrounds, including professional counseling, psychology, marriage and family therapy, social work, art therapy, and other professions. A number of terms can be used to describe those who help people make changes. People's professional background, the setting in which they work, and their formal job title are just a few of the factors that determine whether they refer to themselves as clinical mental health counselors, school counselors, psychologists, therapists, psychotherapists, and so on. To accommodate the broad array of backgrounds of readers, in this text, the generic terms *counselor* and *therapist* will generally be used to describe those who help people change.

Counseling Is Effective

Before proceeding, it is important to ask ourselves if counseling and therapy are effective. In fact, research consistently suggests the effectiveness of counseling (Leichsenring, 2009; Levy, Ablon, & Kachele, 2012). Approximately 75% to 80% of clients benefit significantly from counseling (Clement, 2013). This improvement rate is comparable to the improvements perceived by those receiving various medical procedures (Maltzman, 2016). Counseling outcomes do not differ based on the education or on the degree or license of the person providing services (Norcross & Lambert, 2011). The positive effect of counseling and therapy is achieved in the first 10 to 20 sessions. Studies also indicate that positive effects of therapy last long after counseling has ended (Bolier et al., 2013).

What makes therapy effective? Common factors—that is, factors common to all therapeutic approaches—such as the therapeutic alliance, counselors' demonstration of empathy, clients' and counselors' expectations for change, and the hope that clients experience improvement secondary to meeting with a counselor, may be what makes counseling effective (Ardito & Rabellino, 2011; Wampold, 2015). We should feel good about the fact that what we do as counselors matters and that our efforts are effective.

Although differences in outcome among various forms of therapy are not strong, this does not detract from the importance of effectively using various approaches and strategies and tailoring them to the individual's unique needs. Therapists and researchers no longer ask whether counseling is effective; that has been conclusively demonstrated. Nor do they ask which counseling modality works best. Now we know that most therapies work.

Even though we know counseling is effective, many important questions need to be asked: What are the key ingredients of a successful therapeutic relationship? When is counseling most likely to be effective? What characteristics set apart the successful therapist? What client traits, attitudes, and behaviors enhance counseling, and how can these features be fostered? What counseling approaches and strategies are most effective for specific problems? Which theories can be integrated

to produce even greater effectiveness? What are some common factors inherent in all counseling approaches? These are only a few of the important questions that today's therapists are asking and that will be addressed in this text.

Current research suggests that specific counseling approaches and interventions are just one factor in producing change. Research indicates that clients attribute 40% of the change they experience in counseling to *extratherapeutic factors* (including the internal resources and events that occur in their lives), 30% to the *therapist–client relationship*, 15% to particular *techniques and interventions*, and 15% to their *hope and expectation of positive change* (Duncan, Miller, Wampold, & Hubble, 2010).

Several important points emerge from this finding. First, therapists may not be as powerful as they might think; in fact, clients' life experiences and circumstances and their inner resources seem to be the most powerful factor in change. Consequently, therapists must take the time to know and understand their clients, to grasp their perspectives on the world, to hear their stories, and to learn about their lives so that therapists can help their clients to make the most of those extratherapeutic factors. Second, the therapeutic alliance is of great importance. Promoting a positive relationship characterized by conditions and interactions that encourage desired changes can make a significant difference in the success of counseling. Observing that interventions represent only 15% of the factors contributing to change, readers may be tempted to ask, "Why, then, pay so much attention to learning specific counseling theories?" In reality, 60% or more of client change can be attributed to the theories used, because in addition to the techniques and interventions used (15%), the skills and strategies of the therapist are largely responsible for the development of the therapeutic alliance (30% of the source of change) and for engendering hope and positive expectations in clients (15% of the source of change). Furthermore, counseling can also make a difference in people's ability to make positive use of extratherapeutic factors such as support systems, community resources, and educational programs. Thus, techniques and interventions associated with various theoretical approaches are important not only for their direct impact on symptoms and problems, but also for their indirect impact on the therapeutic alliance as well as on client attitudes and behaviors associated with successful counseling.

Common Factors

Common factors, or a common set of variables, are at play in the different forms of therapy, and these common factors make all therapies effective. What follows is a summary of what we believe makes therapy effective:

- A **therapeutic relationship** characterized by collaboration, trust, mutual investment in the therapy process, shared respect, genuineness, and positive emotional feelings
- A safe, supportive, and healing context
- Goals and a sense of direction as to where counseling is headed
- A shared understanding between therapists and clients about the nature of the problems and concerns to be addressed in treatment and the change processes that will be used to resolve problems
- A credible approach to addressing the client's presenting problems
- Therapeutic learning, which typically includes feedback and corrective experiences
- The encouragement of client self-efficacy and problem-solving abilities
- Improvement in clients' ability to identify, express constructively, and modify their emotions
- Improvement in clients' ability to identify, assess the validity of, and modify their thoughts
- Improvement in clients' ability to assess and change dysfunctional behaviors as well as acquire new and more effective behaviors that promote coping, impulse control, sound relationships, and good emotional and physical health.

Later in this chapter, the therapeutic relationship, the working alliance, and the ingredients that contribute to successful counseling will be discussed in greater depth.

CHARACTERISTICS OF SUCCESSFUL CLIENTS

Both the personal qualities and the backgrounds of clients help determine the success of counseling (Bohart & Tallman, 2010). Therapists can maximize the positive influence of client characteristics by adopting a strength-based perspective (Duncan et al., 2010; discussed later in this chapter); by believing that clients are motivated and capable of change and using that belief to instill hope and optimism during the counseling process; and by promoting an environment where clients feel safe discussing their struggles and trying out new ways of being.

Both pretherapy characteristics—or characteristics that clients bring to counseling—and those qualities that clients manifest in counseling can have an impact on therapy outcome. For example, some research has found that client intelligence, education, and socioeconomic level all play a role in positive counseling outcomes (Leibert & Dunne-Bryant, 2015). The following behaviors and attitudes that clients demonstrate during counseling play an important part in the counseling process.

Client Motivation

The term **motivation** is a broad one that therapists use to describe a range of client behaviors associated with readiness for change and an ability to engage productively in that process. Particularly important aspects of client motivation include engagement in and cooperation with counseling and a willingness to self-disclose, confront problems, put forth effort to change, and, if necessary, experience some temporary anxiety and discomfort in the hope of eventual benefit. Other signs of strong client motivation include low levels of defensiveness and a belief that counseling is necessary and important. Not surprisingly, self-referred clients are less likely to terminate counseling prematurely than are clients referred by others.

Clients often struggle to make behavior changes; part of them wants to change, but part of them does not want to change. It may be that change is frightening, or that the behaviors to be changed may be working for clients in some way, or it may be that clients feel, in some ways, comfortable with things the way they are. Motivational interviewing (Miller & Rollnick, 2012), discussed later in this text, can encourage a client's readiness for change. Motivational interviewing is a directive, client-centered counseling approach that is focused on encouraging clients' behavior change by helping them to explore and resolve their ambivalence toward making changes. Motivational interviewing techniques can be particularly helpful with clients who have substance use disorders, eating disorders, and other behavior problems, as they help these clients prepare for, and make the most of, counseling.

Client Expectations

Hope or *optimism* is another essential element of counseling. Therapy is hard work for both clients and therapists. For people to persist in that process and tolerate the increased anxiety it often causes, as well as the commitment of time and resources, they must believe that counseling has something positive to offer and that, at the end of the process, they will be better off than they were before counseling.

People who have a clear and accurate understanding of counseling and its strengths and limitations are more likely to have successful therapy outcomes. Pretherapy preparation of clients via role induction can make a considerable difference in people's expectations for counseling and correspondingly in their commitment to counseling, willingness to self-disclose, and alliance with the therapist (Shaw & Murray, 2014; Patterson, Anderson, & Wei, 2014). Similarly, effective engagement of the

client in the very first session has been shown to make a positive contribution to successful therapy (Shaw & Murray, 2014).

In general, clients who are informed of what to expect—or understand their role as a client—have a better grasp of counseling and their role in the process, seem more optimistic about making positive changes, and demonstrate greater willingness to self-disclose and talk about their concerns. **Role induction** is the process of orienting clients to counseling so they are more likely to become successful clients who comprehend and can make good use of the therapeutic process. Role induction can help both the client and the therapist engage productively in a common endeavor and can contribute greatly to the efficiency and success of therapy.

Role induction occurs during the first counseling session as part of the intake and assessment process.

Role induction typically entails discussing the following topics with clients early in the therapeutic relationship and ensuring that clients understand and are comfortable with the information that has been discussed:

- The nature of the counseling process
- How counseling promotes positive change
- The kinds of issues and concerns that usually respond well to counseling
- The collaborative nature of the client–counselor relationship
- The roles and responsibilities of the counselor
- The roles and responsibilities of the client
- How clients can get the most out of counseling
- The importance of honesty and self-disclosure on the part of the client
- The kinds of changes people can realistically expect from counseling.

Client Engagement

Counseling is not something that is *done* to clients; rather, clients and their families are active participants in the counseling process (Kress & Paylo, 2019). Clients who succeed in counseling freely present their concerns, collaborate with the therapist in a mutual endeavor, and take steps to improve their lives. They develop a problem-solving attitude and maintain positive expectations of change (Patterson et al., 2014). They recognize that at least some of their difficulties come from within themselves and believe they have the power to improve their situation. They view the need for personal change as significant and can identify a specific problem they want to address. Clients who do better in counseling and maintain gains believe that the changes made in therapy were primarily a result of their own efforts (Scholl, Ray, & Brady-Amoon, 2014). These people probably feel empowered as a result of their counseling successes and are optimistic that they can continue to make positive changes and choices, even after counseling has ended.

THE THERAPEUTIC ALLIANCE

Fifty years of research indicates, with increasing clarity, that the strength of the therapeutic alliance is one of the most powerful predictors of client outcome regardless of the therapist's theoretical orientation (Norcross, 2010). Therefore, it is imperative that therapists acquire a sound understanding of the elements of a positive therapeutic alliance, develop the skills and strategies they need to create successful working relationships with their clients, and be able to adapt their therapy style to individual clients to help them participate in and appreciate the value of the therapeutic alliance. They must also learn to attend to the alliance, to monitor the relationship, and to mend any ruptures as they occur.

Carl Rogers's person-centered counseling, discussed in greater detail later in this book, emphasizes the importance of essential therapist characteristics that he believed would promote client self-esteem and

self-efficacy. Rogers referred to these traits—empathy, unconditional positive regard, and congruence (or being genuine with a client)—as the necessary conditions in which change could occur.

It seems intuitive: A therapist should be competent, caring, warm, and trustworthy and should have strong interpersonal skills. Empirical research continues to point to "the relationship" as the most important ingredient of change. This comes as no surprise, and we all intuitively know that the comfort of a warm relationship and human interaction is what makes counseling work (Norcross, 2010). Although other variables are also at play, including specific interventions, the presence of the following essential conditions of the therapeutic relationship makes it likely that those interventions will succeed.

Empathy

Empathy is the therapist's ability to see the world through the client's eyes and to communicate that understanding so that the client feels heard and validated. Therapists' empathy helps clients feel that their therapists can relate to their experiences and are connecting with them emotionally. Therapist empathy is strongly associated with positive change in clients and may be an even better predictor of counseling outcome than are specific interventions. Indeed, therapist empathy accounts for 9% of the variance in counseling outcomes (Elliott, Bohart, Watson, & Greenberg, 2011).

Unconditional Positive Regard

Unconditional positive regard is transmitted through emotional warmth, appropriate reassurance, the communication of confidence and interest in the client, and the use of therapeutic interventions that empower the client. It gives clients the message that they matter. Good therapists are nonjudgmental and perceive it a privilege to witness the client's experience, and they recognize that the client's experience always trumps the therapist's expertise (Norcross, 2010). Therapists who are warm and caring have a higher likelihood of a positive therapy outcome than do those who are aggressive and confrontational (Bucci, Seymour-Hyde, Harris, & Berry, 2016).

Congruence

Being genuine with a client, or **congruence**, also contributes to the establishment of a positive therapeutic relationship. Therapists who are genuine with clients give them clear, accurate, unambiguous, and honest, yet sensitive, messages. The therapist does not merely verbalize concern while counting the minutes until lunch. If therapists believe clients are making harmful or self-destructive choices, they provide feedback and clarification and show clients possible alternatives, but they never coerce, attack, or humiliate clients.

As with other essential conditions of counseling, therapists must be careful not to move beyond encouraging positive change into an authoritarian role in which they tell clients how they should be and make value judgments about the clients' thoughts, feelings, and actions. Occasionally, clients present a danger to themselves or others, and therapists must intervene forcefully to prevent harm. However, under most circumstances, therapists must honor their clients' right to decide what is best for them.

The essential conditions of counseling are intertwined and build on each other. Consequently, empathy, unconditional positive regard, and congruence all facilitate the development of hope in clients, as do support, encouragement, and affirmation (Wampold, 2015). In addition, the therapist's communication of direction and optimism, emphasis on the client's strengths, ability to address problematic client behaviors and attitudes, and building of a collaborative client–therapist relationship all can foster the client's positive expectation of change (Duncan et al., 2010).

Having a shared vision of the counseling process and the goals of counseling is another important element in the therapeutic alliance (Hill, 2009). If client and therapist view themselves as engaged in an important shared endeavor that is likely to be successful, have clear and mutually