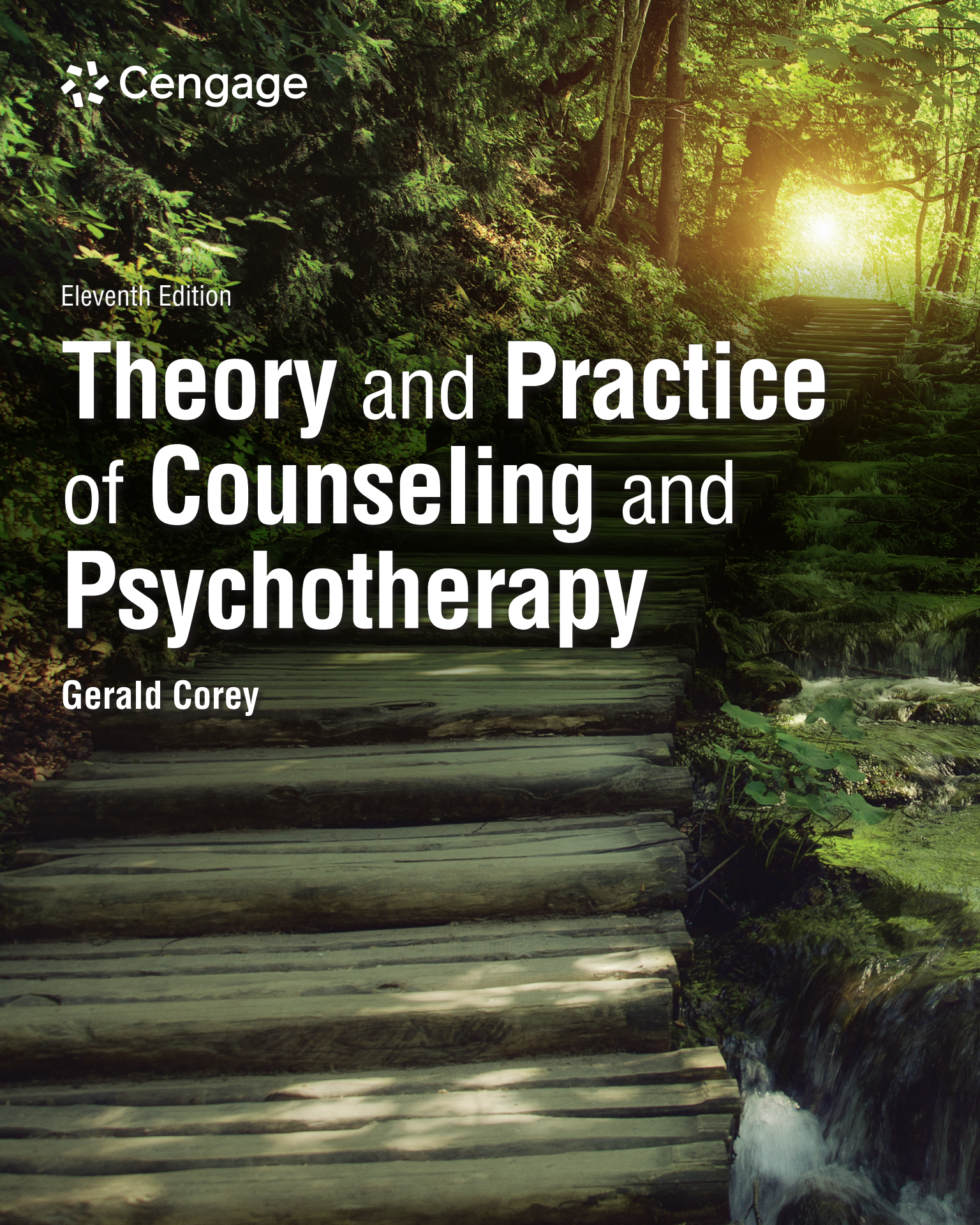
Cengage
Eleventh Edition
Theory and Practice of Counseling and Psychotherapy
Gerald Corey

Theories at-a-Glance

The tables in this book compare theories over a range of topics, thereby providing you with the ability to easily compare, contrast, and grasp the practical aspects of each theory. These tables also serve as invaluable resources that can be used to review the key concepts, philosophies, limitations, contributions to multicultural counseling, applications, techniques, and goals of all theories in this text.

The following chart provides a convenient guide to the tables in this text.

Overview of Focus Questions for the Theories

For the chapters dealing with the different theories, you will have a basic understanding of this book if you can answer the following questions as they apply to each of the eleven theories:

Who are the key figures (founder or founders) associated with the approach?

What are some of the basic assumptions underlying this approach?

What are a few of the key concepts that are essential to this theory?

What do you consider to be the most important goals of this therapy?

What is the role the therapeutic relationship plays in terms of therapy outcomes?

What are a few of the techniques from this therapy model that you would want to incorporate into your counseling practice?

What are some of the ways that this theory is applied to client populations, settings, and treatment of problems?

What do you see as the major strength of this theory from a diversity perspective?

What do you see as the major shortcoming of this theory from a diversity perspective?

What do you consider to be the most significant contribution of this approach?

What do you consider to be the most significant limitation of this approach?

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The tables in this book compare theories over a range of topics, thereby providing you with the ability to easily compare, contrast, and grasp the practical aspects of each theory. These tables also serve as invaluable resources that can be used to review the key concepts, philosophies, limitations, contributions to multicultural counseling, applications, techniques, and goals of all theories in this text.

The following chart provides a convenient guide to the tables in this text.

Theory and Practice of Counseling and Psychotherapy

Eleventh Edition

Gerald Corey

Professor Emeritus of Human Services and Counseling
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Distinguished Visiting Professor of Counseling at University
of Holy Cross, New Orleans

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Gerald Corey

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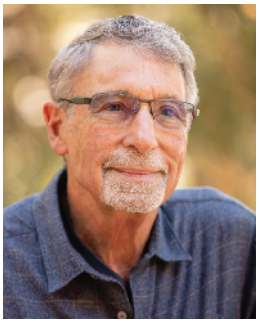
Dedication

To the future generation of counselors:

Pursue your dreams.

You are here to change the world for the better.

About the Author



Gerald "Jerry" Corey, EdD, ABPP, is professor emeritus of human services and counseling at California State University at Fullerton and is distinguished visiting professor of counseling at the University of Holy Cross in New Orleans, where each semester he teaches intensive courses in counseling theories, group counseling, and ethics. He received his doctorate in counseling from the University of Southern California in 1967. He was awarded an honorary doctorate in Humane Letters in 1992 from National Louis University. He is a Diplomate in Counseling Psychology, American Board of Professional Psychology; a licensed psychologist; and a National Certified Counselor. He is a Fellow of the American Psychological Association (Division 17, Counseling Psychology; and Division 49, Group Psychotherapy); a Fellow of the American Counseling Association; and a Fellow of the Association for Specialists in Group Work. Both Jerry and his wife, Marianne Corey, received the Lifetime Achievement Award from the American Mental Health Counselors Association in 2011, and both of them received the Eminent Career Award from ASGW in 2001. Jerry was the recipient of the Outstanding Professor of the Year Award from California State University at Fullerton in 1991. He received the Thomas Hohenshil National Publications Award, which was presented at the American Counseling Association's Virtual Conference in 2021. He is the author or coauthor of 16 textbooks in counseling currently in print, along with more than 70 journal articles and book chapters. Several of his books have been translated into other languages. *Theory and Practice of Counseling and Psychotherapy* has been translated into Arabic, Indonesian, Portuguese, Turkish, Korean, and Chinese. *Theory and Practice of Group Counseling* has been translated into Korean, Chinese, Spanish, and Russian. *Issues and Ethics in the Helping Professions* has been translated into Korean, Japanese, and Chinese.

With his colleagues, Jerry has conducted workshops in the United States, Germany, Ireland, Belgium, Scotland, Mexico, Canada, China, and Korea with a special focus on training in group counseling. In his leisure time, Jerry likes to hike and bicycle in the mountains and the desert and drive his 1931 Model A Ford with his grandchildren. Jerry and Marianne have been married since 1964. They have two adult daughters (Heidi and Cindy), two granddaughters, and one grandson.

In addition to *Theory and Practice of Counseling and Psychotherapy*, Eleventh Edition (and *Student Manual*) (2024), other publications by Gerald Corey, all with Cengage Learning, include:

- *Issues and Ethics in the Helping Professions*, Eleventh Edition (2024, with Marianne Schneider Corey and Cindy Corey)
- *Theory and Practice of Group Counseling*, Tenth Edition (and *Student Manual*) (2023)
- *Becoming a Helper*, Eighth Edition (2021, with Marianne Schneider Corey)
- *Groups: Process and Practice*, Tenth Edition (2018, with Marianne Schneider Corey and Cindy Corey)
- *I Never Knew I Had a Choice*, Eleventh Edition (2018, with Marianne Schneider Corey and Michelle Muratori)

- *Group Techniques*, Fourth Edition (2015, with Marianne Schneider Corey, Patrick Callanan, and J. Michael Russell)
- *Case Approach to Counseling and Psychotherapy*, Eighth Edition (2013)

The following seven books are published by the American Counseling Association:

- *Clinical Supervision in the Helping Professions: A Practical Guide*, Third Edition (2021, with Robert Haynes, Patrice Moulton, and Michelle Muratori)
- *Personal Reflections on Counseling* (2020)
- *The Art of Integrative Counseling*, Fourth Edition (2019)
- *Counselor Self-Care* (2018, with Michelle Muratori, Jude T. Austin, and Julius A. Austin II)
- *ACA Ethical Standards Casebook,* Seventh Edition (2015, with Barbara Herlihy)
- *Boundary Issues in Counseling: Multiple Roles and Relationships,* Third Edition (2015, with Barbara Herlihy)
- *Creating Your Professional Path: Lessons From My Journey* (2010)

Jerry has also made several educational video programs on various aspects of counseling practice: (1) *Counseling with the Case of Gwen* (2019); (2) *Group Theories in Action* (2019); (3) *Ethics in Action* (2015, with Marianne Schneider Corey and Robert Haynes); (4) *Groups in Action: Evolution and Challenges* (2014, with Marianne Schneider Corey and Robert Haynes); (5) *Counseling with the Case of Stan and Lecturettes* (2013); (6) *Integrative Counseling: The Case of Ruth and Lecturettes* (2013, with Robert Haynes); and (7) *Lecturettes for Theory and Practice of Group Counseling* (2012). All of these programs are available through Cengage Learning, and most of them are part of the MindTap programs.

Contents

Preface to Eleventh Edition

This book is intended for counseling courses for undergraduate and graduate students in psychology, counselor education, human services, and the mental health professions. It surveys the major concepts and practices of the contemporary therapeutic systems and addresses some ethical and professional issues in counseling practice. The book aims to teach students to select wisely from various theories and techniques and to begin to develop a personal style of counseling.

I have found that students appreciate an overview of the divergent contemporary approaches to counseling and psychotherapy. They also consistently say that the first course in counseling means more to them when it deals with them personally. Therefore, I stress the practical applications of the material and encourage personal reflection. Using this book can be both a personal and an academic learning experience.

In this updated eleventh edition, every effort has been made to retain the major qualities that students and professors have found useful in previous editions: the succinct overview of the key concepts of each theory and their implications for practice, the straightforward and personal style, and the book's comprehensive scope. Care has been taken to present the theories in an accurate and fair way. I have attempted to be simple, clear, and concise. Because many students want suggestions for further readings, I have included both recommended supplementary readings and a reference list at the end of each chapter.

Overview of the Book and What's New in the Eleventh Edition

This edition includes updated material and refines selected existing discussions. Part 1 deals with issues that are basic to the practice of counseling and psychotherapy. Chapter 1 puts the book into perspective and introduces readers to the cases of Stan and Gwen. An overview of the videos illustrating counseling sessions with Gwen conducted by nine different therapists is incorporated in this chapter. In Chapter 2, students are introduced to the counselor—as a person and a professional. There is an updated and expanded discussion of becoming an effective multicultural counselor. There is some new material on wellness, counselor self-care, and therapeutic lifestyle changes. Chapter 3 introduces students to a range of key ethical issues in counseling practice.

Part 2 is devoted to a consideration of 11 theories of counseling. All of the theories have been revised and expanded to reflect recent trends and developments in the practice of that theoretical approach, and references have been updated for each theory chapter. In addition, Adlerian therapy, traditional behavior therapy, third-wave behavioral approaches, cognitive behavior therapy, feminist therapy, and the postmodern approaches (solution-focused brief therapy, motivational interviewing,

and narrative therapy) all have undergone major revisions, which highlight significant developments of these theories. As has been true of earlier editions, each of the theory chapters follows a common organizational pattern, and students can easily compare and contrast the various models. This pattern includes core topics such as key concepts, the therapeutic process, therapeutic techniques and procedures, multicultural perspectives, and the theory applied to the case of Stan and the case of Gwen.

Students will have a basic understanding of the 11 theories if they can answer the following questions about each theory introduced in Part 2:

- Who are the key figures or founders associated with each theory?
- What are some of the basic assumptions underlying each theory?
- What are a few key concepts of each theory?
- What are the primary goals of each theory?
- What role does the therapeutic relationship play in each theory?
- What techniques from each theory could be incorporated in an integrated perspective?
- What are some of the major strengths of the theory from a diversity perspective?
- What are some of the major shortcomings of the theory from a diversity perspective?
- What are some of the key contributions of the theory?
- What are some of the key limitations of the theory?

The summary and evaluation at the end of each chapter describes the contributions, strengths, limitations, and applications of the theory. Special attention is given to the strengths and shortcomings of the theory in working with diverse client populations. Students are given recommendations regarding where to look for further training in the "*Where To Go From Here*" sections at the end of each chapter.

A new feature in the theory chapters of Part 2 is a section on how each theory can be applied to school counseling. The application of the various theories to counseling in school settings is a perspective that was requested by students and faculty. These sections were contributed by individuals who have expertise both in the theory being discussed and in school counseling.

Another new feature of Part 2 is a section in which an expert in each theory addresses six specific questions about the theory. The expert perspectives are provided by diverse contributors who are steeped in the theory, which enables students to see similarities and differences among the theories.

Part 3 presents an integrative perspective. I believe that an integrative approach to counseling practice is the best way to meet the needs of diverse client populations in many different settings. Numerous tables and other material help students compare and contrast the 11 theoretical orientations and illustrates ways these approaches might be integrated. Important discussions explain the psychotherapy integration movement, how to integrate religion/spirituality in counseling, research demonstrating the central role of the therapeutic

alliance, and some conclusions from the research literature on the effectiveness of psychotherapy. I also encourage students to develop a framework that leads to their own synthesis.

Supplemental Resources

Student and Instructor Resources

In this eleventh edition, I have made every effort to incorporate those aspects that have worked best in the courses on counseling theory and practice that I teach. To help readers apply theory to practice, a *Student Manual* is available on the Companion Website. The *Student Manual for Theory and Practice of Counseling and Psychotherapy* is designed for experiential work and contains open-ended questions, cases for exploration and discussion, structured exercises, self-inventories, and a variety of activities that can be done both in class and out of class. The *Student Manual* has a glossary for each of the theories, activities and exercises, case examples, and chapter quizzes for assessing the level of mastery of basic concepts of each theory.

Also available online is a revised and updated *Instructor's Resource Manual*, which includes suggestions for teaching the course, class activities to stimulate interest. This instructor's manual is now geared for the following learning package: *Theory and Practice of Counseling and Psychotherapy; Student Manual for Theory and Practice of Counseling and Psychotherapy; and Case Approach to Counseling and Psychotherapy.*

Additional instructor assets include an Educator's Guide, PowerPoint® slides, and a test bank powered by Cognero®. Sign up or sign in at **www.cengage.com** to search for and access this product and its online resources.

MindTap for Theory and Practice of Counseling and Psychotherapy

Today's leading online learning platform, MindTap for *Theory and Practice of Counseling and Psychotherapy*, 11th edition, gives you complete control of your course to craft a personalized, engaging learning experience that challenges students, builds confidence, and elevates performance.

MindTap introduces students to core concepts from the beginning of your course using a simplified learning path that progresses from understanding to application and delivers access to eTextbooks, study tools, interactive media, auto-graded assessments, and performance analytics.

Use MindTap for *Theory and Practice of Counseling and Psychotherapy*, 11th edition, as-is, or personalize it to meet your specific course needs. You can also easily integrate MindTap into your Learning Management System (LMS).

The MindTap for *Theory and Practice of Counseling and Psychotherapy*, 11th edition, contains Video Quizzes related to the Case of Stan and the Case of Gwen. There are also two online-only chapters: Chapter 16, "Case Illustration: An Integrative Approach in Working With Stan," and Chapter 17, "Transactional Analysis".

Alignment With CACREP Standards*

CACREP Core Curriculum Standards for various areas of counseling are reflected throughout this eleventh edition of *Theory and Practice of Counseling and Psychotherapy*. Chapter numbers relevant to the CACREP standards appear in parentheses following the standards listed here.

Professional Counseling Orientation and Ethical Practice

1. The role and process of the professional counselor advocating on behalf of the profession (Chapter 3)
2. Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (Chapter 3)
3. Professional counseling organizations, including membership benefits, activities, services to members, and current issues (Chapter 3)
4. Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling (Chapter 3)
5. Self-care strategies appropriate to the counselor role (Chapter 2)

Social and Cultural Diversity

1. Theories and models of multicultural counseling, cultural identity development, and social justice and advocacy (Chapters 2–14)
2. Multicultural counseling competencies (Chapters 2–3)
3. Help-seeking behaviors of diverse clients (Chapters 2–14)
4. The impact of spiritual beliefs on clients' and counselors' worldviews (Chapter 2)
5. Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination (Chapter 3)

Counseling and Helping Relationships

1. Theories and models of counseling (Chapters 2–15)
2. A systems approach to conceptualizing clients (Chapter 14)
3. The impact of technology on the counseling process (Chapter 3)
4. Counselor characteristics and behaviors that influence the counseling process (Chapter 2)
5. Essential interviewing, counseling, and case conceptualization skills (Chapter 1)
6. Developmentally relevant counseling treatment or intervention plans (Chapter 4)
7. Development of measurable outcomes for clients (Chapter 15)
8. Evidence-based counseling strategies and techniques for prevention and intervention (Chapter 3)

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*Council for Accreditation of Counseling Related Educational Programs. (2016). *CACREP Standards.*

9. Processes for aiding students in developing a personal model of counseling (Chapter 15)

Group Counseling and Group Work

1. Theoretical foundations of group counseling and group work (Chapters 4–13)
2. Therapeutic factors and how they contribute to group effectiveness (Chapters 4–13)
3. Characteristics and functions of effective group leaders (Chapter 2)
4. Ethical and culturally relevant strategies for designing and facilitating groups (Chapters 4–13)

Acknowledgments

Thank you to these professors who use this book and who reviewed new and revised material for the theory chapters:

- **Jake Morris**, PhD, professor of counseling at Lipscomb University
- **Bryan Farha**, EdD, professor and director of applied behavioral studies and counseling at Oklahoma City College
- **Alex Becnel**, PhD, assistant professor in the Department of Special Education, Counseling, and Student Affairs, at Kansas State University

Kellie Kirksey, PhD, reviewed the strengths and shortcomings of the theories from a multicultural/diversity perspective. Her insights and commentary enhanced the discussion of these sections for all theory chapters.

Various experts reviewed selected chapters and in some cases provided new literature and examples for the chapters. These individuals are:

- **Paul Rasmussen**, PhD, Chapter 5, Adlerian Therapy
- **Jon Sperry**, PhD, Chapter 5, Adlerian Therapy
- **Len Sperry**, PhD, MD, Chapter 5, Adlerian Therapy
- **Caroline Bailey**, PhD, Chapter 9, Behavior Therapy
- **Sherry Cormier**, PhD, Chapter 9, Behavior Therapy
- **Debbie Joffe Ellis**, MDAM, Chapter 10, Cognitive Behavior Therapy (REBT)
- **Christine Padesky**, PhD, Chapter 10, Cognitive Behavior Therapy
- **Robert Wubbolding**, EdD, Chapter 11, Choice Theory/Reality Therapy
- **Carolyn Zerbe Enns**, PhD, Chapter 12, Feminist Therapy
- **John Murphy**, PhD, Chapter 13, Postmodern Therapy: Solution-Focused Brief Therapy
- **Gerald Monk**, PhD, Chapter 13, Postmodern Therapy: Narrative Therapy

Many thanks go to all those who contributed to the school counseling sections: Sheri Bauman, PhD (Psychoanalytic therapy, Existential therapy, and Choice

theory/Reality therapy); Hideko Sera, PsyD (Adlerian therapy); Sam Steen, PhD (Person-Centered therapy); Margaret Hindman, PhD, and Kristi Perryman, PhD (Gestalt therapy); Kellie Kirksey, PhD (Behavior therapy); Debbie Joffe Ellis, MDAM (Rational emotive behavior therapy); Alex Becnel, PhD (Cognitive behavioral counseling); Carolyn Zerbe Enns, PhD (Feminist social justice therapy); John Murphy, PhD (Solution-focused counseling); Gerald Monk, PhD (Narrative therapy); Jennifer Melfie, Med (Motivational interviewing); and James Robert Bitter, EdD (Family systems therapy).

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Many of the ideas in this eleventh edition are the result of my interaction and discussions with graduate students, teaching assistants, and guest presenters beginning in 2020 in my Counseling Theories classes at the University of Holy Cross in New Orleans. These Counseling Theories courses were weekend intensives presented via Zoom. The questions and comments from students in these classes were helpful to me in rethinking many of the concepts and techniques for the various theory chapters.

Marianne Schneider Corey (life partner of almost 60 years) has been greatly instrumental in the development of my integrative approach to counseling. Since the first edition of this book in 1977, Marianne and I have been involved in teaching and presenting workshops. We have had frequent conversations about the contributions of the diverse theoretical perspectives. Her influence is largely responsible for significant shifts in my thinking regarding the practical applications of the counseling theories in this textbook.

Special recognition goes to Kay Mikel, the manuscript editor of this edition, whose exceptional editorial talents continue to keep this book reader friendly.

Gerald Corey

Introduction and Overview

1

Learning Objectives

1. Explain the author's philosophical stance.
2. Identify suggested ways to use this book.
3. Differentiate between each contemporary counseling model discussed in this book.
4. Identify key issues presented in the case of Stan.
5. Identify key issues presented in the case of Gwen.
6. Describe the key themes of the video counseling sessions with Gwen.

Introduction

Counseling students can begin to acquire a counseling style tailored to their own personality by familiarizing themselves with the major approaches to therapeutic practice. This book surveys 11 approaches to counseling and psychotherapy, presenting the key concepts of each approach and discussing features such as the therapeutic process (including goals), the client–therapist relationship, and specific procedures used in the practice of counseling. This information will help you develop a balanced view of the major ideas of each of the theories and acquaint you with the practical techniques commonly employed by counselors who adhere to each approach. I encourage you to keep an open mind and to seriously consider both the unique contributions and the particular limitations of each therapeutic system presented in Part 2.

You cannot gain the knowledge and experience you need to synthesize various approaches by merely completing an introductory course in counseling theory. This process will take many years of study, training, and practical counseling experience. Nevertheless, I recommend a personal integration as a framework for the professional education of counselors. When students are presented with a single theory and are expected to subscribe to it alone, their effectiveness will be limited when working with a diverse range of clients in the future.

An undisciplined mixture of approaches, however, can be an excuse for failing to develop a sound rationale for systematically adhering to certain concepts and to the techniques that are extensions of them. It is easy to pick and choose fragments from the various therapies because they support our biases and preconceptions. By studying the theories presented in this book, you will have a better sense of how to integrate concepts and techniques from different approaches when defining your own personal synthesis and framework for counseling.

Each therapeutic approach has useful dimensions for understanding human behavior. No theory is either "right" or "wrong"; each theory offers a unique contribution to understanding human behavior and has implications for counseling practice. Accepting the validity of one theory does not necessarily imply rejecting other approaches. There is a clear place for theoretical pluralism, especially in a society that is becoming increasingly diverse.

Although I suggest that you remain open to incorporating diverse approaches into your own personal synthesis—or integrative approach to counseling—you can quickly become overwhelmed and confused if you attempt to learn everything at once, especially if this is your introductory course in counseling theories. A case can be made for initially getting an overview of the major theoretical orientations, and then learning a particular approach by becoming steeped in that approach for some time rather than superficially grasping many theoretical approaches. An integrative perspective is not developed in a random fashion; it is an ongoing process that is well thought out. Successfully integrating concepts and techniques from diverse approaches requires years of reflective practice, gaining practical experience in counseling, and a great deal of reading about the various theories. In Chapter 15, I discuss in more depth some ways to begin designing your integrative approach to counseling practice.

Refer to the MindTap for this book to interact with video quizzes and various video programs to expand your knowledge on topics relevant to Chapter 1.

LO1 Where I Stand

My philosophical orientation is strongly influenced by the existential approach. Because this approach does not prescribe a set of techniques and procedures, I draw techniques from various therapy approaches presented in this book. I particularly like to use role-playing techniques. When people reenact scenes from their lives, they tend to become more psychologically engaged than when they merely report anecdotes about themselves. I also incorporate many techniques derived from cognitive behavior therapy.

The psychoanalytic emphasis on early psychosexual and psychosocial development is useful. Our past plays a crucial role in shaping our current personality and behavior. I challenge the deterministic notion that humans are the product of their early conditioning and, thus, are victims of their past. But I believe that an exploration of the past is often useful, particularly to the degree that the past continues to influence present-day emotional or behavioral difficulties.

I value the cognitive behavioral focus on how our thinking affects the way we feel and behave. These therapies also emphasize current behavior. Thinking and feeling are important dimensions, but it can be a mistake to overemphasize them and not explore how clients are behaving. What people are doing often provides a good clue to what they really want. I also like the emphasis on specific goals and on encouraging clients to formulate concrete aims for their own therapy sessions and in life.

More approaches have been developing methods that involve collaboration between therapist and client, making the therapeutic venture a shared responsibility. This collaborative relationship, coupled with teaching clients ways to use what they learn in therapy in their everyday lives, empowers clients to take an active stance in their world. It is imperative that clients be active, not only in their counseling sessions but in daily life as well. Homework, collaboratively designed by clients and therapists, can be a vehicle for assisting clients in putting into action what they are learning in therapy.

A related assumption of mine is that we can exercise increasing freedom to create our own future. Accepting personal responsibility does not imply that we can be anything we want to be. Social, environmental, cultural, and biological realities oftentimes limit our freedom of choice. Being able to choose must be considered in the sociopolitical contexts that exert pressure or create constraints; oppression is a reality that can restrict our ability to choose our future. We are also influenced by our social environment, and much of our behavior is a product of learning and conditioning. That being said, I believe an increased awareness of these contextual forces enables us to address these realities. It is crucial to learn how to cope with the external and internal forces that influence our decisions and behavior.

Feminist therapy has contributed an awareness of how environmental and social conditions contribute to the problems of women and men and how gender-role

socialization leads to a lack of gender equality. Family therapy teaches us that it is not possible to understand the individual apart from the context of the family system. Both family therapy and feminist therapy are based on the premise that to understand the individual it is essential to take into consideration the interpersonal dimensions and the sociocultural context rather than focusing primarily on the intrapsychic domain. This comprehensive approach to counseling goes beyond understanding our internal dynamics and addresses the environmental and systemic realities that surround us.

My philosophy of counseling challenges the assumption that therapy is exclusively aimed at "curing" psychological "ailments." Such a focus on the medical model restricts therapeutic practice because it stresses deficits rather than strengths. Instead, I agree with the postmodern approaches (see Chapter 13), which are grounded on the assumption that people have both internal and external resources to draw upon when constructing solutions to their problems. Therapists will view these individuals quite differently if they acknowledge that their clients possess competencies rather than pathologies. I view each individual as having resources and competencies that can be discovered and built upon in therapy.

Psychotherapy is a process of engagement between two people, both of whom are bound to change through the therapeutic venture. At its best, this is a collaborative process that involves both the therapist and the client in co-constructing solutions regarding life's tasks. Most of the theories described in this book emphasize the collaborative nature of the practice of psychotherapy.

Therapists are not in business to change clients, to give them quick advice, or to solve their problems for them. Instead, counselors facilitate healing through a process of genuine dialogue with their clients. The kind of person a therapist is remains the most critical factor affecting the client and promoting change. If practitioners possess wide knowledge, both theoretical and practical, yet lack human qualities of compassion, caring, good faith, honesty, presence, realness, and sensitivity, they are more like technicians. I believe that those who function exclusively as technicians do not make a significant difference in the lives of their clients. It is essential that counselors explore their own values, attitudes, and beliefs in depth and work to increase their own awareness. Throughout the book I encourage you to find ways to apply what you are reading to your personal life. Doing so will take you beyond a mere academic understanding of these theories.

With respect to mastering the techniques of counseling and applying them appropriately and effectively, it is my belief that you are your own best technique. Your engagement with clients is useful in moving the therapeutic process along. It is impossible to separate the techniques you use from your personality and the relationship you have with your clients.

Administering techniques to clients without regard for the relationship variables is ineffective. Techniques cannot substitute for the hard work it takes to develop a constructive client–therapist relationship. Although you can learn attitudes and skills and acquire certain knowledge about personality dynamics and the therapeutic process, much of effective therapy is the product of artistry. Counseling entails far more than becoming a skilled technician. It implies that you are able to establish and maintain a good working relationship with your clients, that you can draw on your own experiences and reactions, and that you can identify techniques suited to the needs of your clients.

As a counselor, you need to remain open to your own personal development and to address any significant personal problems. The most powerful ways for you to teach your clients is by the behavior you model and by the ways you connect with them. I suggest that you experience a wide variety of techniques yourself *as a client*. Reading about a technique in a book is one thing; actually experiencing it from the vantage point of a client is quite another. If you have practiced mindfulness exercises, for example, you will have a much better foundation for guiding clients in the practice of becoming increasingly mindful in daily life. If you have carried out real-life homework assignments as part of your own self-change program, you will have increased empathy for clients and their potential problems. Your own anxiety over self-disclosing and addressing personal concerns can be a most useful anchoring point as you work with the anxieties of your clients. The courage you display in your personal therapy will help you appreciate how essential courage is for your clients.

Your personal characteristics are of primary importance in becoming a counselor, but it is not sufficient to be merely a good person with good intentions. To be effective, you also must have supervised experiences in counseling and sound knowledge of counseling theory and techniques. Furthermore, it is essential to be well grounded in the various *theories of personality* and to learn how they are related to *theories of counseling*. Your conception of the person and the individual characteristics of your client affect the interventions you will make. Differences between you and your client may require modification of certain aspects of the theories. Some practitioners make the mistake of relying on one type of intervention (supportive, confrontational, information giving) for most clients with whom they work. In reality, different clients may respond better to one type of intervention than to another. Even during the course of an individual's therapy, different interventions may be needed at various times. Practitioners should acquire a broad base of counseling techniques that are suitable for individual clients rather than forcing clients to fit into a single approach to counseling.

LO2 Suggestions for Using the Book

Here are some specific recommendations on how to get the fullest value from this book. The personal tone of the book invites you to relate what you are reading to your own experiences. As you read Chapter 2, "The Counselor: Person and Professional," begin the process of reflecting on your needs, motivations, values, and life experiences. Consider how you are likely to bring the person you are becoming into your professional work. You will assimilate much more knowledge about the various therapies if you make a conscious attempt to apply the key concepts and techniques of these theories to your own life. Chapter 2 helps you think about how to use yourself as your single most important therapeutic instrument, and it addresses a number of significant ethical issues in counseling practice.

Before you study each of the theory chapters, I suggest that you at least briefly read Chapter 15, which provides a comprehensive review of the key concepts from all 11 theories presented in this textbook. I try to show how an integration of these perspectives can form the basis for creating your own personal synthesis for counseling. In developing an integrative perspective, it is essential to think holistically. To understand human functioning, it is imperative to account for the physical,

emotional, mental, social, cultural, political, and spiritual dimensions. If any one of these facets of human experience is neglected, a theory is limited in explaining how we think, feel, and act.

To provide you with a consistent framework for comparing and contrasting the various therapies, the 11 theory chapters share a common format. This format includes a few notes on the personal history of the founder or another key figure; a brief historical sketch showing how and why each theory developed at the time it did; a discussion of the approach's key concepts; an overview of the therapeutic process, including the therapist's role and the client's work; therapeutic techniques and procedures; applications of the theory from a multicultural perspective; application of the theory to the cases of Stan and Gwen; a summary and evaluation that focuses on the contributions and limitations of the theory; self-reflection and discussion questions; suggestions of how to continue your learning about each approach; and recommendations for further reading.

The Preface includes a complete description of other resources that fit as a package and complement this textbook. In the MindTap Video Quizzes related to *The Case of Stan*, I demonstrate my way of counseling Stan from the various theoretical approaches in 13 sessions and present my perspective on the key concepts of each theory in a brief lecture, with emphasis on the practical application of the theory. A more recent video, *The Case of Gwen*, shows nine therapists working with Gwen using their own approaches.

LO3 Overview of the Theory Chapters

I have selected 11 therapeutic approaches for this book. Table 1.1 presents an overview of these approaches, which are explored in depth in Chapters 4 through 14. I have grouped these approaches into four general categories.

Table 1.1 Overview of Contemporary Counseling Models

Psychodynamic Approaches	
Psychoanalytic therapy	Founder: Sigmund Freud. A theory of personality development, a philosophy of human nature, and a method of psychotherapy that focuses on unconscious factors that motivate behavior. Attention is given to the events of the first six years of life as determinants of the later development of personality.
Adlerian therapy	Founder: Alfred Adler. Key Figure: Rudolf Dreikurs. Following Adler, Dreikurs is credited with popularizing this approach in the United States. This is a growth model that stresses assuming responsibility, creating one's own destiny, and finding meaning and goals to create a purposeful life. Key concepts are used in most other current therapies.
Experiential and Relationship-Oriented Therapies	
Existential therapy	Key Figures: Viktor Frankl, Rollo May, and Irvin Yalom. Reacting against the tendency to view therapy as a system of well-defined techniques, this model stresses building therapy on the basic conditions of human existence, such as choice, the freedom and responsibility to shape one's life, and self-determination. It focuses on the quality of the person-to-person therapeutic relationship.

Person-centered therapy	Founder: Carl Rogers. Key Figure: Natalie Rogers. This approach was developed during the 1940s as a nondirective reaction against psychoanalysis. Based on a subjective view of human experiencing, it places faith in and gives responsibility to the client in dealing with problems and concerns.
Gestalt therapy	Founders: Fritz and Laura Perls. Key Figures: Miriam and Erving Polster. An experiential therapy stressing awareness and integration; it grew as a reaction against analytic therapy. It integrates the functioning of body and mind and places emphasis on the therapeutic relationship.
Cognitive Behavioral Approaches	
Behavior therapy	Key figures: B. F. Skinner, Albert Bandura, and Marsha Linehan. This approach applies the principles of learning to the resolution of specific behavioral problems. Results are subject to continual experimentation. The methods of this approach are always in the process of refinement. The mindfulness and acceptance-based approaches are rapidly gaining popularity.
Cognitive behavior therapy	Founders: Albert Ellis and A. T. Beck. Ellis founded rational emotive behavior therapy, a highly didactic, cognitive, action-oriented model of therapy. Beck founded cognitive therapy, which gives a primary role to thinking as it influences behavior. Judith Beck continues to develop cognitive behavior therapy (CBT); Christine Padesky has developed strengths-based CBT. Donald Meichenbaum, who helped develop cognitive behavior therapy, has made significant contributions to resilience as a factor in coping with trauma.
Choice theory/Reality therapy	Founder: William Glasser. Key Figure: Robert Wubbolding. This short-term approach is based on choice theory and focuses on the client assuming responsibility in the present. Through the therapeutic process, clients are able to learn more effective ways of meeting their needs.
Systems and Postmodern Approaches	
Feminist therapy	This approach grew out of the efforts of many women, a few of whom are Jean Baker Miller, Carolyn Zerbe Enns, Lillian Comas-Diaz, Thelma Bryant-Davis, and Laura Brown. A central concept is the concern for the psychological oppression of women. Focusing on the constraints imposed by the sociopolitical status to which women have been relegated, this approach explores women's identity development, self-concept, goals and aspirations, and emotional well-being.
Postmodern approaches	A number of key figures are associated with the development of these various approaches to therapy. Steve de Shazer and Insoo Kim Berg are the cofounders of solution-focused brief therapy. Michael White and David Epston are the major figures associated with narrative therapy. Social constructionism, solution-focused brief therapy, narrative therapy, and motivational interviewing all assume that there is no single truth; rather, it is believed that reality is socially constructed through human interaction. These approaches maintain that clients are the experts in their own life.
Family systems therapy	A number of significant figures have been pioneers of the family systems approach, two of whom are Murray Bowen and Virginia Satir. This systemic approach is based on the assumption that the key to changing the individual is understanding and working with the family.

First are the psychodynamic approaches. *Psychoanalytic therapy* is based largely on insight, unconscious motivation, and reconstruction of the personality. The psychoanalytic model appears first because it has had a major influence on all of the formal systems of psychotherapy. Some of the therapeutic models are extensions of psychoanalysis, others are modifications of analytic concepts and procedures, and still others emerged as a reaction against psychoanalysis. Many theories of psychotherapy have borrowed and integrated principles and techniques from psychoanalytic approaches.

Adlerian therapy differs from psychoanalytic theory in many respects, but it can broadly be considered an analytic perspective. Adlerians focus on meaning, goals, purposeful behavior, conscious action, belonging, and social interest. Although Adlerian theory accounts for present behavior by studying childhood experiences, it does not focus on unconscious dynamics.

The second category comprises the *experiential and relationship-oriented therapies*: the existential approach, the person-centered approach, and Gestalt therapy. The *existential approach* stresses a concern for what it means to be fully human. It suggests certain themes that are part of the human condition, such as freedom and responsibility, anxiety, guilt, awareness of being finite, creating meaning in the world, and shaping one's future by making active choices. This approach is not a unified school of therapy with a clear theory and a systematic set of techniques. Rather, it is a philosophy of counseling that stresses the divergent methods of understanding the subjective world of the person. The *person-centered approach*, which is rooted in a humanistic philosophy, places emphasis on the basic attitudes of the therapist. It maintains that the quality of the client–therapist relationship is the prime determinant of the outcomes of the therapeutic process. Philosophically, this approach assumes that clients have the capacity for self-direction without active intervention and direction on the therapist's part. Another experiential approach is *Gestalt therapy*, which offers a range of experiments to help clients gain awareness of what they are experiencing in the here and now—that is, the present. In contrast to person-centered therapists, Gestalt therapists tend to take an active role as they follow the leads provided by their clients. These approaches tend to emphasize emotion as a route to bringing about change, and in a sense, they can be considered emotion-focused therapies.

Third are the *cognitive behavioral approaches*, sometimes known as the action-oriented therapies because they all emphasize translating insights into behavioral action. These approaches include choice theory/reality therapy, behavior therapy, rational emotive behavior therapy, and cognitive therapy. *Reality therapy* focuses on clients' current behavior and stresses developing clear plans for new behaviors. Like reality therapy, *behavior therapy* puts a premium on doing and on taking steps to make concrete changes. A current trend in behavior therapy is toward paying increased attention to cognitive factors as an important determinant of behavior. *Rational emotive behavior therapy* and *cognitive therapy* highlight the necessity of learning how to challenge inaccurate beliefs and automatic thoughts that lead to behavioral problems. These cognitive behavioral approaches are used to help people modify their inaccurate and self-defeating assumptions and to develop new patterns of acting.

The fourth general approach encompasses the *systems* and *postmodern perspectives*. Feminist therapy and family therapy are systems approaches, but they also share postmodern notions. The systems orientation stresses the importance of understanding individuals in the context of the surroundings that influence their

development. To bring about individual change, it is essential to pay attention to how the individual's personality has been affected by gender-role socialization, culture, family, and other systems.

The *postmodern approaches* include social constructionism, solution-focused brief therapy, narrative therapy, and motivational interviewing. These newer approaches challenge the basic assumptions of traditional approaches by assuming that there is no single truth and that reality is socially constructed through human interaction. Both postmodern and systemic theories focus on how people produce their own lives in the context of systems, interactions, social conditioning, and discourse.

In my view, practitioners need to pay attention to what their clients are *thinking, feeling*, and *doing*, and a complete therapy system must address all three of these facets. Some of the therapies included here highlight the role that cognitive factors play in counseling. Others place emphasis on the experiential aspects of counseling and the role of feelings. Still others emphasize putting plans into action and learning by doing. Combining all of these dimensions provides the basis for a comprehensive therapy framework.

LO4 Introduction to the Case of Stan

You will learn a great deal by seeing a theory in action, preferably in a live demonstration or as part of experiential activities in which you function in the alternating roles of client and counselor. An online program demonstrates one or two techniques from each of the theories. As Stan's counselor, I show how I would apply some of the principles of each of the theories you are studying to Stan. Many of my students find this case history of the hypothetical client (Stan) helpful in understanding how various techniques are applied to the same person. Stan's case, which describes his life and struggles, is presented here to give you significant background material to draw from as you study the applications of the theories. Each of the 11 theory chapters in Part 2 includes a discussion of how a therapist with the orientation under discussion is likely to proceed with Stan. We examine the answers to questions such as follows:

- What themes in Stan's life merit special attention in therapy?
- What concepts would be useful to you in working with Stan on his problems?
- What are the general goals of Stan's therapy?
- What possible techniques and methods would best meet these goals?
- What are some characteristics of the relationship between Stan and his therapist?
- How might the therapist proceed?
- How might the therapist evaluate the process and treatment outcomes of therapy?

In Chapter 15, (which I recommend you read early) I explain how I would work with Stan, suggesting concepts and techniques I would draw on from many of the theories (forming an integrative approach).

A single case illustrates both contrasts and parallels among the approaches. It also will help you understand the practical applications of the 11 theories and provide a basis for integrating them. A summary of the intake interview with Stan and

some key themes in his life are presented next to provide a context for making sense of the way therapists with various theoretical orientations might work with Stan. Try to find attributes of each approach that you can incorporate into a personalized style of counseling.

Intake Interview With Stan

The setting is a community mental health agency where both individual and group counseling are available. Stan comes to counseling because of his drinking. He was convicted of driving under the influence, and the judge determined that he needed professional help. Stan recognizes that he does have problems, but he is not convinced that he is addicted to alcohol. Stan arrives for an intake interview and provides the counselor with this information:

> At the present time I work in construction. I like building houses but probably won't stay in construction for the rest of my life. When it comes to my personal life, I've always had difficulty getting along with people. I could be called a "loner." I like people in my life, but I don't seem to know how to stay close to people. It probably has a lot to do with why I drink. I'm not very good at making friends or getting close to people. Probably the reason I sometimes drink a bit too much is because I'm so scared when it comes to socializing. Even though I hate to admit it, when I drink, things are not quite so overwhelming. When I look at others, they seem to know the right things to say. Next to them I feel dumb. I'm afraid that people don't find me very interesting. I'd like to turn my life around, but I just don't know where to begin. That's why I went back to school. I'm a part-time college student majoring in psychology. I want to better myself. In one of my classes, Psychology of Personal Adjustment, we talked about ourselves and how people change. We also had to write an autobiographical paper.

That is the essence of Stan's introduction. The counselor says that she would like to read his autobiography. Stan hopes it will give her a better understanding of where he has been and where he would like to go. He brings her the autobiography, which reads as follows:

> Where am I currently in my life? At 35 I feel that I've wasted most of my life. I should be finished with college and into a career by now, but instead I'm only a junior. I can't afford to really commit myself to pursuing college full time because I need to work to support myself. Even though construction work is hard, I like the satisfaction I get when I look at what I have done.
>
> I want to get into a profession where I could work with people. Someday, I'm hoping to get a master's degree in counseling or in social work and eventually work as a counselor with kids who are in trouble. I know I was helped by someone who cared about me, and I would like to do the same for someone else.
>
> I have few friends and feel scared around most people. I feel good with kids. But I wonder if I'm smart enough to get through all the classes I'll need to become a counselor. One of my problems is that I frequently get drunk. This happens when I feel alone and when I'm scared of the intensity of my feelings. At first drinking seemed to help, but later on I felt awful. I have abused drugs in the past also.

I feel overwhelmed and intimidated when I'm around attractive women. I feel cold, sweaty, and terribly nervous. I think they may be judging me and see me as not much of a man. I'm afraid I just don't measure up to being a real *man*. When I am sexually intimate with a woman, I am anxious and preoccupied with what she is thinking about me.

I feel anxiety much of the time. I often feel as if I'm dying inside. I think about committing suicide, and I wonder who would care. I can see my family coming to my funeral and feeling sorry for me. I feel guilty that I haven't worked up to my potential, that I've been a failure, that I've wasted much of my time, and that I let people down a lot. I get down on myself and wallow in guilt and feel *very depressed*. At times like this I feel hopeless and think I'd be better off dead. For all of these reasons, I find it difficult to get close to anyone.

There are a few bright spots. I did put a lot of my shady past behind me, and I did get into college. I like this determination in me—I *want* to change. I'm tired of feeling the way I do. I know that nobody is going to change my life for me. It's up to me to get what I want. Even though I feel scared at times, I like that I'm willing to take risks.

What was my past like? A major turning point for me was the confidence my supervisor had in me at the youth camp where I worked the past few summers. He helped me get my job, and he also encouraged me to go to college. He said he saw a lot of potential in me for being able to work well with young people. That was hard for me to believe, but his faith inspired me to begin to believe in myself. Another turning point was my marriage and divorce. This marriage didn't last long. It made me wonder about what kind of man I was! Joyce was a strong and dominant woman who kept repeating how worthless I was and how she did not want to be around me. We had sex only a few times, and most of the time I was not very good at it. That was hard to take. It made me afraid to get close to a woman. My parents should have divorced. They fought most of the time. My mother (Angie) constantly criticized my father (Frank Sr.). I saw him as weak and passive. He would *never* stand up to her. There were four of us kids. My parents compared me unfavorably with my older sister (Judy) and older brother (Frank Jr.). They were "perfect" children, successful honors' students. My younger brother (Karl) and I fought a lot. They spoiled him. It was all very hard for me.

In high school I started using drugs. I was thrown into a youth rehabilitation facility for stealing. Later I was expelled from regular school for fighting, and I landed in a continuation high school. I went to school in the mornings and had afternoons for on-the-job training. I got into auto mechanics, was fairly successful, and even managed to keep myself employed for three years as a mechanic.

I can still remember my father asking me: "Why can't you be like your sister and brother? Why can't you do anything right?" And my mother treated me much the way she treated my father. She would say: "Why do you do so many things to hurt me? Why can't you grow up and be a man? Things are so much better around here when you're gone." I recall crying myself to sleep many nights, feeling terribly alone. There was no talk of religion in my house, nor was there any talk of sex. In fact, I find it hard to imagine my folks ever having sex.

Where would I like to be five years from now? What kind of person do I want to become? Most of all, I would like to start feeling better about myself. I would like to be able to stop drinking altogether and still feel good. I want to like myself

> much more than I do now. I hope I can learn to love at least a few other people, most of all, a woman. I want to lose my fear of women. I would like to feel equal with others and not always have to feel apologetic for my existence. I want to let go of my anxiety and guilt. I want to become a good counselor for kids. I'm not certain how I'll change or even what all the changes are that I hope to make. I do know that I want to be free of my self-destructive tendencies and learn how to trust people more. Perhaps when I begin to like myself more, I'll be able to trust that others will find something about me to like.

Effective therapists, regardless of their theoretical orientation, would pay attention to suicidal thoughts. In his autobiography Stan says, "I think about committing suicide." At times he doubts that he will ever change and wonders if he'd be "better off dead." Before embarking on the therapeutic journey, the therapist would need to make an assessment of Stan's current *ego strength* (his ability to manage life realistically), which would include a discussion of his suicidal thoughts.

Overview of Some Key Themes in Stan's Life

A number of themes appear to represent core struggles in Stan's life. Here are some of the statements we can assume that he may make at various points in his therapy and themes that will be addressed from the theoretical perspectives in Chapters 4 through 15:

- Although I'd like to have people in my life, I just don't seem to know how to go about making friends or getting close to people.
- I'd like to turn my life around, but I have no sense of direction.
- I want to make a difference.
- I am afraid of failure.
- I know when I feel alone, scared, and overwhelmed, I drink heavily to feel better.
- I am afraid of women.
- Sometimes at night I feel a terrible anxiety and feel as if I'm dying.
- I often feel guilty that I've wasted my life, that I've failed, and that I've let people down. At times like this, I get depressed.
- I like it that I have determination and that I really want to change.
- I've never really felt loved or wanted by my parents.
- I'd like to get rid of my self-destructive tendencies and learn to trust people more.
- I put myself down a lot, but I'd like to feel better about myself.

In the chapters in Part 2, I write about how I would apply selected concepts and techniques of the particular theory in counseling Stan. In addition, in these chapters you are asked to think about how you would continue counseling Stan from each of these different perspectives. In doing so, refer to the introductory material given here. To make the case of Stan come alive for each theory, I highly recommend that you interact with *The Case of Stan* sessions in this book's MindTap through the Case of Stan Video Quizzes. In this video program, I counsel Stan from each of the various theories and provide brief lectures that highlight each theory.

Introduction to the Case of Gwen

Meet Dr. Kellie Kirksey

Kellie Kirksey

Kellie N. Kirksey

I invited Dr. Kellie Kirksey to create a case ("Gwen") based on a composite of her clients over her many years of practice. Gwen's concerns are discussed as they relate to the theory featured in each chapter, and Dr. Kirksey demonstrates how she would work with Gwen using techniques that illustrate key concepts from the theory.

Kellie N. Kirksey, PhD, received her doctorate in Counselor Education and Psychology at The Ohio State University. She is a licensed clinical counselor, a certified rehabilitation counselor, and an approved clinical supervisor. She has practiced and taught in the counseling field for more than 25 years and has focused her work in the area of multicultural counseling, social justice, integrative counseling, and wellness.

Dr. Kirksey enjoys exploring how wellness is achieved in other cultures and has given numerous workshops and presentations on wellness and self-care in North America, South Africa, Botswana, Hawaii, and Italy.

LO5 Background on the Case of Gwen

Gwen is a 56-year-old, married, African American woman presenting with fibromyalgia, difficulty sleeping, and a history of anxiety and depression. She reports feeling stress and isolation on her job and is having a difficult time managing her multiple roles. Gwen is the oldest of five children, and after her parents' divorce, she took on the responsibility of caring for her younger siblings. Gwen has been married to Ron for 31 years and states they have ups and downs but basically their relationship is supportive. Ron is employed as a high school teacher and has always made the family a priority. They have three adult children: Brittany age 29, Lisa age 26, and Kevin age 23. Gwen has a master's degree in accounting and is employed at a large firm as a CPA. She reports being the only woman of color at her job. Because she is the only one speaking up for issues of diversity and racial equality at her workplace, she often feels isolated and tired. She does not have enough time to spend with friends or to do the things she once enjoyed because of her long work hours. Gwen also helps her adult children with their bills when needed and is the primary caretaker of her mother, who resides with her and is in the advanced stages of dementia.

This is Gwen's first time in formal counseling. She reports having gone to her pastor when she was feeling "down" in the past. Gwen also reports times of being sexually molested by an older cousin. She seeks counseling because she is having difficulty staying focused at work and is generally feeling sad and overwhelmed. Gwen also reports experiencing a great deal of anxiety. She states she is not suicidal but is "sick and tired of feeling sick and tired." Gwen summarizes her current situation by saying, "I realized the other day that I am tired of just existing and surviving. So here I am." Gwen was referred to Dr. Kirksey by the pastor of her church. Despite the many challenges in her life, Gwen says that her faith in God is strong and church has always been her place of refuge.

Intake Session

Gwen begins by saying she is ready to unload the stressors she has been holding inside. She states that she has held everything together for everyone far too long. During this initial session, I also address the relevant aspects of informed consent and begin an ongoing process of educating Gwen on how the therapeutic process works.

Gwen says she feels a heaviness in her heart, which is associated with all that is expected of her at work and with her family, what she has not accomplished, and where she is heading. I acknowledge this heaviness and ask her to start wherever she wants. Gwen states that she has not felt carefree since she was a young child before her parents' divorce. Her parents moved to the North from Georgia for work when she was eight years old. Both of her parents were teachers and valued education. Her neighborhood and school were predominantly African American, and the community was close. In high school she was bussed across town to a predominately White school, and Gwen states she began to encounter what she felt were racist attitudes at this school.

> I felt different and excluded, and this was reinforced by occasional name calling and subtle slights. That was one of the first times I remember feeling like I had to work twice as hard to get ahead and to be accepted in life. Throughout college I worked hard to be successful by pushing myself to achieve what people said I couldn't, but it seems that all my hard work has just worn me down.

A number of life concerns bring Gwen into counseling. A few of her concerns relate to her work. She experiences mounting tension on the job, and when she asserts her opinions, she is labeled as emotional and angry. The more tension she experiences at work, the less she engages at home. An additional concern is that her mother is slowly fading into another world due to dementia. Gwen states that she is feeling terrible about herself and does not even want to be around people anymore. Everything irritates her and she prefers to spend time by herself. Gwen reports the following:

> I feel like a shell of a person. I am not depressed where I am wanting to kill myself. I just feel numb. There is no real point to doing this daily routine of waking, suffering through the day, and going to bed just to get up and do it all over again. My life is like a flat note with little joy. I don't go out; I don't have sex; and I am too tired to do anything. Nothing I do is good enough. I start projects, and then it's like they disappear. Nothing ever gets finished, and then I feel worse about myself. Sometimes I feel like I want to go into a cave and never come out. I feel like I will lose everything if I don't make some changes in my life. Everything looks good on the outside, but inside of me, I am on edge and need to do something different. My pastor and mentor tell me I am sabotaging myself. Usually, I get defensive and withdrawn, but this time I want to get better, and I am ready to do what it takes. I am done with feeling tired all the time and hiding from people. My goal is to live a more balanced life and to learn how to reduce my stress level.

The first step of our journey is to build a working alliance based on mutual respect. I let Gwen know that this is her time to use as she pleases, and that it is a safe and confidential space.

LO6 Video on Counseling Sessions with Gwen

Overview of Video MindTap Program for The Case of Gwen

A feature of this edition of the book is video sessions that illustrate counseling Gwen for all of the chapters. These videos bring the case of Gwen to life, and Gwen is now included in each theory chapter. Kellie Kirksey is featured in each chapter of the book as Gwen's therapist. In this video, Kirksey reverses roles and "becomes the client Gwen" for all 15 sessions as nine therapists show how they would counsel Gwen from various theoretical perspectives. These therapists are diverse in age, race, culture, ethnicity, professional identity and experience, and gender. They demonstrate selected techniques, and each therapist focuses on a particular aspect of the case presented in the book. Each of these sessions is about 20 minutes in length. The highlights from these sessions are presented next for each of the theory chapters.

Chapter 1 Intake Session

Lupe-Alle Corliss, MSW, LCSW, conducts an intake interview with Gwen. The session focuses on major stressors in Gwen's life, selected aspects of her history, her presenting problems, and establishing a working alliance. This session provides the foundation for all of the therapy sessions with Gwen.

Chapter 2 Multicultural Perspectives

Galo Arboleda, MSW, LCSW, invites Gwen to share what it is like for her to meet with a Latino social worker. The theme of this session includes cultural aspects and how Gwen's cultural values and background, and her life experiences, are basic to understanding her present life situation.

Chapter 3 Informed Consent Session

Casey Huynh, MFT, MA in Counseling, demonstrates selected aspects of the informed consent process. The therapist asks Gwen to talk about their differences in culture and race: Gwen is African American and the therapist is Chinese, Vietnamese. They explore how their differences might affect their work together. Gwen asks the therapist about confidentiality.

Chapter 4 Psychoanalytic (Psychodynamic) Therapy

Damian Fowler, MA in Counseling, demonstrates how Gwen's early history has a present-day influence on her problems and concerns. The therapist explains the concept of transference, and they discuss the potential for a transference reaction on Gwen's part because the therapist reminds Gwen of her son.

Chapter 5 Adlerian Therapy

Kristi Kanel, PhD, MFT, conducts an Adlerian lifestyle assessment about Gwen's family constellation, her early recollections, her siblings, and some basic mistakes that Gwen feels are influencing her today.

Chapter 6 Existential Therapy

Naomi Tapia, graduate student in a counseling program, deals with existential themes of anxiety and death awareness. They explore some of Gwen's personal stories of racism and injustice and her search for meaning. The therapist is a student interning in counseling, and she invites Gwen to share her reactions to working with a student intern.

Chapter 7 Person-Centered Therapy

Melissa Rivera-Flores, graduate student and an intern in a social work program, begins by informing Gwen of her position of being a student. This session demonstrates how therapist empathy and compassion enable Gwen to explore her feeling of being overwhelmed more deeply. This session emphasizes how therapy is a collaborative journey driven by what the client brings to the session.

Chapter 8 Gestalt Therapy

Leah Brew, PhD, LPCC, CCMHC, NCC, focuses on the mind–body connection. Gwen brings unfinished business into the here and now, especially her relationship with her husband. The theme of staying with her body in the present moment is illustrated as a foundational principle.

Chapter 9 Behavior Therapy

Kristi Kanel, PhD, MFT, gives Gwen instructions in relaxation training, which she can use to cope with anxiety and her feeling of being overwhelmed. Part of Gwen's therapy involves social skills training, and she learns interpersonal skills and how to communicate effectively.

Chapter 10 Cognitive Behavior Therapy

Randy Alle-Corliss, MSW, LCSW, uses rational emotive behavior therapy techniques to help Gwen identify and challenge negative self-talk and faulty thinking. The therapist teaches Gwen the ABC framework to change how her thoughts influence her emotions and behaviors. The therapist demonstrates role reversal and cognitive disputation. The session shows how homework can be collaboratively designed.

Chapter 11 Choice Theory/Reality Therapy

Galo Arboleda, MSW, LCSW, assists Gwen in creating an action plan designed to help her achieve her personal goals. She has already begun taking a yoga class and is seeing results. The therapist helps Gwen identify additional key changes she most wants to make in her life. The specific steps in creating an action plan are demonstrated.

Chapter 12 Feminist Therapy/Social Justice

Leah Brew, PhD, LPCC, CCMHC, NCC, is most concerned about validating Gwen's experiences with discrimination and oppression. Gwen says that as a woman of color she often experiences being unheard. The therapist explores with Gwen what she

learned growing up about the value of her voice. This session looks at how issues of gender and race are central to understanding Gwen's current struggles. The therapist encourages Gwen to take steps toward social action to change her life situation.

Chapter 13 Postmodern Approaches: Solution-Focused Brief Therapy

Damian Fowler, MA in Counseling, applies several solution-focused brief therapy (SFBT) techniques to identify Gwen's resources. Using an SFBT scaling technique, the therapist asks Gwen to rate the pressure she feels on a scale of to 10. The therapist asks her to think about some time when the stress was not overwhelming and what she was doing to better manage her stress (exception questions).

Chapter 14 Family Systems Therapy

Lupe-Alle Corliss, MSW, LCSW, explores with Gwen what it was like for her in her family of origin. In a previous session, the therapist encouraged Gwen to create a family genogram that depicted three generations. She is asked to talk about her family genogram. After talking about her family of origin briefly, she is asked about any parallels with her present family. She identifies some of the changes she would like in her family, and she asks about inviting her husband to join her for a couples session.

Chapter 15 Integrative Approaches

Randy Alle-Corliss, MSW, LCSW, introduces Gwen to multiple tools to heal on the levels of mind, body, and spirit. The session shows how an integrative perspective focuses on the interaction among the cognitive, emotive, and behavioral domains. The therapist inquires how Gwen feels about working with an older White man.

Session 16 is an interview conducted by Gerald Corey who asks Dr. Kirksey to talk about what it was like for her to assume the role of the client Gwen with the different therapists and different modalities. Gwen steps out of her role as a client and shares some of who she is as Kellie Kirksey, PhD, LPCC-S, CRC, holistic psychotherapist. She shares how it was for her to become Gwen's therapist in the book and how it felt for her to reverse roles and become the client in the video.

2 The Counselor: Person and Professional

Learning Objectives

1. Identify the characteristics of the counselor as a therapeutic person.
2. Describe the benefits of seeking personal counseling as a counselor.
3. Explain the concept of bracketing and what is involved in managing a counselor's personal values.
4. Explain how values relate to identifying goals in counseling.
5. Discuss the role of diversity issues in the therapeutic relationship.
6. Describe what is involved in acquiring competency as a multicultural counselor.
7. Identify issues faced by beginning therapists.
8. Describe the main therapeutic lifestyle changes that are key to self-care.

Introduction

One of the most important instruments you have to work with as a counselor is yourself as a person. In preparing for counseling, you will acquire knowledge about the theories of personality and psychotherapy, learn assessment and intervention techniques, and discover the dynamics of human behavior. Such knowledge and skills are essential, but by themselves they are not sufficient for establishing and maintaining effective therapeutic relationships. To every therapy session we bring our human qualities and the experiences that have influenced us. In my judgment, this human dimension is one of the most powerful influences on the therapeutic process. Ample research supports the conclusion that psychotherapy is an irreducibly human encounter (Norcross & Lambert, 2019c).

A good way to begin your study of contemporary counseling theories is by reflecting on the personal issues raised in this chapter. By remaining open to self-evaluation, you not only expand your awareness of self but also build the foundation for developing your abilities and skills as a professional. The theme of this chapter is that the *person* and the *professional* are intertwined facets that cannot be separated in reality. We know, clinically and scientifically, that the person of the therapist and the therapeutic relationship contribute to therapy outcome at least as much as the particular treatment method used (Duncan et al., 2010; Elkins, 2016; Norcross & Lambert, 2019a, 2019c; Norcross & Wampold, 2019).

Refer to the MindTap for this book to interact with video quizzes and various video programs to expand your knowledge on topics relevant to Chapter 2.

LO1 The Counselor as a Therapeutic Person

Counseling is an intimate form of learning, and it demands a practitioner who is willing to be an authentic person in the therapeutic relationship. It is within the context of the person-to-person connection that the client experiences growth. If we hide behind the safety of our professional role, our clients are likely to keep themselves hidden from us. If we strive for technical expertise alone, and leave our own reactions and self out of our work, we are likely to be ineffective counselors. Our own genuineness can have a significant effect on our relationship with our clients. If we are willing to look at our lives and make the changes we want, we can model that process by the way we reveal ourselves and respond to our clients. If we are inauthentic, we will have difficulty establishing a working alliance with our clients. If we model authenticity by engaging in appropriate self-disclosure, our clients will tend to be honest with us as well.

I believe that who the counselor is directly relates to establishing and maintaining effective therapy relationships with clients. But what does the research reveal about the role of the counselor as a person and the therapeutic relationship on psychotherapy outcome? Abundant research indicates the centrality of the person of

the therapist as a primary factor in successful therapy. The *person* of the psychotherapist is inextricably intertwined with the outcome of psychotherapy (see Elkins, 2016). Clients place more value on the personality and character of the therapist than on the specific techniques used. Indeed, evidence-based psychotherapy relationships are critical to the psychotherapy endeavor (Norcross & Lambert, 2019a; Norcross & Wampold, 2019).

Techniques themselves have limited importance in the therapeutic process. Wampold (2001) conducted a meta-analysis of many research studies on therapeutic effectiveness and found that the personal and interpersonal components are essential to effective psychotherapy, whereas techniques have relatively little effect on therapeutic outcome. The *contextual factors*—the alliance, the relationship, the personal and interpersonal skills of the therapist, client agency, and extra-therapeutic factors—are the primary determinants of therapeutic outcome. This research supports what humanistic psychologists have maintained for years: "It is not theories and techniques that heal the suffering client but the human dimension of therapy and the 'meetings' that occur between therapist and client as they work together" (Elkins, 2009, p. 82). The therapy relationship accounts for client improvement as much as, and perhaps more than, the specific treatment methods used (Norcross & Lambert, 2019c). In short, both the *therapy relationship* and the *therapy methods* used influence the outcomes of treatment. It is essential that the methods used support the therapeutic relationship being established with the client. Norcross and Lambert (2019a) capture the essence of what constitutes an effective therapist: "The research shows than an effective psychotherapist is one who employs specific methods, who offers strong relationships, and who customizes both treatment methods and relationship stances to the individual person and condition" (p. 19). Norcross and Cooper (2021) state: "Privileging the client's cultures, values, and preferences is what matters" (p. 41). They maintain that it is the ethical duty of therapists to honor strong preferences of clients.

Personal Characteristics of Effective Counselors

Particular personal qualities and characteristics of counselors are significant in creating a therapeutic alliance with clients. My views regarding these personal characteristics are supported by research on this topic (Norcross & Lambert, 2019a, 2019b, 2019c; Norcross & Wampold, 2019; Skovholt & Jennings, 2004; Sperry & Carlson, 2011). I do not expect any therapist to exemplify in detail all the traits described in the list that follows. Rather, the willingness to struggle to become a more therapeutic person is the crucial variable. This list is intended to stimulate you to examine your own ideas about what kind of person can make a significant difference in the lives of others.

- **Effective therapists have an identity.** They know who they are, what they are capable of becoming, what they want out of life, and what is essential.
- **Effective therapists respect and appreciate themselves.** They can give and receive help and love out of their own sense of self-worth and strength. They feel adequate with others and allow others to feel powerful with them.
- **Effective therapists are open to change.** They exhibit a willingness and courage to leave the security of the known if they are not satisfied

with the way they are. They make decisions about how they would like to change, and they work toward becoming the person they want to become.

- **Effective therapists make choices that are life oriented.** They are aware of early decisions they made about themselves, others, and the world. They are not the victims of these early decisions, and they are willing to revise them if necessary. They are committed to living fully rather than settling for mere existence.
- **Effective therapists are authentic, sincere, and honest.** They do not hide behind rigid roles or facades. Who they are in their personal life and in their professional work is congruent.
- **Effective therapists have a sense of humor.** They are able to put the events of life in perspective. They have not forgotten how to laugh, especially at their own foibles and contradictions.
- **Effective therapists may make mistakes and are willing to admit them.** They do not dismiss their errors lightly, yet they do not choose to dwell on misery.
- **Effective therapists generally live in the present.** They are not riveted to the past, nor are they fixated on the future. They are able to experience and be present with others in the "now."
- **Effective therapists appreciate the influence of culture.** They are aware of the ways in which their own culture affects them, and they respect the diversity of values espoused by other cultures. They are sensitive to the unique differences arising out of social class, race, sexual orientation, and gender.
- **Effective therapists have a sincere interest in the welfare of others.** This concern is based on respect, care, trust, and a real valuing of others.
- **Effective therapists possess good interpersonal skills.** They are capable of entering the world of others without getting lost in this world, and they strive to create collaborative relationships with others. They readily entertain another person's perspective and can work together toward consensual goals.
- **Effective therapists become deeply involved in their work and derive meaning from it.** They can accept the rewards flowing from their work, yet they are not slaves to their work.
- **Effective therapists are passionate.** They have the courage to pursue their dreams and passions, and they radiate a sense of energy.
- **Effective therapists are able to maintain healthy boundaries.** Although they strive to be fully present for their clients, they don't carry the problems of their clients around with them during leisure hours. They know how to say no, which enables them to maintain balance in their lives.

This picture of the characteristics of effective therapists might appear unrealistic. Who could be all those things? Certainly I do not fit this bill! Do not think of these personal characteristics from an all-or-nothing perspective; rather, consider them on a continuum. A given trait may be highly characteristic of you, at one extreme, or it may be very uncharacteristic of you, at the other extreme. I have

presented this picture of the therapeutic person with the hope that you will examine it and develop your own concept of what personality traits you think are essential to strive for to promote your own personal growth. For a more detailed discussion of the person of the counselor and the role of the therapeutic relationship in outcomes of treatments, see *Psychotherapy Relationships That Work, Volume 1* (Norcross & Lambert, 2019b), *Psychotherapy Relationships That Work, Volume 2* (Norcross & Wampold, 2019), *How Master Therapists Work: Exploring Change From the First Through the Last Session and Beyond* (Sperry & Carlson, 2011), and *Master Therapists: Exploring Expertise in Therapy and Counseling* (Skovholt & Jennings, 2004).

LO2 Personal Therapy for the Counselor

Discussion of the counselor as a therapeutic person raises another issue debated in counselor education: Should people be required to participate in counseling or therapy before they become practitioners? My view is that counselors can benefit greatly from the experience of being clients at some time, a view that is supported by research (Norcross, 2005; Orlinsky et al., 2005). This experience can be obtained before your training, during it, or both, but I strongly support some form of self-exploration as vital preparation in learning to counsel others.

The vast majority of mental health professionals have experienced personal therapy, typically on several occasions (Geller et al., 2005b). Ronnestad, Orlinsky, and Wiseman (2016) state that the benefits of psychotherapy for *therapists as people* include "positive increments in self-awareness, self-knowledge, self-understanding, self-care, and self-acceptance as well as reduction in symptoms and improved relationships and personal growth generally" (p. 230). Orlinsky, Norcross, Ronnestad, and Wiseman (2005) suggest that personal therapy contributes to the therapist's professional work in three ways: (1) as part of the therapist's training, personal therapy offers a model of therapeutic practice in which the trainee observes a more experienced therapist at work and learns experientially what is helpful or not helpful; (2) a beneficial experience in personal therapy can further enhance a therapist's interpersonal skills, which are essential to skillfully practicing therapy; and (3) successful personal therapy can contribute to a therapist's ability to deal with the ongoing stresses associated with clinical work.

In his research on personal therapy for mental health professionals, Norcross (2005) states that lasting lessons practitioners learn from their personal therapy experiences pertain to interpersonal relationships and the dynamics of psychotherapy. Some of these lessons learned are the centrality of warmth, empathy, and the personal relationship; having a sense of what it is like to be a therapy client; valuing patience and tolerance; and appreciating the importance of learning how to deal with transference and countertransference. By participating in personal therapy, counselors can prevent their potential future countertransference from harming clients.

Through our work as therapists, we can expect to confront our own unexplored personal blocks such as loneliness, power, death, and intimate relationships. This does not mean that we need to be free of conflicts before we can counsel others, but we need to be aware of what these conflicts are and how they are likely to affect us

as persons and as counselors. For example, if we have great difficulty dealing with anger or conflict, we may not be able to assist clients who are dealing with anger or with conflictual relationships.

When I began counseling others, old wounds were opened and feelings I had not explored in depth came to the surface. It was difficult for me to encounter a client's depression because I had failed to come to terms with the way I had escaped from my own depression. I did my best to cheer up depressed clients by talking them out of what they were feeling, mainly because of my own inability to deal with such feelings. In the early years of my work as a counselor in a university counseling center, I wondered what I could do for my clients. I often had no idea what, if anything, my clients were getting from our sessions. I couldn't tell if they were getting better, staying the same, or getting worse. It was important to me to note progress and to see change in my clients. If I did not see immediate results, I had many doubts about whether I could become an effective counselor. What I did not understand at the time was that my clients needed to struggle to find their own answers. To see my clients feel better quickly was *my need*, not theirs. It never occurred to me that people often feel worse for a time as they give up their defenses and open themselves to their pain. My early experiences as a counselor showed me that I could benefit by participating in personal therapy to better understand how my personal problems were affecting my professional work. I realized that periodic therapy, especially early in one's career, can be most useful.

Personal therapy can be instrumental in healing the healer. If student counselors are not actively involved in the pursuit of their own healing and growth, they will probably have considerable difficulty entering the world of a client. As counselors, we cannot take our clients any farther than we have gone ourselves. If we are not committed personally to the value of examining our own life, how can we inspire clients to examine their lives? By experiencing our own psychotherapy, we gain an experiential frame of reference with which to view ourselves. This provides a basis for understanding and having compassion for our clients, and we can draw on our own memories of reaching impasses in our therapy, of both wanting to go farther and at the same time resisting change.

Our own therapy can help us develop patience with our patients! We learn what it feels like to deal with anxieties that are aroused by self-disclosure and self-exploration and how to creatively facilitate deeper levels of self-exploration in clients. As we increase our self-awareness through our own therapy, we gain increased appreciation for the courage our clients display in their therapeutic journey. Gold and Hilsenroth (2009) studied graduate clinicians and found that those who had personal therapy felt more confident and were more in agreement with their clients on the goals and tasks of treatment than were those who had not experienced personal therapy. They also found that graduate clinicians who had experienced personal therapy were able to develop strong agreement with their clients on the goals and tasks of treatment. Participating in a process of self-exploration can reduce the chances of assuming an attitude of arrogance or of being convinced that we are totally healed. Wise and Barnett (2016) suggest that personal psychotherapy on a periodic basis is an ideal self-care strategy. Personal therapy is one of the ways to enhance our well-being and competence throughout our career. We can learn a great deal from our experience as a client that we can use professionally.

For a comprehensive discussion of personal therapy for counselors, see *The Psychotherapist's Own Psychotherapy: Patient and Clinician Perspectives* (Geller et al., 2005a).

The Counselor's Values and the Therapeutic Process

The importance of self-exploration for counselors carries over to the values and beliefs we hold. My experience in teaching and supervising students of counseling shows me how crucial it is that students be aware of their values, of where and how they acquired them, and of how their values can influence their interventions with clients.

LO3 The Role of Values in Counseling

Our values are core beliefs that influence how we act, in both our personal and our professional lives. Personal values influence how we view counseling and the manner in which we interact with clients, including the way we conduct client assessments, our views of the goals of counseling, the interventions we choose, the topics we select for discussion in a counseling session, how we evaluate progress, and how we interpret clients' life situations.

Although total objectivity cannot be achieved, we can strive to avoid being encapsulated by our own worldview. We need to guard against the tendency to use our power to influence clients to accept our values; persuading clients to accept or adopt our value system is not a legitimate outcome of counseling. From my perspective, the counselor's role is to create a climate in which clients can examine their thoughts, feelings, and actions and to empower them to arrive at their own solutions to problems they face. The counselor's task is to assist individuals in finding answers that are most congruent with their own values. It is not beneficial to give clients your answers to their questions about life.

You may not agree with certain of your clients' values, but you need to respect their right to hold divergent values from yours. This is especially true when counseling clients who have a different cultural background and perhaps do not share your own core cultural values. Your role is to provide a safe, accepting, and inviting environment in which clients can explore the congruence between their values and their behavior. If clients acknowledge that what they are doing is not getting them what they want, it is appropriate to assist them in developing new ways of thinking and behaving to help them move closer to their goals. This is done with full respect for their right to decide which values they will use as a framework for living. Individuals seeking counseling need to clarify their own values and goals, make informed decisions, choose a course of action, and assume responsibility and accountability for the decisions they make.

Managing your personal values so they do not contaminate the counseling process is referred to as **bracketing**. Counselors are expected to set aside (or bracket) their personal beliefs and values when working with a wide range of clients (Kocet & Herlihy, 2014). Your core values may differ in many ways from the core values of your clients, and they will bring you a host of problems framed by their own worldview. Some clients may have felt rejected by others or have suffered from discrimination,