

### 3. Helping Relationship

#### I. Helping relationships

Considerable research evidence suggests that the relationship in counseling is the determining factor whether or not counseling is successful. Theories of counseling provide the underlying philosophy and strategies for building and maintaining this relationship.

**Four key elements in building this relationship are:**

1. **Human relations core:** empathy, respect and genuineness as identified by Carl Rogers.
2. **Social influence core:** competence, power and intimacy. Expertness, attractiveness, and trustworthiness were identified by Stanley Strong in his social influence model.
3. **Skills core:** Allen Ivey identified microskills-communication skill units such as attending, inquiry and reflection.
4. **Theory core:** These help the counselor understand self and interpersonal relationships and skills. They also help to understand the problems of clients and help to choose interventions that are likely to be effective with the identified problems.

#### 2. Psychoanalytic (Sigmund Freud)

Freud identified a **structure of personality:**

- **Id:** Unconscious motivation or energy is the id ruled by the pleasure principle.
- **Ego:** The ego is controlled by the reality principle
- **Superego:** the superego is internalized ethics.

**Therapy techniques include:**

- Free association
- Interpretation of dreams and other client material.
- Transference (projections onto therapist) must be worked through.
- Countertransference consists of projections of the therapist onto the patient.

#### 3. Neo-Freudians

A number of psychoanalysts moved away from Freud's emphasis on the id as the dominant psychological force and placed more emphasis on the ego, including both psychodynamic and sociodynamic forces.

**Karen Horney:** Security is each person's major motivation and the person becomes anxious when it is not achieved. Irrational ways to mend disrupted human relationships may become neurotic needs.

**Erich Fromm:** The individual must join with others to develop self-fulfillment - social character - otherwise she or he may become lonely and nonproductive.

Society offers opportunities to experience mutual love and respect.

**Harry Stack Sullivan:** A social systems (interpersonal) approach can lead to understanding human behavior. Behavior can best be understood in terms of social interactions, not as mechanistic and linear.

Other neo-Freudians include **Otto Rank**, **Wilhelm Reich**, and **Theodore Reik**. Carl Jung and Alfred Adler can be found later in this section.

#### **4. Object relations theory**

Object relations theory is based on psychoanalytic concepts.

Object relations are interpersonal relationships as represented intrapsychically.

Freud used the term object to mean a significant person or thing that is the object or target of one's feelings or drives.

Object relations are interpersonal relationships that shape an individual's current interactions with people, both in reality and in fantasy.

**Four broad stages of development** have been identified as important in the first three years of life. These are:

1. **Fusion with mother:** normal infantile autism (first 3 to 4 weeks of life)
2. **Symbiosis:** with mother (3rd to 8th month)
3. **Separation/Individuation:** (starts the 4th or 5th month)
4. **Constancy of self and object:** (by the 36th month)

Progressing through these stages provides the child a secure base for later development. The child develops trust that his or her needs will be met.

Attachment, borderline and narcissistic disorders may occur when normal progression through these stages does not occur.

Margaret Mahler wrote *Psychological Birth of the Human Infant*.

Heinz Kohut and Otto Kernberg are other writers in this area.

#### **5. Person-centered (client-centered, Rogerian)**

Rogers reacted against the directive psychoanalytic approach which put the counselor in charge of giving advice, teaching and interpreting. His focus was more on the person's phenomenological world reflecting and clarifying their verbal and nonverbal communication.

The process of becoming, moving clients to self-actualization, and the relationship between client and counselor were critical concepts. The focus of counseling went from past to present and was on feelings.

The counselor showed:

- Unconditional positive regard
- Genuineness (congruence)
- Empathic understanding.

These are the core or facilitative conditions of effective counseling.

Rogers' principal books are: *Counseling and Psychotherapy* (1942), *Client Centered Therapy* (1951), and *On Becoming A Person* (1961).

## 6. Gestalt (Frederick 'Fritz' Perls)

This approach is based on existential principles, has a **here-and-now focus**, and a holistic systems theory viewpoint.

Individuals experience needs. To the extent a need is in the forefront, it represents the **'figure'** and other needs are **'ground,'** i.e., in the background. As the need is met, it completes the **'gestalt'** and a new need takes its place. The goal for individuals in therapy is to become whole beings, to complete 'gestalts.'

Key concepts in the theory include:

- Personal responsibility
- Unfinished business
- Awareness of the 'now.'

This is an experiential therapy, encouraging the taking of responsibility by the client.

The counselor uses confrontation and encourages the client to stay with feelings and to relive experiences and finish business. Role playing, two-chair techniques, and dream work are used. Interpretation is done by the client not by the counselor.

Perls wrote: *Gestalt Therapy Verbatim* and *In And Out of the Garbage Can*.

## 7. Individual Psychology (Alfred Adler and Rudolph Dreikurs)

The belief in the uniqueness of each individual is influenced by social factors. Each person has a **sense of inferiority and strives for superiority**.

We choose a lifestyle, a unified life plan, which gives meaning to our experiences which include habits, family, career, attitudes, etc.

**Counseling goals are to help the client understand lifestyle and identify appropriate social and community interests.** Also, counseling strives to explain clients to themselves and for them to overcome inferiority.

Techniques used are those leading to insight such as life histories, homework assignments and paradoxical intentions.

## 8. Transactional analysis (Eric Berne)

The personality has **three ego states: Parent, Adult, and Child**.

**A life script** develops in childhood and influences a person's behavior. Many transactions with others can be characterized as games with the intent to avoid intimacy.

- **Complementary transactions** (Adult to Adult) lead to good communication.
- **Crossed transactions** (Adult to Child & Child to Parent) lead to barriers to communication.

The goal of therapy is to teach the client the language and ideas of TA in order to recognize ego state functioning and analyze one's transactions.

Techniques include teaching concepts, helping diagnose, interpretation, and use of contracts and confrontation.

Berne wrote: *Games People Play*.

Thomas Harris wrote: *I'm OK-You're OK*.

## 9. Existential (Rollo May, Victor Frankl, Irvin Yalom)

Other existentialists include: Soren Kierkegaard, Paul Tillich, Martin Heidegger. and Jean Paul Satre.

- Phenomenology is the basis of existential therapy.
- Phenomenology is the study of our direct experiences taken at their face value.
- We have freedom of choice and are responsible for our fate.
- We search for meaning and struggle with being alone, unconnected from others.

Anxiety and guilt are central concepts:

- Anxiety is the threat of non-being
- Guilt occurs because we fail to fulfill our potential.

The goal of existential therapy is the understanding of one's being, one's awareness of who one is and who one is becoming. Awareness of freedom and choosing responsibility are other goals. The authentic relationship is important in existential therapy. Client-centered counseling techniques are appropriate.

**Logotherapy** is the name of Victor Frankl's counseling theory found in his book *Man 's Search for Meaning* which followed his concentration camp experience. The principles underlying his theory are individuals':

- Motivation to find meaning in their life journey,
- Freedom to choose what they do, think and how they react
- With freedom of choice comes personal responsibility.

## 10. Cognitive and behavioral counseling

The leading proponents of cognitive and behavioral counseling include Joseph Wolpe, Donald Meichenbaum, Aaron Beck, and Albert Bandura. Albert Ellis and his Rational Emotive Behavior Therapy, and Arnold Lazarus with Multimodal Therapy, are often included in this broad category but are presented here separately.

- The stimulus-response and stimulus-organism-response paradigms are at the basis of this theory.
- The belief is that behavior is learned and, consequently, can be unlearned and relearned.
- The goals of counseling are to identify antecedents of behavior and the nature of the reinforcements maintaining that behavior.
- The counselor helps create learning conditions and may engage in direct intervention.

**Goals of therapy** are likely to be behaviorally stated.

**Counseling techniques** may include any of the following: operant and classical conditioning, social modeling, problem-solving, direct training, reinforcement, and decision making. Most counselors would establish a strong, personal relationship with the client.

## 11. Dialectical behavior therapy (DBT)

Marsha Linehan developed this therapeutic approach for the treatment of borderline personality disorder. It is now used more widely with a variety of disorders including traumatic brain injury, eating disorders, as well as a range of mood disorders. DBT has been used with adolescents as well as adults. A group component usually complements individual work. Used with adolescents, family members may be involved if available and willing.

A basic principle of DBT, in addition to the usual cognitive behavioral techniques, is helping clients increase emotional and cognitive regulation by learning the triggers that lead to their undesired behaviors. The dialectical principle of recognizing two sides to situations, such as the need for accepting change and recognizing the resistance to change, receives attention.

DBT is viewed as a long-term therapeutic intervention in part because it requires the learning, practicing and acquiring of a number of skills by the client. The skills are conceptualized in the following four modules:

1. **Mindfulness**-paying attention to the present moment nonjudgmentally, and experiencing one's emotions and senses fully.
2. **Distress tolerance**-accepting and tolerating oneself and the current situation, often painful and negative, in a non-evaluative way.
3. **Interpersonal effectiveness**-developing effective strategies for asking for what one needs, saying no as appropriate, and coping with interpersonal conflict.
4. **Emotion regulation**-identifying emotions and obstacles to changing them, reducing vulnerability, and increasing positive emotions.

The DBT practitioner might also use such tools as diary cards (tracking interfering behaviors), chain analysis (analyzing sequential events that lead to behaviors), and the dynamics of the milieu or culture of the client's group. For effective use of dialectical behavior therapy, the counselor must obtain training in order to teach the required skills and facilitate the application of these skills on an individual and group basis with a variety of clients.

## 12. Rational emotive behavior therapy -- REBT (Albert Ellis)

REBT is based on the philosophy that it is not the events we experience that influence us, but rather it is our interpretation of those events that is important.

Individuals have the potential for rational thinking. In childhood, we learn irrational beliefs and re-indoctrinate ourselves on a continuing basis. This leads to inappropriate affect and behavior.

Belief system, self-talk and 'crooked thinking' are major concepts. Therapy follows an A-B-C-D-E system as follows:

A = external event (an activity or action)

B = belief-in the form of a self-verbalization.

C = consequent affect-which may be rational or irrational.

D = disputing of the irrational belief which is causing the affect/behavior.

E = effect (cognitive)-which is a change in the self-verbalization.

Emotive techniques in therapy include role-playing and imagery. This theory teaches that self-talk is the source of emotional disturbance.

### **13. Multimodal therapy (Arnold Lazarus)**

This is a comprehensive, holistic approach sometimes classified as eclectic. It has strong behavioral ties. This multimodal model addresses seven interactive yet discrete modalities summarized in the acronym BASIC ID.

These seven modalities are:

B = Behaviors (acts, habits and reactions)

A = Affective responses (emotions and moods)

S = Sensations (five senses as touch, smell, sight, hearing and taste)

I = Images (how we see selves, memories, dreams)

C = Cognitions (insights, philosophies, ideas)

I = Interpersonal relationships (interactions with people)

D = Drugs which is to signify, more generally, biology including nutrition Assessment covering all seven modalities is necessary to determine total human functioning.

Counseling techniques from a variety of theoretical perspectives are used. These include anxiety-management training, modeling, positive imagery, relaxation training, assertiveness training, biofeedback, hypnosis, bibliotherapy, and thought stopping.

### **14. Reality therapy (William Glasser)**

Although it is based on *Choice Theory*, Glasser continues to refer to the therapy as Reality. Individuals determine their own fate and are in charge of their lives.

Our perceptions control our behavior and we behave (appropriately or inappropriately) to fill our needs. We have five genetically-based needs:

1. Survival
2. Love and belonging
3. Power or achievement
4. Freedom or independence
5. Fun

Choice theory means we act to control the world around us and the real world is important to the extent it helps us satisfy our needs. We may not satisfy our needs directly. Taking responsibility is a key concept.

Characteristics of reality therapy include:

- emphasize choice and responsibility
- reject transference -by being yourself as the therapist
- keep the therapy in the present -the past is not critical
- avoid focusing on symptoms -focus on how to meet needs
- challenge traditional views of mental illness -take a more solution- focused approach

Robert Wubbolding has developed a system for helping counselors learn and use reality therapy. The acronym, WDEP, represents:

**W**-exploring clients' wants as these relate to perceived needs

**D**-encouraging clients to discuss actions and feelings

**E**-refers to self-evaluation by clients concerning their behaviors

**P**-following self-evaluation, planning in order to effect change

## 15. Feminist therapy

Feminist therapy origins can be traced back to the women's movement in the 1960s but no specific individual is associated with its development and nurturance. Basic perspectives include

- Gender as central to therapeutic practice
- Awareness and understanding of the role of sociocultural influences as they manifest themselves in therapy
- The need to empower women and address societal changes.

The basic principles of feminine psychology which underlie feminist therapy are:

- **The personal is political**-the problems of the client have societal and political roots which often result in marginalization, oppression, subordination and stereotyping
- **Commitment to social change**-therapy is not only for the individual but to advance a transformation in society. Therapists must also take action for social change
- **Women's and girls' voices and ways of knowing are valued** and their experiences are honored-women's perspectives are considered central rather than using the male experience as the norm against which women often appear deviant
- **The counseling relationship is egalitarian**-clients are experts on themselves and their oppression is recognized. Therapy is a collaborative process
- **Focus on strengths and a reformulated definition of psychological distress**-intrapsychic factors are only a part of the explanation for the pain experienced; psychological distress is reframed as a communication about unjust systems; symptoms can be reframed as survival strategies
- **All types of oppression are recognized**-all clients can be best understood in the context of their sociocultural environments. In addition to helping clients make changes in their lives, feminist therapists work toward societal change.

Therapeutic processes and techniques which may be used in feminist therapy include:

- gender-role analysis and intervention
- empowering techniques
- self-nurturance activities
- power analysis and intervention
- Bibliotherapy
- assertiveness training
- reframing and re-labeling
- groups
- Social action.

## 16. Solution-focused brief therapy (SFBT)

Solution-focused brief therapy does not address the history or past experience of a problem. Understanding the nature of the problem is not necessary to generating solutions to a problem.

One focus of solution-focused brief therapy is to maintain a positive orientation believing that the client can construct solutions. Stress is placed on what is working for the client, the exceptions that exist to the problem pattern.

Some principal therapeutic techniques and procedures include:

- **Exceptions question:** what were the circumstances when the problem did not exist; these circumstances represent news of difference.
- **Miracle question:** If a miracle happened, how would you know and what would be different?
- **Scaling questions:** Using a scale from one to ten, identify changes in the client's affect, anxiety, etc. Focus is on any positive change and then duplicate or increase that change.

Brief therapy models are becoming more important with the need to meet health maintenance and employee assistance program needs for services. The number of sessions may be limited to six or eight or fewer. Even in college counseling centers, limits to the number of counseling sessions are common.

Brief therapy dictates setting specific goals early in the counseling relationship.

The **focus may be on resolving the immediate problem** which led to the counseling intervention and the development of coping skills to assist counselees manage current and future problems.

A related therapeutic approach is **intermittent counseling**. A client sees a counselor on and off as problems arise sometimes over several years.

Not all client problems will be addressed adequately using brief therapy models. The counselor and client must identify those circumstances when additional sessions are necessary and do what is possible to meet the client's needs appropriately. Using brief therapy procedures with certain client problems may raise ethical questions of professional competence and abandonment.

## 17. Narrative therapy

As one of the strength-based therapies, narrative therapy's philosophical basis is social constructionism. This post-modern approach believes that independent objective reality exists through subjective experiences, and the client's perception of reality is valid. This reality is based on the language and words clients use to represent their situation and circumstances in which people live. Consequently, their **realities are socially constructed**. Narrative therapy believes that **clients' lives are stories in progress** and these stories can be told and explored from a variety of perspectives. Stories use words and language to give meaning to experiences and help determine feelings and attitudes. They are subjective and constructed by the individual living within a context made up of family, culture, race, ethnicity, gender orientation, etc. In narrative therapy, the client tells the often '**problem-saturated**' story and the therapist encourages other

perspectives and interpretations. The **story might be 'deconstructed'** and new meanings and variations may be substituted. After deconstruction, the focus is on helping the **client rewrite the story**.

Some specific therapeutic techniques and interventions may be:

- **Questions and clarifications**-by the therapist to discover and construct the story of the client's experience.
- **Externalization and deconstruction**-with the focus that the person is not the problem, the problem is the problem. Externalizing the problem can help deconstruct it.
- **Re-authoring**-helping the client find a more appropriate alternative story. By finding strengths and exceptions, help the client write a new story more consistent with what they want their life to be like.
- **Documenting the evidence through writing of letters**. Therapists can consolidate gains and advance therapy by writing letters to the client between sessions. These have been found to be powerful adjuncts to the sessions.

### **18. Integrative counseling**

Integrative counseling goes beyond eclectic counseling which is the use of a variety of techniques from a variety of theories that best meet the needs of the client.

Integrative counseling implies the creation of a model by synthesizing existing theories and practices, not the mere borrowing of useful techniques. Integrative counseling begins with the counselor developing a personal theory based on values, worldview, education and experience. From this personal perspective, the counselor fleshes out this integrative counseling theory to include the processes and techniques that fit from other theoretical perspectives. The result is a highly individualistic theory owned by the counselor, highly congruent, and yet flexible so that the counselor can address particular client problems and use counseling experiences to further develop this integrative theory.

### **19. Comparison of theories of psychotherapy**

This section adds considerable additional information about the major theories of counseling from Corey (2012). Reproduced here are the Basic Philosophies and Key Concepts from two of his tables. Other tables in his book identify Goals of Therapy, Therapeutic Relationship, and Techniques of Therapy as well as other aspects of counseling theories.

## **Psychoanalytic therapy**

### **The Basic Philosophy**

Human beings are basically determined by psychic energy and by early experiences. Unconscious motives and conflicts are central in present behavior. Early development is of critical importance because later personality problems have their roots in repressed childhood conflicts.

### **Key Concepts**

Normal personality development is based on successful resolution and integration of psychosexual stages of development. Faulty personality development is the result of inadequate resolution of some specific stage. Anxiety is a result of repression of basic conflicts. Unconscious processes are centrally related to current behavior.

## **Adlerian therapy**

### **The Basic Philosophy**

Humans are motivated by social interest, by striving toward goals, by inferiority and superiority, and by dealing with the tasks of life. Emphasis is on the individual's positive capacities to live in society cooperatively. People have the capacity to interpret, influence, and create events. Each person at an early age creates a unique style of life, which tends to remain relatively constant throughout life.

### **Key Concepts**

Key concepts include the unity of personality, the need to view people from their subjective perspective, and the importance of life goals that give direction to behavior. People are motivated by social interest and by finding goals to give life meaning. Other key concepts are striving for significance and superiority, developing a unique lifestyle, and understanding the family constellation. Therapy is a matter of providing encouragement and assisting clients in changing their cognitive perspective and behavior.

## **Existential therapy**

### **The Basic Philosophy**

The central focus is on the nature of the human condition, which includes a capacity for self-awareness, freedom of choice to decide one's fate, responsibility, anxiety, the search for meaning, being alone and being in relation with others, striving for authenticity, and facing living and dying.

### **Key Concepts**

Essentially an experiential approach to counseling rather than a firm theoretical model, it stresses core human conditions. Interest is in the present and on what one is becoming. The approach has a future orientation and stresses self-awareness before action.

## **Person-centered therapy**

### **The Basic Philosophy**

Positive view of people; we have an inclination toward becoming fully functioning. In the context of the therapeutic relationship, the client experiences feelings that were

previously denied to awareness. The client moves toward increased awareness, spontaneity, trust in self, and inner-directedness.

### **Key Concepts**

The client has the potential to become aware of problems and the means to resolve them. Faith is placed in the client's capacity for self-direction. Mental health is a congruence of ideal self and real self. Maladjustment is the result of a discrepancy between what one wants to be and what one is. In therapy attention is given to the present moment and on experiencing and expressing feelings.

## **Gestalt therapy**

### **The Basic Philosophy**

The person strives for wholeness and integration of thinking, feeling, and behaving. Some key concepts include contact with self and others, contact boundaries, and awareness. The view is nondeterministic in that the person is viewed as having the capacity to recognize how earlier influences are related to present difficulties. As an experiential approach, it is grounded in the here and now and emphasizes awareness, personal choice, and responsibility.

### **Key Concepts**

Emphasis is on the "what" and "how" of experiencing in the here and now to help clients accept all aspects of themselves. Key concepts include holism, figure-formation process, awareness, unfinished business and avoidance, contact, and energy.

## **Behavior therapy**

### **The Basic Philosophy**

Behavior is the product of learning. We are both the product and the producer of the environment. Traditional behavior therapy is based on classical and operant principles. Contemporary behavior therapy has branched out in many directions.

### **Key Concepts**

Focus is on overt behavior, precision in specifying goals of treatment, development of specific treatment plans, and objective evaluation of therapy outcomes. Present behavior is given attention. Therapy is based on the principles of learning theory. Normal behavior is learned through reinforcement and imitation. Abnormal behavior is the result of faulty learning.

## **Cognitive behavior therapy**

### **The Basic Philosophy**

Individuals tend to incorporate faulty thinking, which leads to emotional and behavioral disturbances. Cognitions are the major determinants of how we feel and act. Therapy is primarily oriented toward cognition and behavior, and it stresses the role of thinking, deciding, questioning, doing, and redeciding. This is a psychoeducational model, which emphasizes therapy as a learning process, including acquiring and practicing new skills, learning new ways of thinking, and acquiring more effective ways of coping with problems.

**Key Concepts**

Although psychological problems may be rooted in childhood, they are reinforced by present ways of thinking. A person's belief system is the primary cause of disorders. Internal dialogue plays a central role in one's behavior. Clients focus on examining faulty assumptions and misconceptions and on replacing these with effective beliefs.

**Reality therapy****The Basic Philosophy**

Based on choice theory, this approach assumes that we need quality relationships to be happy. Psychological problems are the result of our resisting the control by others or of our attempt to control others. Choice theory is an explanation of human nature and to best achieve satisfying interpersonal relationships.

**Key Concepts**

The basic focus is on what clients are doing and how to get them to evaluate whether their present actions are working for them. People are mainly motivated to satisfy their needs, especially the need for significant relationships. The approach rejects the medical model, the notion of transference, the unconscious, and dwelling on one's past.

**Feminist therapy****The Basic Philosophy**

Feminists criticize many traditional theories to the degree that they are based on gender-biased concepts, such as being androcentric, gendercentric, ethnocentric, heterosexist, and intrapsychic. The constructs of feminist therapy include being gender-fair, flexible, interactionist, and life-span oriented. Gender and power are at the heart of feminist therapy. This is a systems approach that recognizes the cultural, social, and political factors that contribute to an individual's problems.

**Key Concepts**

Core principles of feminist therapy are that the personal is political, therapists have a commitment to social change, women's voices and ways of knowing are valued and women's experiences are honored, the counseling relationship is egalitarian, therapy focuses on strengths and a reformulated definition of psychological distress, and all types of oppression are recognized.

**Postmodern approaches****The Basic Philosophy**

Based on the premise that there are multiple realities and multiple truths, postmodern therapies reject the idea that reality is external and can be grasped. People create meaning in their lives through conversations with others. The postmodern approaches avoid pathologizing clients, take a dim view of diagnosis, avoid searching for underlying causes of problems, and place a high value on discovering clients' strengths and resources. Rather than talking about problems, the focus of therapy is on creating solutions in the present and the future.

**Key Concepts**

Therapy tends to be brief and addresses the present and the future. The person is not the problem; the problem is the problem. The emphasis is on externalizing the problem and looking for exceptions to the problem. Therapy consists of a collaborative dialogue in which the therapist and the client co- create solutions. By identifying instances when the problem did not exist, clients can create new meanings for themselves and fashion a new life story.

### **Family systems therapy**

#### **The Basic Philosophy**

The family is viewed from an interactive and systemic perspective. Clients are connected to a living system; a change in one part of the system will result in a change in other parts. The family provides the context for understanding how individuals function in relationship to others and how they behave. Treatment deals with the family unit. An individual's dysfunctional behavior grows out of the interactional unit of the family and out of larger systems as well.

#### **Key Concepts**

Focus is on communication patterns within a family, both verbal and nonverbal. Problems in relationships are likely to be passed on from generation to generation. Key concepts vary depending on specific orientation but include differentiation, triangles, power coalitions, family-of-origin dynamics, functional versus dysfunctional interaction patterns, and dealing with here-and-now interactions. The present is more important than exploring past experiences.

## **20. Neurobiology and psychotherapy**

The brain grows and differentiates not only because of genetics but continues this process through its continuous interaction with the environment. Consequently, the person's experiences with different environmental conditions and events throughout life can promote re-mapping of different regions of the brain. So, too, the experience of psychotherapy can restructure neural networks in the brain.

**The triune model** of the brain suggests **three principal locations and functions**.

1. The **Surviving brain** is the stem and responds to danger and controls automatic functions (flight-fight).
2. The **Feeling brain** (limbic system) is the emotion center, mediating feelings and thoughts, and storing some memory.
3. The cortex comprises the **Thinking brain** including executive functions, meaning-making and self-awareness.

**Neuroplasticity** is the brain's ability to produce new neurons and reorganize itself as the individual experiences new situations and experiences (including psychotherapy). Various counseling theoretical approaches, skills and interventions result in the formation of new neurons and connections. The production of neurotransmitters is promoted.

**Research suggests that cognitive behavior therapy (CBT) promotes cognitive restructuring** useful in working with clients who have experienced trauma such as

PTSD. CBT promotes new connections within their memory network leading to a reduction of symptoms. **Eye-Movement Desensitization and Reprocessing (EMDR)** is believed to help clients access new, more adaptive information. **Biofeedback (or neurofeedback)** has been found useful for a number of client problems such as sleep disorders, anxiety attacks, phobias and migraine headaches. Biofeedback procedures attempt to "re-wire" neural networks.

Ivey, D'Andrea and Ivey (2011) argue that most counseling relationships foster the development of new neurons and neural networks whether counselors know that or not. They also write of cultural neuroscience and how counselors help generate neurons and networks to assist diverse clients to lead more satisfying and empowered lives.

Other ways to increase production of positive neurotransmitters besides talk therapy include **involvement in integrative therapies** such as art, music, physical movement and exercise, relaxation exercises, balanced nutrition, and yoga.

Medication can reduce or control symptoms but there are no biochemical means to change faulty interaction patterns and behaviors that have led to a disorder. In addition to the processes listed above, change will come with new and repeated emotional, verbal and interpersonal processes of learning that over time become ingrained into brain structures.

Current standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) require curricular experiences for all counselors in training that promote an understanding of theories of learning and personality development including current understanding of neurological behavior. Separate courses in anatomy or neurobiology are not required. CACREP defines neurological behavior as the relationship among brain anatomy, function, and biochemistry, as well as learning and behavior.

## **21. Mindfulness**

The concept of mindfulness is appearing more frequently as an important aspect in many counseling approaches especially cognitively-oriented applications.

There are two major aspects to mindfulness as applied to counseling. One component is a focus and attention on one's current experience including one's environment as well as internal sensations, emotions and thoughts. The other important component of mindfulness is a nonjudgmental, accepting attitude to whatever the client is experiencing externally or internally.

**Mindfulness is viewed as a form of mental discipline** with a focus on the here and now rather than the past or the future. Most individuals need instruction and practice in order to implement mindfulness as defined here. Instruction may include deep breathing exercises, other relaxation techniques, and meditation.

**Mindfulness-based cognitive therapy** assists the client in stopping the self-perpetuating mental habits of ruminating on negative thoughts. Clients learn to pay attention to their thoughts and body sensations in a nonjudgmental way learning to accept them and let go of cycles and patterns of responding that are not useful. The purpose is not to change these thoughts and body sensations as much as change the

relationship to them in a reframing sort of way. Application of mindfulness counseling practices have been described with a variety of troubled clients such as those with depression, generalized anxiety disorders, Post Traumatic Stress Disorders as well as other clients experiencing anxiety and stress. Most counselors might find mindfulness techniques useful with a wide variety of clients and their issues no matter what counseling theory and techniques are used.

## 22. Counseling skills and conditions influencing counseling

- **Empathic understanding:** the ability to experience the client's subjective world including feelings and cognitions.
- **Congruence:** also called genuineness, this characteristic implies that the counselor is authentic and integrated in the counseling session. Congruence can also mean an agreement between a client's behavior and his or her values and beliefs.
- **Unconditional positive regard:** also called acceptance, this characteristic implies the counselor is caring without condition and is neither evaluative nor judgmental.
- **Concreteness:** this is the extent to which the client and the counselor deal with issues in specific terms rather than in vague generalities.
- **Immediacy:** this is dealing with what is going on in the counseling process at present time.
- **Interpretation:** this is a therapeutic technique used to uncover and suggest meanings and relationships often underlying the apparent expression.
- **Self-disclosure:** appropriate self-disclosure means that the counselor shares personal affect and experiences relative to the client's issues.
- **Attending:** this refers to several behaviors including listening, engaging in eye contact and being psychologically present.
- **Restatement:** repeating what the client has stated with emphasis on the cognitive message.
- **Reflection:** repeating what the client has stated with emphasis on the affective or feeling portion of the message.
- **Paraphrasing:** restating the message of the client to show or to gain understanding.
- **Summarizing:** this is a process whereby the counselor or client brings together several ideas or feelings usually following a lengthy interchange.
- **Silence:** silence may have many meanings such as quietly thinking, boredom, hostility, waiting for the counselor to lead, preparing the next thrust, or emotional integration.
- **Confrontation:** confrontation occurs when the counselor identifies and presents discrepancies between a client's verbal and nonverbal behaviors or between the counselor's and client's perceptions.

### 23. Structuring

Structuring refers to defining the nature, limits, and goals of the counseling process. The roles of the client and counselor may be described.

### 24. Robert Carkhuff

Carkhuff developed 5-point scales to measure empathy, genuineness, concreteness and respect. Counselor responses may be viewed as additive, interchangeable or subtractive. The counselor's empathic response may be:

Level 1: Does not attend to or detracts significantly from the client's affect.

Level 2: Subtracts noticeably from the client's affect.

Level 3: Interchangeable with the client's content and affect.

Level 4: Adds noticeably to the client's affect.

Level 5: Adds significantly to the client's affect and meanings.

#### **For example:**

Client: (obviously distressed and anxious) "We had an argument last night and he got very angry. I was really afraid - then he stormed out and I haven't seen him since."

Counselor Level 1 Response: "Where do you think he went?"

Counselor Level 2 Response: "You seem a little worried about all this."

Counselor Level 3 Response: "You're very anxious about what happened last night and about his whereabouts."

Counselor Level 4 or 5 Response: "You're very anxious about what happened but also afraid for your safety and wondering where this relationship is going."

### 25. Carl Jung

Jung believed in the **collective unconscious**. The collective unconscious is determined by the evolutionary development of the human species and it contains brain patterns for the most intense emotional responses that humans experience. The operant for the collective unconscious is the archetype. **An archetype** is a response pattern occurring universally in the human experience and is characterized by an emotional charge to the existential issues of identity, meaning, and purpose. **Examples of archetypes** are: **anima and animus** (female and male traits).

**Goals of Jungian therapy include:** Transformation of self, including gaining knowledge of self; recognition and integration of self. Therapy is viewed as a healing process. Jung introduced concepts of introversion and extraversion. The *Myers-Briggs Type Indicator* is based on Jung's theory.

### 26. Alfred Adler

Two important concepts are **birth order** and **family constellation**. Techniques of counseling: **counselor is egalitarian with client-it's a collaborative effort**. Adler views neuroses as a failure in learning which results in distorted perceptions. **Stress is on client responsibility** in counseling. Counseling examines family constellations, dreams, early memories.

Asking 'The Question': "What would be different if you were well?" focuses the counseling process.

**Birth order implications:** Children in the same family have different psychological environments because of the difference in birth order.

- **Oldest child:** Gets much attention; tends to be dependable, hard-working, achievement oriented. When another child (intruder) comes, oldest may fear losing love.
- **Second child:** Shares attention; sees self as if in a race to compete with first child; often succeeds where older fails.
- **Middle child:** Often feels left out; may see life as unfair; "poor me" attitude; may develop problems.
- **Youngest child: Baby in family;** pampered; special role to play; influenced by all others; tends to go own way; often develops in directions no one else thought of.
- **Only child:** does not learn to share or cooperate; often deals with adults well; wants center stage even as adult and if does not get it, may have difficulties.

Childhood experiences influence our adult interactions and family dynamics.

## 27. Gordon Allport and Kurt Lewin

Allport acknowledged that individuals with their personalities exist within systems. Behavior of an individual must be viewed as fitting any system of interaction including culture, its situational context, and field theory. Lewin, a field theorist, believed behavior is a function of life space which is a function of the person and the environment. He challenged the linear, mechanistic view of behavior.

## 28. Aaron Beck

Developed a system of psychotherapy called cognitive therapy. Identified automatic thoughts in client. These were similar to the preconscious. There is an internal communication system. In depressed people, this internal communication was negatively focused resulting in low self-esteem, self-blame and negative interpretations of experiences. The person experiences a negative cognitive shift. The cause of depression may be in any combination of biological, genetic, stress or personality factors. Follow-up studies suggest there is a greater stability of results and fewer relapses with cognitive therapy than anti-depressant drugs. He also developed assessments including Beck Depression Inventory.

## 29. Joseph Wolpe

Wolpe developed a **theory of reciprocal inhibition**. The underlying principle states that a person cannot be both anxious and relaxed at the same time.

**Systematic desensitization** (based on the theory of reciprocal inhibition) is a behavioral intervention of counterconditioning. The goal is to reduce anxiety by associating negative stimuli with positive events. Specifically, negative images are paired with muscle relaxation.

### 30. Donald Meichenbaum

Meichenbaum spoke of cognitive behavior modification-a shift from self-defeating thoughts to coping ones. He introduced the concept of stress inoculation which is practicing positive or reinforcing self-statements.

### 31. Other behavioral techniques

**Token economy:** This is the use of tokens (points, ratings, etc.) as a reinforcement in a behavioral treatment program. Shaping of behavior can occur through the use of tokens. Privileges and goods can be purchased with tokens.

**Paradoxical intention:** With this method, clients are urged to 'intend' that which they fear or wish to change. It may work with a variety of unwanted behaviors such as insomnia, smoking, arguing, etc.

**Implosive therapy:** This behaviorally based intervention induces anxiety around the problem by presenting vivid images or cues (flooding). The anxiety is expected to diminish (extinguish) with repeated exposure and in the absence of any threat.

**Thought stopping:** This behavioral intervention is designed to inhibit recurring thought by consciously stopping it whenever it occurs.

### 32. Johari Window

	Known to Self	Not Known to Self
Known to Others		
Not Known to Others		

The window was named after Joe Luft and Harry Ingham. The client brings material in this window to the counseling session; some is known and other information is not.

Several principles of change may be identified:

- A change in one quadrant affects all other quadrants.
- It takes energy to hide, deny or be blind to behavior.
- Threat increases awareness; mutual trust tends to increase awareness.
- The smaller the first quadrant (upper left), the poorer the communication.
- There is universal curiosity about the unknown area but customs, social training, and fears keep parts unknown.
- The goal of counseling is to minimize the lower right quadrant and maximize the upper left.

### 33. Consultation

Consultation is defined as a voluntary, problem-solving process, initiated or terminated by the consultant or consultee, to help consultees develop attitudes or skills so they can function more effectively with individuals, groups or organizations. Consultation is work related. Consultation may be client, consultee, or system focused, and the goal is not just to resolve the issues that cause human problems but to increase competence so future problems may be avoided. Thus, consultation has a preventive function as well. You use many of the same skills as in counseling but the context, role and function are different. **Consultation is not counseling or therapy.** Consultation may be:

- **Content oriented:** transfer of knowledge or information from the consultant to the consultee.
- **Process oriented:** looking at the process-may use communication theory, attribution, change or motivation theory.

Examples of some models of consultation are:

**Bergan:** This is a behavioral model with four stages which are:

- Problem identification
- Problem analysis
- Plan implementation
- Problem evaluation.

Part of the focus of this consultation is on problem behaviors and their antecedents and consequences. Bergan's model emphasizes the verbal interaction in consultation.

**Bandura:** This is a social learning model. There is a dynamic interplay of behaviors, cognitions, and the environment and all three are assessed in problem identification. Many solutions revolve around modeling, rehearsing, and changing cognitions.

**Schein:** Identified the 'purchase model' which involves buying the consultant expert's knowledge or service. His 'doctor-patient' model stresses diagnosis and problem identification. The process model involves the consultee with the consultant in the diagnostic process and identification of interventions.

**Caplan:** This is a mental health consultation model. Consultation occurs between two professionals and can be centered on the client, the consultee and client, the program, or the consultee and administration.

**A nine-stage process of consultation** is described by Splete. These are:

1. Pre-contract
2. Contract and exploration of relationship
3. Contracting
4. Problem identification
5. Problem analysis
6. Feedback and planning
7. Implementation of the plan
8. Evaluation of the plan
9. Conclusion and termination of relationship.

### **34. Animal-assisted, adventure-based counseling, and wilderness therapy**

**Animal-assisted counseling** helps clients establish a relationship with an animal that facilitates communication, builds self-confidence, and is non-judgmental. These positive interactions can be used to better understand oneself and generalize to others. Dogs and horses are used most commonly although many other animals have been found effective. Individuals who are physically or mentally challenged, victims of trauma, and socially shy persons may be especially good candidates for animal-assisted counseling.

**Adventure-based counseling** is designed for children as well as younger and older adults as an experiential set of outdoor activities. These activities may range from camping to hiking to completing 'challenge' courses designed for individuals, pairs, or small groups. Self-awareness, self-confidence, communication skills, trust, and camaraderie are possible outcomes of adventure-based activities. Depending upon the make-up of the participants, diversity sensitivity and multicultural skills may be developed. A more clinically-oriented program, **Wilderness Therapy**, is an outdoor behavioral mental healthcare approach for troubled adolescents and adults. The purposes of wilderness therapy are to identify and address emotional, behavioral and psychological problems through an outdoor, often unfamiliar environment.

### **35. Cybercounseling**

Cybercounseling is a broad term encompassing webcounseling, E-counseling and telephone counseling. When conducted on the internet, it may occur via e-mail messages, be chat-based, or video-based. It may consist of information-giving, be assessment-focused, psycho-educational in nature, or deal with personal, therapeutic issues. Anyone may benefit from cybercounseling including those who are shy, physically-challenged, agoraphobics, or those who have no counseling resources nearby. Some younger individuals who tend to be technologically savvy may prefer this medium for counseling. Some issues surrounding cybercounseling include security of communications, imposters (both counselor and client), records maintenance, trust building/transparency, and contacts for clients in case of crisis.

### **36. Trauma and disaster counseling**

The need for mental health crisis counseling is growing as a result of various natural disasters as well as human-caused wars, tragedies, violence, and terrorism. The skills needed for counseling individuals impacted by these incidents are unique and training is required. CACREP Standards require the "infusion of emergency preparedness language throughout the training curriculum as well as crisis intervention and suicide prevention models. The Red Cross continually trains qualified mental health counselors for specific roles dealing with crises and tragedies. **Possible consequences for counselors** working with clients impacted by trauma and violence include compassion fatigue, secondary traumatic stress and vicarious trauma. Counselors may deny they have been impacted, however, they may show some of these reactions: lack of energy, prefer isolation, be irritable, have sleeping problems, self-medicate and cease self-care activities. **Compassion fatigue** may be evidenced by counselors who work with difficult

client issues and it may result in loss of empathy and interest in the client's concerns. It may occur even when working with clients who have not experienced trauma.

**Secondary traumatic stress** may result because of the exposure to graphic material presented by traumatized clients. The counselor may begin experiencing some of the same symptoms as the client. Although some writers equate vicarious trauma to secondary traumatic stress, others believe **vicarious trauma includes** a change in the counselor's worldview, sense of self and beliefs.

### **37. Neurolinguistic programming**

Richard Bandier and John Grinder are the original proponents. NLP is a communications theory using the five sensory channels. It can be used to establish and maintain rapport and pace the client's verbal cues. NLP examines the structure of language and how it is used to represent reality.

### **38. Eye Movement Desensitization and Reprocessing (EMDR)**

EMDR is a counseling technique used to facilitate the client's accessing of memories of painful and traumatic experiences and reprocessing these experiences through eye movements similar to those found in REM sleep cycles. EMDR has generated considerable positive research.

### **39. Alcohol and substance abuse counseling**

Over 23 million Americans suffer from substance abuse addiction and for 18 million of these the abuse is alcohol related. Nearly 50 percent of adults have been exposed to alcohol dependence in the family either in a blood relative or partner/spouse.

Teenage drinking is associated with suicide, early sexual activity, date rape, and automobile accidents. Substance abuse is often viewed as the number one problem in the U.S. Estimates of use are difficult to determine because of unknown recreational use (especially marijuana), addiction to prescription drugs, and simultaneous use of alcohol and drugs (polysubstance abuse). In addition to themselves, substance abusers adversely affect as many as four other people including family, friends, and co-workers. Beginning in 2012, two states (Colorado and Washington) approved the recreational use of marijuana. As of 2014, additional states had passed similar legislation. Many states allow for the legal use of marijuana for medical purposes.

Personality traits often found in alcoholics and drug users include: low self-concept, anxiety, underachievement, feeling of social isolation, sexual dysfunctions, dependence, fear of failure and suicidal impulses.

Questionnaires such as SASSI (Substance Abuse Subtle Screening Inventory) are useful in assessing signs of addiction.

Alcoholism is viewed by many as a disease in itself, not a symptom, thus requiring treatment of the disease before effective counseling can begin. Twelve Step programs have been found effective for many with alcohol or drug problems. Individual, group and family counseling are valuable components of treatment. Residential programs, often

using behavior modification and social learning theory, may be effective. Treatment of the physical addiction is also necessary.

#### **40. Kinesics and Proxemics**

**Kinesics** refers to nonlinguistic communication which occurs through body movements such as gestures and facial expressions.

**Proxemics** refers to the spatial features of the environment such as positioning of furniture, seating arrangements, etc. How we arrange space will have an impact on behavior. Each of us has a personal space.

#### **41. Theories and multicultural issues**

- **Person-Centered:** The theory encourages open dialogue and breaking down of cultural barriers. There is respect for others' values and differences. Some clients want more structure than this theory provides and the core values may not be congruent with the client's culture. The counselor's lack of direction may not fit the client's expectation for help with answers from a knowledgeable professional.
- **Existential:** This approach may be the most useful in helping clients find meaning and harmony in their lives as well as empowerment in an oppressive society. It assists clients to examine the options for change within their cultural reality. This approach may not be effective with multicultural clients who see themselves as having little personal choice and freedom. Clients may see this therapy as promoting values which conflict with collectivism and respect for tradition. Some may want answers and solutions with more focus on surviving in the world.
- **Psychoanalytical:** The focus on family dynamics may appeal to multicultural clients. The therapist's formality may appeal to the client's expectation of professional distance. Because this theory often requires long-term restructuring of personality, it may not be appropriate for many clients or counseling settings. Many multicultural clients want short-term solution-oriented counseling.
- **Gestalt:** The variety of techniques allows the counselor to choose those that fit the client. Different approaches allow for many different ways of working with clients who may have difficulty expressing feelings. The focus on nonverbals may be easier for some clients. Many Gestalt techniques with their high stress on feelings, may be difficult or inappropriate for multicultural clients, at least initially.
- **Behavior:** A collaborative relationship between the counselor and multicultural client aims for agreed-upon goals which suit the client's unique situation. The focus is on learning practical skills and self-management strategies. Counselors must help clients incorporate their new behaviors into their cultural context, and be willing to address the consequences these new behaviors may lead to.
- **Cognitive-Behavior:** The psychoeducational focus of this theory works well with multicultural clients in that it gets them to examine their cultural conflicts and teach new behaviors. The emphasis is on thinking rather than on expressing feelings. Clients may value the active and directive approach of the therapist.

The therapist must understand and respect the client's world before appropriate ways of solving problems can be determined. Solutions presented may not be consistent with cultural beliefs. Because the counselor has 'solutions,' clients may become dependent on the counselor.

- **Reality:** Using this theoretical approach, the counselor explores how satisfying the clients' current situation is for themselves and others. Thus, it may work well in multicultural settings helping clients find a balance between their own ethnic identities and integrating some of the values and practices of the dominant society. Cultural and environmental factors, as well as social and political realities must be recognized by the counselor. Clients may be more interested in changing their environment and circumstances than their own life.
- **Feminist:** Therapy approaches are very compatible with multicultural clients. Issues of oppression and privilege are common to both and the use of power in relationships is often a concern for multicultural clients. In addition to individual empowerment, social change is often a core issue. This model may be biased toward values of White, middle-class women which may not fit many women of other cultures. The feminist therapist must be aware of the consequences of some client actions and behaviors including the potential isolation from extended family as life changes are made and new roles assumed.
- **Adlerian:** Focus on 'person-in-environment' is helpful working with clients from diverse cultures. The therapy's emphasis on collectivism, importance of the family, social interest and belonging is consistent with the values of many cultures. A detailed focus on the client's family background may conflict with cultural concerns in disclosing family matters. The counselor's interest in a joint, egalitarian process may be uncomfortable with clients who see the therapist as authority.
- **Postmodern approaches:** Stories told in counseling can fit into the social world of clients. Therapists don't make assumptions about people and their background. They take an active role in challenging injustices leading to oppression of the client. Therapists' interests in having their clients talk about exceptions to their problems may lead to resistance. Clients may view therapists as experts and not see themselves as experts on their problem.
- **Family systems:** Therapy's focus on family and community may fit in well with the views of many clients about extended family. Networking is a part of the process and fits the values of having others in their support system. Some value assumptions of family therapy may not be congruent with the clients of some cultures. For example, individuation, self-actualization, and self-determination may be foreign concepts to some members of some cultures. Admitting family problems may be shameful.

## FAMILY COUNSELING

### 42. Paradigm Shift

For counselors trained in individual one-on-one psychotherapy, **moving into family counseling requires a paradigm shift in thinking**. Rather than an individual perspective, problem definition and problem resolution is viewed from a systems perspective.

### 43. Reciprocal determinism

In a social system such as a family, every member can influence and be influenced by every other member in a continuous process. **Linear causality** suggests that one event causes another in a unidirectional fashion such as found in a stimulus-response situation. Simple, straightforward language (content) may explain what is occurring. **Circular causality** suggests that there are forces moving in many directions at the same time so the influences and results impact each other resulting in a complex array of outcomes. The explanation of what is occurring in this situation focuses on the process.

### 44. Differences between individual counseling and family counseling theories.

**Locus of pathology:** Family counseling views the locus of pathology not within the individual but within the social context of the individual, ordinarily the family.

**Focus of treatment interventions:** The focus of treatment of the family counselor is on the family rather than the individual even though a particular individual may be the identified client or patient.

**Unit of treatment:** Because the locus of pathology is the family, the unit of treatment in family counseling is the family not the individual.

**Duration of treatment:** Individual psychotherapy is often focused, at least in part, on problems of a long standing nature and consequently, long term counseling is indicated. Family counseling, in general, attempts to provide brief counseling to resolve current family problems. Thus the duration of family counseling may be shorter than individual therapy.

### 45. Life cycle of a family

Family theorists express caution when reducing family development into discrete, identifiable and common stages or cycles. Within the contexts of class and culture, there are many variations, and the cycles and stages of family development within a particular class or culture are dynamic.

For many families of various classes and cultures, the cycles may look like this:

- **Leaving home (single young adults):** accepting emotional and financial responsibility
- **Joining of families through marriage or cohabitation:** commitment to new system
- **Families with young children:** accepting new members into system

- **Families with adolescents:** increasing flexibility of family boundaries with adolescents and aging grandparents
- **Launching children:** accepting a multitude of exits from and entries into the family system
- **Families in later life:** accepting the shifting of generational roles

#### 46. Family and ethnicity

- **Family is defined differently in different cultures and ethnic groups.** Family membership may differ (some more extended than others).
- **Child rearing practices may differ.** The mother may be home or there may be grandparent or extended family involvement. The nature and severity of the use of punishment varies among cultures and classes.
- **Time of adolescence or adulthood** (as well as transitional rituals) may be more clearly defined in some cultures and classes than others.

#### 47. Alternative families

The number of alternative families is growing and the rate of growth of these alternative family styles in the United States may be greatest among those with Eurocentric backgrounds.

**Some of the more common alternative families are:**

- **Single-parent families** which comprise about one-fourth of all families with children.
- **Remarried families**, (because of the high divorce rate and subsequent remarriages) result in complex relationships within stepfamilies.
- **Gay and lesbian families**, which may or may not have children, are not immune from complex multigenerational family dynamics, and need to sort through the roles and rules which will arise.

#### 48. General systems theory

Ludwig von Bertalanffy (biologist) proposed systems theory. This is not the reductionistic view where structure was important. In this view, the organization and the interrelations of the parts are important. This is not linear thinking (A causes B) but circular (A may cause B, but B also causes A, which may affect B, etc.).

#### 49. Psychodynamic theory of family counseling

**Nathan Ackerman** is principal proponent. Theory came out of psychoanalytic background. In a new marriage, the couple brings **psychological heritage and resemblances** from families of origin. They may bring **introjects** (imprints or memories) from parents or others. The family unit seeks **homeostasis** and an individual family member's symptomatic or pathological behavior disturbs the homeostasis. Ackerman believed in an interactive style of therapy, moving into the family's living space, stirring things up and acting as a catalyst for change.

**James Framo**, also psychodynamic in orientation, believed the social context of a person's life helped shape behavior. Conflict stemming from one's family of origin continued to be acted out in current relationships in one's family. Framo believed that **human beings in childhood are object seeking**, i.e., hoping to establish satisfying object relationships, especially with parents. If the child is rejected, this frustration is retained as an introject which will appear later. Although Framo begins therapy with the entire family, he often concludes therapy by doing conjoint (couple) therapy followed by couples group therapy and then family of origin (intergenerational) conferences.

### **50. Experiential family counseling**

Carl Whitaker does family counseling from an experiential perspective. Less reliant on theory, he becomes highly involved in the therapeutic process. He **actively joins the family** paying close attention to what he himself was experiencing in the therapy. He would then use that awareness to press for changes in the family. The process of therapy is most important and the encounter in therapy is designed to challenge the old ways of thinking and behaving, on the way to new growth. Whitaker uses symbolism to help explain many experiences, and these symbols are often outside of awareness or consciousness.

### **51. Humanistic family counseling**

**Virginia Satir represents a humanistic model of family counseling.** Human beings as well as families have the resources within themselves to flourish, grow and develop. Self-concept of the individual is important. Poor communication (discrepancies) within the family is often blocking members from healthy functioning so Satir would serve as a teacher and trainer. Under stress, Satir believed that family members would adopt one of five different styles of communication:

- Placater
- Blamer
- Super-reasonable
- Irrelevant
- Congruent communicator. The last one is a healthy style.

Satir's counseling approach has also been characterized as one of process orientation thus her therapeutic style is also an experiential one. She believed in interacting closely with the family and stressed the need for intimacy in family relationships.

### **52. Family systems theory**

**Murray Bowen is the architect of the systems theory of family counseling** and presented the most well developed family counseling theory. Based on general systems theory, Bowen emphasized the family as an emotional unit in the formation of dysfunctional behavior in a family member. Because he believed that family history including more than one generation of the family was central to therapy, his approach has often been labeled transgenerational.

Eight theoretical concepts were identified by Bowen:

1. **Differentiation of self:** the degree to which individuals can distinguish between their intellectual (thinking) processes and their feeling processes. If there is fusion between these two processes, individuals are likely to experience involuntary emotional reactions and become dysfunctional.
2. **Triangles:** Individuals have a need for closeness and individuation. To the extent two individuals (e.g. husband and wife) are fused, they may bring in a third person (e.g. child) to resolve such two-person stress. The basic building block of a family's emotional system is the triangle. The greater the fusion in the family, the greater the triangulating that will occur.
3. **Nuclear family emotional system:** Marital partners chose mates with equal levels of differentiation. Thus two undifferentiated partners will probably become highly fused and produce a family with similar characteristics. Such a nuclear family emotional system will be unstable.
4. **Family projection process:** the fused, unstable marital partners will focus on one of the children (typically the most infantile) and this is called the family projection process.
5. **Emotional cutoff:** children involved in the projection process may try to escape the fusion by moving away geographically, or isolating themselves psychologically. This emotional cutoff is only a deception.
6. **Multigenerational transmission process:** the poorly differentiated child of poorly differentiated parents will select a similarly poorly differentiated child to marry. This process could repeat itself through several generations with the 'weak links' always marrying weaker links, etc.
7. **Sibling position:** roles tended to be associated with birth order. If two individuals of the same birth order or different birth order marry, these individuals could complement each other or compete with each other.
8. **Societal regression:** Bowen extended his thinking to society's emotional functioning, and in his pessimistic view, society is regressing because it does not differentiate between emotional and intellectual decision making.

Bowen's therapy begins with a comprehensive assessment process. He develops a genogram for the last three generations. This is a visual picture of the family tree. In therapy, Bowen's tendency is to work only with the marital couple even if children have been identified (IP -- identified patient) as having the family problem. His goal is to maximize each partner's self-differentiation. His style as a therapist is to remain neutral and detriangulated unlike the experiential and humanistic family therapists.

### **53. Structural family therapy**

**Salvador Minuchin** is the primary proponent of structural family therapy. Each family has an organization or structure characterized by the evolved rules which are the transactional patterns between members. These rules dictate how, when, and with whom, family members interact. Rules may be generic (for all family members) or idiosyncratic (individualized). The family is composed of subsystems which are

necessary to carry out family functions. These subsystems have boundaries and rules for membership. Examples **of subsystems are: spousal, parental, and sibling.** **Boundaries between subsystems may be permeable or diffuse.** If boundaries are too diffuse, this may lead to enmeshment. Rigid boundaries lead to disengagement. Either extreme is likely to create problems within the family. Other concepts defined in structural family therapy are

- **Alignments** (the way family members join together or oppose each other),
- **Power** (who has authority and who has responsibility), and coalitions (alliances between specific family members).

Minuchin uses a map diagramming the current family structure in identifying where dysfunction may be present. This structural map shows boundaries, alliances, coalitions, conflicts, etc. In therapy, structuralists challenge the transaction patterns in the family and hope to change, reorganize, or restructure the family. One goal might be clearer boundaries. The parental subsystem must be clearly defined with executive power and responsibility. Minuchin **joins** the family in therapy as an active member. He may **mimic (mimesis)** some aspect of the family's manner, style, etc., and encourages **enactments** of some dysfunctional interactions. Through reframing, he labels what occurs into a more positive or constructive perspective.

#### **54. Strategic family therapy**

The Mental Health Institute (MRI) focused on family communication patterns in its research in helping families with problems. Metacommunication qualifies or puts conditions on the communication which occurs on the surface or content level. It is called the second level of communication.

Several communication techniques were identified which have proven useful.

- **Therapeutic double bind:** a paradoxical technique wherein the client is asked to continue some undesirable behavior or symptom when he or she expected to be told to stop it. The client is caught in a bind and must give up the symptom or acknowledge control over it.
- **Prescribing the symptom:** the paradox here is to refuse to continue the behavior and abandoning it or acknowledging control over it.
- **Relabeling:** similar to reframing wherein the meaning of a situation is changed so that the situation is perceived differently.

The strategic family therapy approach advocates are Jay Haley and Cloe Madanes. Power and control characterize relationships in families, and symptoms are attempts at controlling a relationship. Strategic therapy techniques are often direct suggestions or assignments. Assignment of paradoxical tasks often occurs.

#### **55. Milan systemic family therapy**

This therapeutic approach came out of Milan, Italy and was led by Mara Selvini-Palazzoli. The family is viewed as a system with connections between **family members with a goal of keeping the system in balance.** The family is viewed as playing a 'game' to maintain the system. Systemic family therapists bring hypotheses to the

therapy sessions to be checked out. Usually a team of therapists are also observing, and they may provide the suggestions and directives to be relayed to the family before it leaves. **Circular questioning** is the process of asking several family members the same question about the same relationships. This reveals family members' connections and the differences in meaning they ascribe to an event. **Rituals of the family** are often used therapeutically; established family patterns might be changed suggesting new ways of doing things, which may alter beliefs and attitudes. By revealing family 'games' and through new information. Milan therapists hope to change family rules and relationships.

## 56. Behavioral/cognitive approaches

Behavioral techniques have been used effectively for behavioral marital therapy, behavioral parent-skills training, functional family therapy, and conjoint sex therapy. Cognitive behavior therapy, with its focus on thoughts and actions, has received increasing emphasis.

- **Robert Liberman** introduced operant conditioning and social learning principles to the solution of family problems.
- **Richard Stuart** called his approach operant interpersonal therapy. His social exchange model argues for the influence of ongoing behavioral exchanges on their long-term outcomes in relationships. Marital skills training and behavioral contracting were other features of Stuart's approach.
- **Behavioral parent-skills training** focuses on child management. Techniques such as time out and designing contingency contracts may be used.
- In **functional family therapy**, all behavior is viewed as adaptive, always serving a function. Therapy helps individuals learn new skills through education.
- **Conjoint sex therapy**, as practiced by Masters and Johnson, assumes that any sexual inadequacy exists in a system the two partners represent. Consequently, conjoint therapy is necessary. A very high success rate is reported by Masters and Johnson.

## 57. Social constructionist

Some postmodern approaches to family therapy are gaining acceptance. These approaches challenge the traditional systems way of thinking about family dynamics and relationships. For example, there may be no objective 'functional' family dynamics in reality that apply to all families. Individuals of various cultures, genders, races, sexual orientations, etc. determine their own level of healthy family functioning.

Social constructionists do not believe there is a common reality we share. We use language to share our experiences and perceptions and use language to communicate with others and construct a common reality.

One therapeutic approach adopting a social constructionist philosophy is that of **Steve deShazer** who focuses on solutions rather than problems. **Solution- focused therapy** pays little attention to the history of the problem or underlying causes. The therapist and clients have 'discussions' about solutions they want to construct together.

The language (words) that are used give meaning to the therapist-family discussions and 'stories' they bring. Since word and language meanings vary for different people and from different perspectives, one task is to get agreement on the 'reality' under discussion.

One assumption is that clients already know what they need to do to solve the problem but need help in constructing a new way to use that knowledge. deShazer viewed clients as facing locked doors with no keys and through the counseling process, he would help provide them "skeleton keys"-interventions that they could use to unlock many doors.

A counseling approach developed from deShazer's model was the **solution-oriented therapy of William O'Hanlon**. Again, the language used by clients and therapists is important because meanings and perceptions are embedded within. **In solution-oriented therapy**, the counselor collaborates with clients, acknowledges them and suggests that the possibilities for solution and change already exist within them. Some of the focus in therapy is on what is working well (rather than what is not) and, increasingly doing something different.

### **58. Narrative family therapy**

Another postmodern therapeutic approach involves the use of narratives, which are stories family members bring to therapy. These narratives may be negative and limiting perceptions of themselves and their lives. **Deconstruction** is the process of examining a narrative, **determining underlying assumptions**, and **suggesting that there may be other meanings** that may be attached to the story. This provides the family an opportunity to **reauthor** the story and the process empowers them. The family therapist may assist in building a scaffold for a new story and assist in the co-authoring.

### **59. Psychoeducational family therapy**

Psychoeducation may be a therapeutic technique or adjunct to any number of family therapy approaches. The goal of psychoeducation is to assist a family with their daily functioning in general, and in dealing with specific issues the family may be experiencing such as with an individual with medical problems. In addition, families who have a member with mental health problems may need assistance with medication regimens and life coping skills. Stress and time management, and self-care issues may be present. Psychoeducation may also be valuable in such areas as marriage preparation, marital enrichment, and stepfamily blending.

### **61. Feminist issues and gender-sensitive family therapy**

Feminist and gender-sensitive issues are important in family therapy. There must be recognition of the social, cultural and political factors which influence the treatment of men and women. Roles for men and women within a society, within a culture, and within families are well established. In many cultures, patriarchal models dominate with attendant power differentials between genders. And, therapists are influenced by the same social and cultural factors and role stereotypes as anyone else. Feminist and

gender-sensitive family therapy challenges traditional viewpoints of gender roles and the family therapist must be sensitive to how these roles are being played out in the family in therapy. There should be an identification of strengths and needs of both men and women. Family members must be empowered and enabled to move beyond traditional sex roles and be given choices such as changing established sex roles and the expectations of those roles.

## 62. Genogram

The genogram is a pictorial representation of the relationships within a family typically extending through three generations. Developed with the help of family members, the genogram may identify emotional, communication, and behavior patterns within a family. Other items of information such as religion, occupations, and ethnic origin may be added.

## 63. Play therapy

In play therapy, children are encouraged to express feelings, act out dreams and ambitions, and direct their own life. Play helps the child master anxieties, relieve tensions, cope with life's problems, and expend physical energy. Play therapy also allows the child to relieve frustrations and helps the therapist analyze the child's conflicts. Children often feel less threatened and more at ease in showing their feelings through play. Providing them with a variety of media including toys, art supplies and equipment gives them an opportunity to make decisions and the therapist an opportunity to observe how children deal with conflict (approach-approach). Virginia Axeline wrote *Play Therapy and Dibs: In Search of Self*. She believes the leader or therapist attends, recognizes feelings, helps the child express them, and helps the child implement new behaviors.

## 64. Definitions

- **Alignments**-Clusters of alliances between family members within the overall family group; affiliations and splits from one another, temporary or permanent, occur in pursuit of homeostasis.
- **Boundary**-An abstract delineation between parts of a system or between systems, typically defined by implicit or explicit rules regarding who may participate and in what manner.
- **Closed system**-A self-contained system with impermeable boundaries, operating without interactions outside the system, resistant to change and thus prone to increasing disorder.
- **Coalitions**-Covert alliances of affiliations, temporary or long term, between certain family members against others in the family.
- **Conjoint**-Involving two or more family members seen together in a therapy session.
- **Cybernetics**-The study of methods of feedback control within a system, especially the flow of information through feedback loops.

- **Enmeshment**-A family organization in which boundaries between members are blurred and members are over concerned and over involved in each other's lives, limiting individual autonomy.
- **Family sculpting**-A physical arrangement of the members of a family in space, with the placement of each person determined by an individual family member acting as "director"; the resulting tableau represents that person's symbolic view of family relationships.
- **Feminist family therapy**-A form of collaborative, egalitarian, nonsexist intervention, applicable to both men and women, addressing family gender roles, patriarchal attitudes, and social and economic inequalities in male- female relationships.
- **Genogram**-A schematic diagram of a family's relationship system, in the form of a genetic tree and usually including at least three generations, used in particular by Bowen and his followers to trace recurring behavior patterns within the family.
- **Homeostasis**-A dynamic state of balance or equilibrium in a system, or a tendency toward achieving and maintaining such a state in an effort to ensure a stable environment.
- **Identified patient (IP)**-The family member with the presenting symptom; thus, the person who initially seeks treatment or for whom treatment is sought.
- **Joining**-the therapeutic tactic of entering a family system by engaging its separate members and subsystems, gaining access in order to explore and ultimately to help modify dysfunctional aspects of that system.
- **Multiple family therapy**-A form of therapy in which members of several families meet together as a group to work on individual as well as family problems.
- **Nuclear family**-A family composed of a husband, wife, and their offspring, living together as a family unit.
- **Open system**-A system with more or less permeable boundaries that permits interaction between the system's component parts or subsystems and outside influences.
- **Permeability**-The ease or flexibility with which members can cross subsystem boundaries within the family.
- **Strategic approach**-A therapeutic approach in which the therapist develops a specific plan or strategy and designs interventions aimed at solving the presenting problem.
- **Structural model**-A therapeutic approach directed at changing or realigning the family organization or structure in order to alter dysfunctional transactions and clarify subsystem boundaries.
- **System**-A set of interacting units or component parts that together make up a whole arrangement or organization.
- **Triangulation**-A process in which each parent demands that a child ally with him or her against the other parent during parental conflict.

### 3. Helping Relationships Study Questions

1. Client: "I wrote some more in my journal yesterday. I wrote about the strong urge to eat after I visited my mother. I almost went to the store for junk food but I didn't."

Counselor: "The urge to eat was connected with your mother."

A long silence follows. The probable cause for the client's silence was

- A. boredom.
- B. hostility toward the counselor.
- C. emotional or cognitive integration.
- D. waiting for the counselor to lead.

2. Practicing positive or reinforcing self-statements has been called 'stress inoculation.' Who is the behaviorally-oriented theorist who proposed this concept?

- A. Bandura.
- B. Wolpe.
- C. Allport.
- D. Meichenbaum.

3. A number of counseling approaches see mindfulness as an important component. Which of following statements appears **most true**?

- A. Internal sensations, emotions and thoughts are not important to mindfulness.
- B. Relationship-oriented therapies are more effective than cognitively-based ones in using mindfulness.
- C Mindfulness is a mental discipline with a focus on the here and now.
- D. So far, it appears that mindfulness techniques work best with Post Traumatic Stress Disorder clients.

4. A variety of studies have investigated the qualities of effective counselors. Although not definitive, some of these qualities appear to be

- A. tolerance for ambiguity and middle age.
- B. interest in people and eclecticism.
- C. high intelligence and global awareness.
- D. awareness of individual differences and caring.

5. Client: "I just can't stand the thought of letting him back into the house." Counselor: "Where is he now?" In general, counselor responses may be characterized as additive, interchangeable, or subtractive. This counselor's response would warrant a \_\_\_\_ on a five-point scale measuring empathy.

- A. 5
- B. 2
- C. 1
- D. 4

6. Of various counselor characteristics, which one of the following has the most impact upon counseling success?

- A. Counselor gender.
- B. Counselor race.
- C. Counselor age.
- D. Counselor expertness.

7. The counselor determines that the client can more easily discuss painful material as part of a story or vignette. She decides to administer the Thematic Apperception Test to help the client in this process. This counselor is likely to be practicing from a perspective.

- A. Gestalt therapy
- B. rational-emotive therapy
- C. client-centered therapy
- D. psychoanalytic therapy

8. Which of the following statements about consultation is **NOT** true?

- A. Consultation uses the same kind of skills as counseling but the context, role, and function are different.
- B. Since there is no strong theory or model of consultation, an eclectic approach is best.
- C. The consultation may focus on content or process or both.
- D. The need for consultation may occur in most any agency or business.

9. Therapeutic interventions such as the 'exception question,' 'miracle question,' and 'scaling questions,' are most typically evident in

- A. narrative therapy.
- B. solution-focused brief therapy.
- C. reality therapy.
- D. multi-modal therapy.

10. According to Adler and others, birth order tends to result in unique psychological traits and social development. In counseling, birth order can help explain clients' traits and behaviors. Individuals who are carefree, outgoing, and not rule oriented and those individuals who are early maturers, high achievers and never "dethroned" are probably

- A. secondborns and only children.
- B. firstborns and youngest children.
- C. middle and only children.
- D. secondborns and middle children.

11. An underlying goal of psychoanalytic therapy is to identify and work through the transference the client experiences. Two therapeutic techniques which may assist in this process are

- A. experiential learning and role playing.

- B. goal setting and identifying reinforcers.
- C. free association and hypnosis.
- D. paradoxical intention and thought stopping.

12. A change in the forces in one part of a closed system affects the entire system. This can be accurately applied to

- A. the Holland hexagon.
- B. a support group.
- C. force-field analysis.
- D. Johari window

13. Jaime, a sixteen year old sophomore, has developed a pattern of skipping classes. His homework is seldom completed and when it is, it does not represent his ability level. His parents have begun to look for an appropriate counselor for him. Although they don't know all the approaches available, Jaime might be helped best with a counselor using theoretical concepts from

- A. behavioral and existential.
- B. person-centered and rational emotive behavior.
- C. Adlerian and psychoanalytic.
- D. Gestalt and reality.

14. Which of the following statements about Dialectical Behavior Therapy (DBT) is most accurate?

- A. DBT should only be used with adults.
- B. DBT can usually be applied successfully as a short-term intervention.
- C. DBT is now used widely with a variety of disorders such as borderline personality, mood and eating disorders.
- D. DBT doesn't adapt well to a group setting.

15. Cognitive therapy for the treatment of depression has been in existence for many years. As he performed psychotherapy, Aaron Beck, the principal architect of cognitive therapy, identified "automatic thoughts" his clients exhibited. He did not believe that these negative automatic thoughts "caused depression." Beck

- A. suggested a negative cognitive shift occurred in the individual's thinking.
- B. capitalized on the concepts developed by Albert Ellis in developing his cognitive therapy.
- C. believed that depression seldom occurred because of interpersonal factors.
- D. developed a theory of reciprocal inhibition.

16. At an initial session, counselors are expected to share with clients information about counseling goals, techniques, counselor qualifications, and counseling limitations. This information is called

- A. duty to warn.

- B. release of information.
- C. professional liability statement.
- D. statement of disclosure.

17. As the middle child in the family, Ingrid felt her older brother always 'got the breaks' from their mother and father. Her younger sister was 'daddy's girl' and could do no wrong as far as he was concerned. In family counseling, Ingrid was asked to sculpt the family. It is likely that she

- A. had her four family members hold hands in a circle with her inside.
- B. had a line of family members with her brother between the parents, sister by father and she a few paces from the line.
- C. had her four family members hold hands in a circle with her standing outside
- D. had the three children stand together facing mother and father who stood side-by-side.

18. An Asian American sophomore in high school was referred to the counselor by the teacher. Although her academic work was fine, Minh was usually left out of class activities and social events. The counselor knew that Minh was a first-generation American so early in the counseling session he tried to determine her

- A. level of English language facility.
- B. family composition.
- C. level of acculturation.
- D. attitude toward education.

19. Applying the principles of Adlerian family counseling, which of the following is **NOT** accurate?

- A. All children are expected to participate in family counseling.
- B. The basic counseling goal is to improve parent/child and other relationships in the family.
- C. Action techniques such as role playing are not used.
- D. The family constellation is addressed during the initial interview.

20. Counselors with which one of the following theoretical orientations are apt to use tests and inventories?

- A. Adlerian.
- B. Client-centered.
- C. Trait-factor.
- D. Gestalt.

21. Self-efficacy is a central concept in social learning theory developed by Albert Bandura. This social learning model has been applied to a variety of activities inducing the \_\_\_\_\_ process.

- A. consultation

- B. accountability
- C. play therapy
- D. leadership

22. As a family counselor, Jody is very active in the process. Using her own self-awareness and what she experiences, she reflects this back to the family. In addition to her suggestions, she challenges current family ways of thinking and behaving. This family counseling approach is often called

- A. psychodynamic.
- B. interactional.
- C. experiential.
- D. structural

23. By the end of the first counseling session, a DSM diagnosis has been made and counseling goals established. There is also a belief that the client will return regularly to counseling after this series of sessions. It is likely that this counseling is

- A. insight oriented and long term.
- B. stopgap and less effective.
- C. brief therapy focused and intermittent.
- D. relationship and counselor oriented.

24. Goals of counseling may include changing a lifestyle, confronting superiority, and cultivating social interests. These are typical goals in

- A. transactional analysis.
- B. gestalt therapy.
- C. rational-emotive therapy.
- D. Adlerian therapy

25. A mother and her two children have arranged for family therapy. The husband refuses to attend. The counselor is concerned with this development because a number of her beliefs about family counseling are not being met. Which of the following is **NOT** likely to be one of her beliefs?

- A. The family is a system.
- B. The traditional focus is the family.
- C. Each family member is a unique emotional unit.
- D. Pathology is family centered.

26. During the first session with a client, the counselor conducts an intake evaluation. When the questions focus on potential problem areas, the client says, "I know what my problem is. My psychologist says I have posttraumatic stress." An appropriate next step for the counselor is

- A. stop the evaluation and start talking about the posttraumatic stress.
- B. continue the evaluation ignoring the information about the psychologist and diagnosis

- C. ask the client if he has taken any psychological tests.
- D. determine who the psychologist is and obtain permission to contact him or her.

27. Grandma lives with the nuclear family of four which includes two children who are four and seven years old. Grandma is the father's mother and baby-sits the children while the parents work. The parents find the children more and more uncooperative and disrespectful. To help them better understand family dynamics and learn parenting skills, the four begin family counseling. Grandma refuses to attend insisting she was "too old for that nonsense. The family counselor believes subsystems within a family are highly influential. Perhaps the most important family subsystem not in counseling is

- A. parents and grandma (three adults).
- B. grandma and the children.
- C. mother's parents.
- D. father and his mother (grandma).

28. A counseling procedure pairing anxiety-producing stimuli and relaxation exercises

- A. paradoxical intention.
- B. systematic desensitization.
- C. implosive therapy.
- D. confrontation.

29. Regarding neurobiology and psychotherapy, which of the following statements is **NOT** true?

- A. So far, the production of positive neurotransmitters appears to occur as a result of talk therapy but not other integrative therapies.
- B. Different environmental conditions and events promote re-mapping of different areas of the brain.
- C. Neuroplasticity is the brain's ability to produce new neurons.
- D. CACREP standards include requirements regarding understanding neurological behaviors.

30. A 20-year old African American male was referred to a college counselor by his Resident Advisor. The counselor quickly realized his client was angry at the 'establishment' and felt betrayed by buying into the values of the white majority student body. He had since joined the Black Caucus and enrolled in a Black Studies course. The counselor suspected that in terms of identity development, the client was in the \_\_\_\_\_ stage.

- A. resistance and immersion
- B. integrative awareness
- C. conforming
- D. introspection

31. Jane is a new mental health counselor with little experience in multicultural counseling. She is uncomfortable with Juanita, a Latina client, who asks her questions about her family and other personal matters. Juanita's behavior is best explained as

- A. limited acculturation.
- B. needing to know boundaries and ethics of counseling.
- C. needing to know the counselor as a person.
- D. familism, a strong attachment to her family.

32. Of the major counseling theories, some are more conducive to measuring the effectiveness with clients than are others. All may be effective as applied by some counselors with certain clients who have certain problems. In general, however, the two theoretical approaches showing most effectiveness through research are

- A. reality and gestalt.
- B. behavioral/cognitive behavioral and rational emotive.
- C. person-centered and behavioral/cognitive behavioral.
- D. Adlerian and rational emotive.

33. Twelve-year old Heather is very close to her mother. After school she cannot wait to share what happened during her day. Her mother enjoys this closeness and considers Heather her "best friend" and takes her on many outings and activities. The father is beginning to resent the time his wife spends with their daughter but is glad Heather has a guiding hand during these critical years of her development. One theory of family counseling would suggest

- A. the boundary between mother and daughter may be too diffuse.
- B. the mother may be putting the daughter in a double bind.
- C. all members of the family appear to be equally differentiated.
- D. in family counseling, the father is the identified patient.

34. A holistic approach to therapy is identified with Arnold Lazarus. His approach addresses several modalities and may be summarized using the acronym

- A. BASIC ID.
- B. RIASEC.
- C. REBT.
- D. SOLER.

35. In object relations theory, interpersonal relationships are important in shaping an individual's interactions with others both in reality and fantasy. In the developmental process, the individual passes through four stages according to this theory. The third stage is

- A. reintegration.
- B. separation/individuation.
- C. assimilation.
- D. symbiosis.

36. Experts in substance abuse counseling report the widespread existence of one or more codependents in the family of the substance abuser. Core issues in treating substance abuse include

- A. age, education, and social class.
- B. dual diagnosis, denial, and motivation.
- C. family, support group, and extended family.
- D. faith, spirituality and belief in God

37. The feminine therapist views gender as central to the counseling of women. Which Of the following is **NOT** central to feminine therapy?

- A. Personal issues have societal and political roots.
- B. Mental illness definitions are reformulated.
- C. The therapist maintains the expert role.
- D. Oppression is viewed in an integrated fashion including privilege and gender expectations.

38. Murray Bowen is often referred to as the creator of the systems theory of family counseling. He believed studying more than one generation of a family was important. Of the following theoretical concepts, which is **NOT** associated with Bowen?

- A. Therapeutic double-bind.
- B. Triangles.
- C. Multigenerational transmission.
- D. Family projection process.

39. A behavioral counselor is working with a client who complains of anxiety. Together the counselor and the client examine both the antecedents and consequences of the Behavior (anxiety). Understanding the nature of operant conditioning, the counselor and the client decide to eliminate the unwanted behavior through extinction by

- A. aversive counterconditioning.
- B. implosion or flooding.
- C. punishment.
- D. thought stopping.

40. Client: "I don't know if this is doing any good. I still get real anxious when I get to the office." Counselor: "The anxiety is still there when you get to work so you're wondering if this counseling is working." The counselor's response is an example of a(n)

- A. interpretation.
- B. reflection.
- C. confrontation.
- D. restatement.

41. Josie is a counselor at a day treatment center. One of her clients is an aggressive seven-year-old boy who is physically active but verbally shy in session. Josie may find that her most effective play therapy technique to stimulate the boy to share is

- A. puppets.
- B. sand tray.
- C. competitive board games.
- D. drawing.

42. Social modeling, contracting, direct training, and reinforcement are most likely to be counseling strategies based in

- A. rational emotive behavior therapy.
- B. existential therapy.
- C. client-centered counseling.
- D. cognitive and behavioral counseling.

43. In his first counseling session, Rudy shares a brief account of his problems with an emphasis on how these problems have influenced his life in the past and continue to do so. Working from a social constructionist point of view, the counselor is likely to use the following techniques

- A. deconstruction and reauthoring.
- B. social modeling and problem-solving.
- C. empowering techniques and gender-role analysis.
- D. homework assignment and two-chair techniques.

44. The therapist who is closely associated with structural family therapy is

- A. Framo.
- B. Whitaker.
- C. Satir.
- D. Minuchin.

### 3. Helping Relationships Question Answers

- |      |      |
|------|------|
| 1. C | 40.D |
| 2. D | 41.C |
| 3. C | 42.D |
| 4. D | 43.A |
| 5. C |      |
| 6. D |      |
| 7. D |      |
| 8. B |      |
| 9. B |      |
| 10.A |      |
| 11.C |      |
| 12.D |      |
| 13.D |      |
| 14.C |      |
| 15.A |      |
| 16.D |      |
| 17.B |      |
| 18.C |      |
| 19.C |      |
| 20.C |      |
| 21.A |      |
| 22.C |      |
| 23.C |      |
| 24.D |      |
| 25.C |      |
| 26.D |      |
| 27.B |      |
| 28.B |      |
| 29.A |      |
| 30.A |      |
| 31.C |      |
| 32.B |      |
| 33.A |      |
| 34.A |      |
| 35.B |      |
| 36.B |      |
| 37.C |      |
| 38.A |      |
| 39.B |      |

