

COMPETENCY 1.0 KNOWLEDGE OF COUNSELING

Skill 1.1 Basic Concepts of Major Counseling Theories

There are many theories that abound in the literature of counseling and guidance. The eight theories that all major counseling techniques are based upon are, Psychoanalytic, Adlerian, Existential, Person-Centered, Gestalt, Behavior, Cognitive Behavior, Reality Therapy, and Solution-Focused Therapy.

A. PSYCHOANALYTIC

The basis of all counseling theories evolves from the Psychoanalytic theory of Sigmund Freud. Other theorists who embraced this theory were Erik Erikson and Carl Jung. Freud viewed human behavior as primarily the manifestation of biological and instinctive drives, unconscious motivation, and irrational forces. He divided the personality into the following parts. The ID, the part of the personality that is blind, demanding and insistent; its function is to lessen tension and to return to status quo; the EGO, the part of the personality that is the arbitrator between reality and impulses; and the SUPER EGO, the part of the personality representing moral training whose goal is perfection rather than pleasure. He also explored the concept of the unconscious by using techniques of dream analysis, post-hypnotic suggestion and free association. Anxiety and the ego-defense mechanism were other components of the personality. Freud focused upon the ID in his therapy and the part it played in behavior.

The theory aims to reconstruct the personality instead of solving immediate problems, with the focus on the past for evidence of what is in the present and to analyze the aspects of the unconscious that are manifested in present behavior. Results to be attained include client's insight into their unconscious psychodynamics, increased ability to understand the connection between their past and present behaviors and to increase awareness. Psychopathology is the result of failing to meet some critical developmental task or becoming fixated at some early level of development.

There are five stages of psychosexual development. These stages are:

- 1. Oral** - The mouth is the source of satisfaction - If these oral needs are not met, greediness and acquisitiveness may develop as well as the rejection of others' love, fear of intimate relationships and mistrust of others.
- 2. Anal** - Control of the feces is the source of satisfaction - Negative feelings, including rage, hatred, destructiveness and hostility are experienced if a satisfactory resolution of the need to control one's own bodily functions is not achieved.
- 3. Phallic** - The phallus (penis/clitoris) are the source of satisfaction - Penis envy and castration anxiety are associated with this stage of development. Resolution of sexual conflicts and sex-role identity is a critical task at this stage. The Electra and Oedipus complex are associated with this stage.

4. **Latency** - A relative calm period - Inward and self-centered preoccupation occurs. If not resolved adequately, narcissistic orientation can occur. The latency period usually occurs between the ages of 5 and 12.

5. **Genital** - This stage is signaled by physical maturity. Preoccupation with the sex organs is possible. Sensate focus is on the penis and vagina.

Neurotic personality development is regarded as an incomplete resolution of one of the stages of psychosexual development. Importance is placed upon these five stages of development and their complete resolution. Unconscious forces, early experiences, and sexual and aggressive impetus determine behavior.

Projection of the client's feelings upon the therapist is used to facilitate therapy. For this reason the therapist tends to remain anonymous. Other techniques of therapy are also used to help clients bring unconscious feelings out so the client and the therapist can deal with them. The job of the client is to participate in free association so the therapist has material for analysis.

Other methods or techniques used in this therapy include:

1. **Maintaining the Analytic Framework** - Involves keeping to the entire range of procedures in the treatment process; keeping the anonymity of the analyst, maintaining the contractual agreement for payment of fees and attending the sessions regularly and consistently.

2. **Free Association** - Is the technique of permitting the client to say whatever comes to mind in order to reveal the unconscious and give the therapist the opportunity to interpret the unconscious thoughts.

3. **Interpretation** - Is the process of analyzing the material that the client reveals from the unconscious.

4. **Dream Analysis** - Involves the sharing of the client's dreams. The client is then encouraged by the therapist to free associate to parts and symbols of the dream. The analyst interprets the dreams.

5. **Analysis and Interpretation of Resistance** - Is the stage of analysis where the therapist interprets to the client the significance of the act of resistance.

6. **Analysis and Interpretation of Transference** - Is the stage of analysis where the therapist interprets to the client the significance of the transference process.

Contributions of Freud's theory are:

1. The theory is the basis for all psychological theorizing involved in the explanation of human behavior, because it was the first theory.

2. The approach provides a framework for exploring an individual's history and relationship with the present, by way of the unconscious.
3. The concept of resolving resistance to the therapy is a key aspect of the success of the therapeutic process.
4. Many of the techniques of the therapy can be applied to other therapies that have evolved.

Limitations of the theory include:

1. A prolonged therapist training period is required that includes analysis.
2. A lengthy period of therapy is prescribed for the client as well as the trainees.
3. The importance of action to alleviate the problem is not recognized.
4. The basic concepts of the theory are not verifiable by empirical research.
5. The theory is based on neurotic, not healthy personalities.
6. The theory cannot be used in crisis counseling where immediate solutions are needed.
7. The theory does not take into account social, cultural and interpersonal variables.

Erik Erikson went on to develop the eight stages of life in his psychosocial theory. These stages are:

1. **Basic Trust vs. Basic Mistrust** - Birth to approximately 18 months of age. Infant's needs are satisfied for nourishment and care. The response to these needs must be consistent so the infant develops a sense of trust and attachment to one or two adults. Mistrust is attained if the infant's needs are not met.
2. **Autonomy vs. Shame and Doubt** - 18 to 30 months of age. The child develops early signs of independence and a sense of some control over the environment. The independence is manifested by self-feeding, dressing, toileting, etc. In this stage the child needs reassurance and support from the adults around. Overprotection is to be avoided. This is the stage of the basic struggle of early childhood.
3. **Initiative vs. Guilt** - 2 1/2 to 5 years of age. The child has developed an imagination and enjoys play-acting adult roles. The child is also learning to perform adult roles and begins to realize restraints are necessary.
4. **Industry vs. Inferiority** - Elementary and middle school years. The child becomes curious with the need to explore and manipulate the environment occurring. Competency is through accomplishments. The child becomes increasingly aware of interactions, school and neighborhood. If attainment of adequacy is not acquired during this stage, feelings of inferiority occur.
5. **Identity vs. Role Confusion** - Adolescence years. The adolescent is striving for an identity. The need is to achieve a satisfactory sense of self-worth. Children are seeking to formulate their own values, beliefs and style of life. They experiment with these different types of life styles. If previous stages are not resolved satisfactorily, developmental problems are manifested.
6. **Intimacy vs. Isolation** - This struggle occurs during young adulthood. The adult becomes willing to be open about self and willing to commit to a close personal relationship.
7. **Generativity vs. Stagnation** - Maturity is achieved. The task here is to establish and guide the next generation and come to terms with one's dreams and accomplishments.
8. **Ego Integrity vs. Despair** - This stage occurs during later life and the elderly may manifest despair if ego-integrity is not obtained. The opposite is a sense of fulfillment that one has led a satisfied life.

Some modern day psychoanalytic theorists include Otto Kernberg, Heinz Kohut and Mary Mahler. These theorists focus upon the ego and its development, as well as the development of the self as an individual. The goal of their theories is to reveal and make the client aware of the unconscious, as well as to strengthen the ego system, so behavior is based upon reality. The theories are aimed towards obtaining insight into one's own identity, recalling and reliving the past, reconstructing childhood experiences, and developing an in-depth understanding of one's self.

Mary Mahler was instrumental in developing the object-relations theory of psychoanalysis. This theory focuses upon predetermined stages of development in which the child focuses less and less upon him/herself and begins to see the world in relation to others. As development progresses, the child goes from:

1. "Normal infantile autism" - The infant responds to physical stress, does not see a unified self and considers self and mother one; to a
2. "Symbiotic relationship" - with the mother, where the infant is dependent upon the mother and expects emotional congruence with the mother as well as the mother also benefiting from the relationship; to a
3. "Separation from this symbiotic relationship; to becoming
4. "Individualized", and finally; into the
5. "Integration" of self or maturation.

If a trauma occurs during the separation-individuation phase, borderline and narcissistic personalities are often developed.

Some of the key vocabulary terms used in psychoanalytic therapy are as follows:

Abreaction - The emotional relief obtained from revealing painful experiences.

Anxiety - The act of repressing threatening thoughts.

Compensation - An ego defense mechanism that helps develop positive traits to make up for individual limitations.

Counter transference - A reaction towards the client by the therapist that interferes with objectivity. It can take the form of the expression of a need to be met on the part of the therapist.

Denial - The distortion of reality in an attempt to avoid dealing with a particular situation.

Displacement - The tendency to point ones' energy toward another person or object in order to reduce ones' own anxiety.

Ego - The part of the personality that mediates between the unconscious instincts and the environment.

Ego-Defense Mechanism - The unconscious processes that operate to protect the individual from threatening and anxiety producing thoughts, feeling and impulses. One of the techniques the client uses to cope with anxiety is the process of identification. This protects the client from a sense of failure and enhances his/her feeling of self worth. Ritual and undoing is another ego defense mechanism that is used to negate a disapproved thought or behavior.

Ego Psychology - The emphasis of the ego at different stages of life as formulated by Erik Erikson.

Electra Complex - The unconscious sexual feelings of a daughter toward her father coupled with hostility toward her mother.

Free Association - The technique of permitting the client to say whatever comes to mind without censor.

Fixation - The process of retaining one's development in a particular phase of the psychosexual continuum.

Id - The part of the personality that is ruled by the pleasure principle. It is the center of the instincts, which are mainly unconscious.

Interpretation - A technique of the therapist to explain a particular event or behavior.

Interjection - A method of handling a stressful situation on the part of the client that assumes behavior learned from another.

Libido - The energy of all life instincts including sexual energy.

Narcissistic Character Disorder - A personality disorder characterized by extreme self-love, an exaggerated sense of self-importance, and an explosive attitude towards others, which usually hides a poor self-concept.

Oedipus Complex - The unconscious sexual feelings of a son toward his mother coupled with hostility towards his father.

Personality Disorder - The pathology that develops when an individual fails to adequately develop in the separation-individuation phase, characterized by instability, irritability, self-destruction, impulsive anger, and extreme mood shifts.

Projection - The tendency on the part of the client to attribute to others the qualities that are unacceptable in his/her own personality.

Psychic Energy - The drive that propels a person's behavior and psychological functioning.

Rationalization - The method of explaining failures or negative occurrences.

Reaction Formation - An ego defense mechanism to hide a socially unacceptable behavior.

Regression - An ego defense mechanism of reverting to a less mature stage of development.

Repression - The unconscious act of pushing unacceptable or painful experiences into the unconscious.

Resistance - Unwillingness on the part of the client to share feelings and thoughts that need to be analyzed and interpreted in order for the psychoanalytic process to be successful.

Sublimation - The process of redirecting sexual and other biological energies into socially acceptable and creative avenues.

Super Ego - The part of the personality that represents moral training the goal of which is perfection not pleasure.

Symbiosis - A relationship between two individuals that is advantageous or necessary to both. If an individual does not progress beyond this stage, a borderline personality disorder can develop.

Transference - The fostering of emotions originally experienced towards one individual upon another individual not connected with the original experience (usually the therapist).

Working Through - The process of exploring unconscious material defenses and resistance. It involves the transference relationship and is a very demanding part of the therapy.

B. ADLERIAN THERAPY

Alfred Adler was a follower of Freud. Followers of Adler included Rudolf Dreikers and Harold Mosak. Rudolf Dreikers was instrumental in applying Adlerian principles to group work. Where Freud explored the psychosexual aspects of personality, Adler concentrated upon the psychosocial aspects of human nature. He believed that people are in control of their lives creating an individual lifestyle at an early age. He called his approach INDIVIDUAL PSYCHOLOGY. In contrast to Freud, Adler felt that consciousness—not unconsciousness—was the core of personality theory. He did not believe in reliving childhood experiences, but in using these early recollections as a clue to understanding the lifestyle of the individual.

Adler emphasized the positive abilities of the individual as influenced by societal forces and the capacity of each to reach optimum heights. His theory became the basis for the ensuing humanistic theories that abound today. The main goal is confronting some basic mistakes and assumptions the client holds and attempting to redirect them. The focus is on examining the lifestyle of the client as expressed by his/her behavior.

Some other beliefs of Adler are:

- Childhood experiences are not as crucial in themselves as is the attitude toward these experiences.
- All people have a lifestyle, none of which are the same.
- That lifestyle is set by age 5 and is a reaction to perceived inferiority.
- That lifestyle is learned from early family interactions.
- Behavior is motivated by social needs and has a goal oriented direction.

Therefore, Alderians are concerned with helping clients change their “basic mistakes” by aiding them in developing positive attitudes and in learning to correct those mistakes.

Four phases of the therapeutic process are:

1. **Establishing a Therapeutic Relationship** - Characterized by cooperation, respect and equality, with an emphasis upon joint responsibility.
2. **Analysis and Assessment** - A formal questionnaire is completed in order to ascertain the lifestyle of the individual, to determine early family interactions of each member, and to obtain as accurate a picture as possible of the client's early social world.
3. **Insight** - The development of the ability to understand our past actions with the goal of creating a plan of action for the present.
4. **Reorientation** - This phase involves having the client put insights into positive action and the therapist assisting the client to see new alternatives.

One of the main tools the Adlerian therapist uses is the Lifestyle Assessment. This is an extensive questionnaire about the client's family, childhood memories, dreams and self-concepts. The assessment explores birth order, interactions between siblings and parents, and the child's psychological position in the family. The therapist summarizes and interprets this data and makes assumptions about the person's lifestyle, their "basic mistakes" and self-defeating attitudes.

The birth order of a child tends to indicate certain types of behavior. The oldest child usually receives a great deal of attention, is dependable, hardworking and works to keep ahead. The second child attempts to compete with the older sibling. The middle child tends to feel left out and develops an attitude that life is unfair. The youngest child tends to be the most pampered, plays a special role and eventually goes his/her own way. The only child demands a great deal of attention, has difficulty in life when he/she is not the center of attention, and becomes dependent upon the mother.

In the initial interview in family therapy the counselor administers the Lifestyle Assessment. The purpose is to diagnose the child's goals, evaluate parental child-rearing methods, and make specific recommendations for change.

Adlerians approach the therapeutic conference with a positive view of human nature and with the client's need to be in control of the social forces that prevail. The therapist recognizes the client forms a lifestyle pattern at an early age, which tends to remain, and influences an individual's way of dealing with life stresses. The therapist places special emphasis on modeling of communication and acting in good faith. Adler believes every aspect of negative behavior, or "basic mistakes", can be alleviated by a positive approach. Inferiority can serve as the start of creativity in motivating one to mastery and perfection. Therefore, Adlerians are concerned with helping clients change their "basic mistakes" by aiding them in developing positive attitudes and in learning to correct those mistakes.

The goals of Adlerian therapy are to help clients overcome discouragement, alter negative motivation and "basic mistakes", and help clients find some measure of equality with society and others. The theory indicates that striving for perfection, not pleasure, is the goal in life.

The therapist starts to build the relationship by creating a contract. This contract emphasizes the client's responsibility, together with the therapist, for the success of the therapeutic process. There is mutual respect and equality. The main thrust of the therapy is to examine the client's lifestyle, as the theory stresses that this lifestyle dictates the client's every action, as well as provides a link between the past, present and the future.

Adlerians use techniques in therapy to fulfill the goals of the therapy. Techniques depend upon the phase of therapy the client is presently in as well as the client's needs. There is not a set regime or procedure, one uses whatever methods are needed to accomplish these goals. This gives the therapist the freedom to work with their clients as they see fit, choosing from a variety of techniques. Some techniques include, but are not limited to, encouragement, paradoxical intention, confrontation, summarizing, interpretation of past and present family dynamics, suggestion, humor, silence and the assignment of homework.

Contributions of Adler's theory are:

1. The theory was a major impetus for other humanistic theories to develop.
2. The theory has been influential on the cognitive-behavioral theories, the family therapies, mental health work, and in the present emerging theories of counseling with the culturally diverse sections of our population.

The limitations of the theory are:

1. An inability to validate the vaguely defined concepts with empirical data.
2. The oversimplification of complex human functioning that is based too heavily on a common sense perspective.

Key terms of the theory are:

Avoiding traps - A technique that involves avoiding reinforcing a client's behavior that keeps the client in destructive patterns.

Basic Mistakes - The self-defeating beliefs such as an extreme need for security, unattainable goals and doubting one's worth, which influences the forming of one's personality.

Catching oneself - The act of the client becoming aware of self-destructive behavior, irrational thoughts, and the anticipation of events before they happen.

Convictions - The results of life experiences.

Courage - The ability to take risks.

Encouragement - The process used in therapy to help clients reach realistic goals by using all their resources, recognizing their positive traits and using negative traits to become positive assets.

Family Constellations - The complete history of the family, which includes all aspects of family interactions and relationships.

Fictional Finalism - The ideal image one sees oneself becoming; one's ultimate goal.

Holism - The viewing of one's personality as a whole.

Immediacy - Dealing with the present moment in the counseling process.

Individual Psychology - The emphasis on the uniqueness and utility of the individual.

Individuality - The way an individual develops his or her own style of striving for competence.

Inferiority Feelings - The negative feeling, real or imagined, one has about oneself. These feelings can be both real and imagined.

Life Tasks - The life work of all humans in order to attain a satisfying life style.

Life Style - The way in which one copes with life and upon which the personality is formed.

Motivational Modification - The therapist's interest in changing the client's negative lifestyle goals and challenging negative concepts.

Paradoxical Intention - The technique used to help the client invoke exaggerated debilitating thoughts and behaviors, helping the client accept and conquer his/her resistance, become more aware of his/her behavior, and to be responsible for the consequences of that behavior.

Phenomenological Orientation - The technique of the therapist's in attempting to view the world from the client's point of view.

Priorities - A coping method used to obtain satisfaction in life. By pointing out a client's priorities, the therapist hopes to help the client realize the feelings invoked in others and the price the client pays by clinging to them.

Private Logic - A central psychological unity for the client. A philosophy by which individuals base their lifestyle involving "basic mistakes" and faulty assumptions that often do not conform to reality.

Push-Button - A technique that teaches the client he/she can control and create feelings for their thoughts.

Social Interest - The attitude a client has with dealing with society: a sense of empathy and identification and a striving for a better future for all.

Spitting in the Client's Soup - A technique that reduces the usefulness of a client's manipulative behavior, points out that manipulation, and spoils the client's anticipated results of the manipulation.

Striving for Superiority - The desire to become competent and perfect called the "growth force."

Task Setting and Commitment - The technique taught to the client to formulate realistic, attainable goals that can be revised if necessary.

C. BEHAVIOR THEORY

The behavior theories that were developed in the 1950s and 1960s were a radical protest to the expounded psychoanalytic theories. The key figures in this area were B.F. Skinner, Arnold Lazarus, Albert Bandura, Joseph Wolpe and Alan Kazdin. Contemporary behavior therapy utilizes many concepts, research methods, and treatments to account for and change behavior. In contrast to the psychoanalytic theories, behavior therapies are focused on current behavior and methods of treatment to change self-destructive behaviors.

Behavior theory is based on the principles of learned behavior. The main goal of behavior therapy is to eliminate negative learned behaviors or self-defeating behaviors by having the client learn new, more effective, positive ways of dealing with the situations that create behavior problems. Three major concepts in behavior therapy are classical conditioning, operant conditioning, and cognitive state.

The client and the therapist work together to formulate goals and specific treatment methods. The client must have ownership of the goals in order to make them work. Therefore a good working relationship between the client and the therapist is essential for the therapy to be productive.

The job of the therapist in behavior therapy is to make the problem clear, verbalize the consequences of the behavior manifested by the client, serve as a model for the client, help formulate alternative courses of action with possible consequences (a treatment plan), and alleviate the problem by advocating behavior change and provide reinforcement for the client when the behavior is changed. There should be an objective assessment of the results of the therapy. The job of the client is to help the therapist explore the alternatives to the problematic behavior, be open to trying new strategies and be willing to take the risk of practicing these new strategies outside the therapeutic session.

The goals of the therapy are specific and concrete. Problems are specifically defined and the procedures and techniques of the therapy are contingent upon the needs of each client. While some methods are used more often than others, there is not set of specific techniques. Some of these methods are relaxation, systematic desensitization, reinforcement, modeling, assertive training, multimodal therapy and self-management programs. Therapy should focus on behavior change—not on attitude change—and actions are expected to follow real-life application.

Contributions of behavior therapy are:

1. The techniques are based on empirical research. Techniques that are not effective empirically are discarded.
2. Treatment is based upon the assessment of individual needs.
3. The therapy is effective in the short-term, yielding results that can be widely applied.
4. The approaches can be used with culturally diverse client populations because of the emphasis on teaching the client about the process and the structure of the therapy.

Some of the limitations of the therapy are:

1. Success depends upon the ability to control environmental factors.
2. In institutional settings there is a danger of imposing conforming behaviors.
3. The therapy does not address philosophical human problems such as values and identity issues.
4. The therapist can, if desired, direct a client towards the goals of the therapist instead of the goals of the client. This may be especially true if the therapist does not agree with the client's value system.
5. Past history is not an important factor in the therapy, therefore the assumption is that past experiences and childhood traumatic events do not play a role in present behaviors.

Key terms of the theory are:

Assertive Training - The teaching of people skills and techniques for dealing with difficult situations and challenging beliefs that accompany lack of assertiveness is addressed in assertive training. The technique of rehearsal is often used.

Basic ID - An acronym for the seven major areas of personality functioning; behavior, affect, sensations, imagery, cognition, interpersonal and drugs/biology. (Lazarus, 1981).

Behavior Rehearsal - A technique of trying out new behavioral approaches to be used in real life situations.

Coaching - Providing clients with general principles of performing desired behavior changes effectively.

Cognitive Restructuring - Identifying and understanding the impact of negative behavior and thoughts and learning to replace them with more realistic and appropriate actions.

Contingency Contracting - The specific delineation of behavior to be performed, changed or discontinued; the rewards for the performance of these contractual items and conditions under which these rewards are to be received, and a limit on the time to be involved in performing these contractual items.

Counter conditioning - The process of redoing the behaviors that have caused the problem and performing new behaviors that can eliminate the problem

Feedback - The process of providing the client with verbal responses to behavior changes. The two parts of feedback are encouragement and praise for attempting the behavior change and specific suggestions for optimizing changes.

Modeling - The process of observing behavior of those we wish to imitate and then performing those behaviors as performed by others. The therapist can help the client do this by role-playing the type of behavior that is desired. Albert Bandura has done much of the work in this area.

Multimodal Therapy - The process the therapist evokes in making an evaluation of the client's level of functioning at the beginning of the therapy, and subsequently adjusting procedures and techniques to the goals of the client. The behavior change is a function of techniques, strategies, and modeling. Arnold Lazarus developed this type of therapy.

Negative Reinforcement - The use of unpleasant stimuli when an individual engages in inappropriate behavior.

Operant Conditioning - A concept of B.F. Skinner's that behaviors of the active organism are controlled and controllable.

Positive Reinforcement - A conditioning technique where an individual receives a desirable result for a positive behavior that subsequently increases the probability of that behavior reoccurring.

Progressive Relaxation - The technique employed to increase the ability of the client to control his/her stress level.

Reinforcement - A specific response to a behavior that increases the probability of that behavior being repeated.

Self-Instructional Training/Management - Strategies used to teach coping skills in problem situations such as anxiety, depression, and pain. Realistic goals are set and constantly evaluated. The consistent use of a particular strategy is essential, and support systems are important as are the use of self-reinforcement in order to achieve success.

Programs of violence prevention must be accompanied by programs of constructive conflict resolution and methods of relating to others so that students will be able to resolve future conflicts in their careers, family, and community.

