

Fourth Edition

# The Art of Integrative Counseling

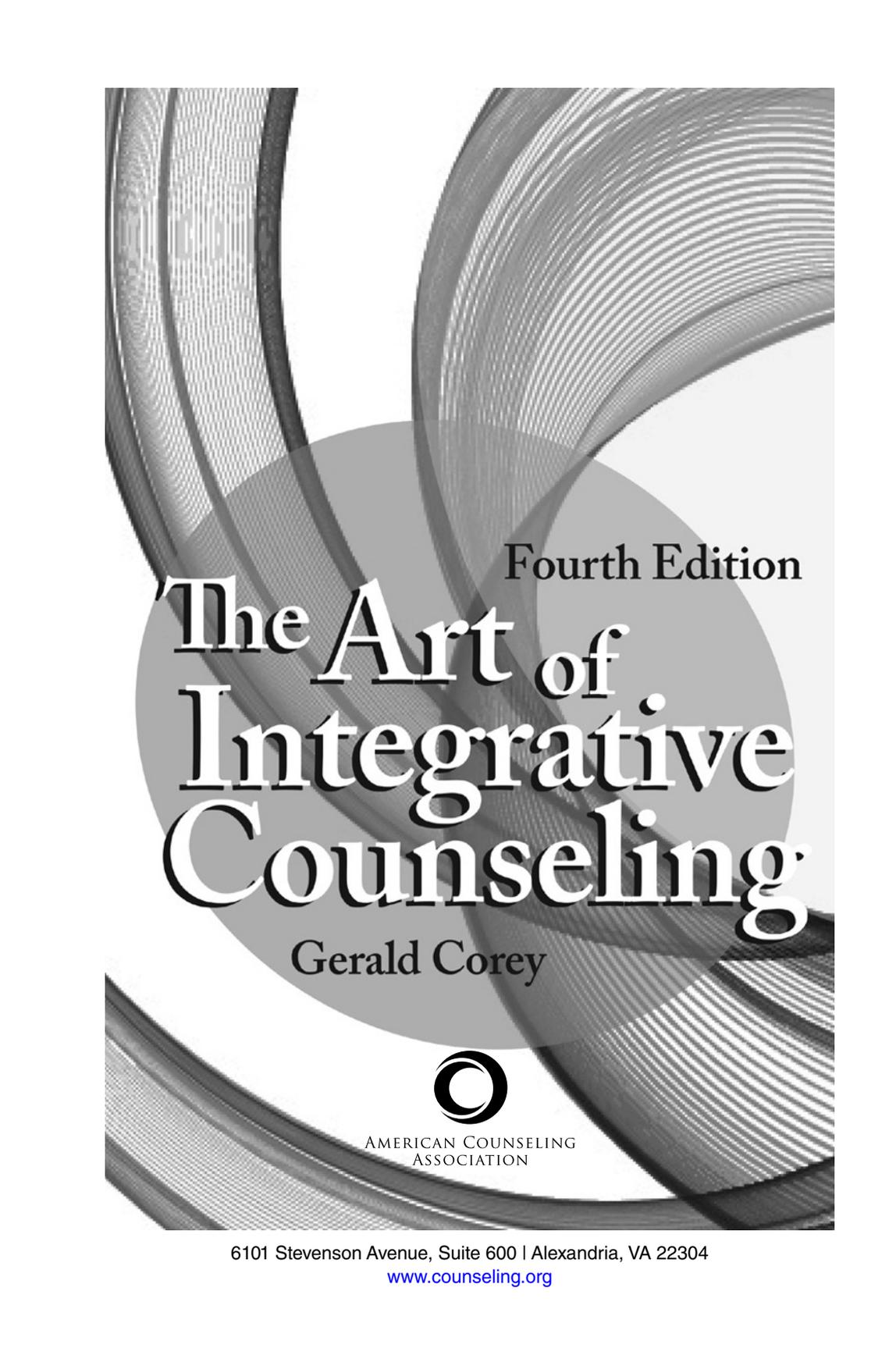
Gerald Corey



AMERICAN COUNSELING  
ASSOCIATION

WILEY





Fourth Edition

# The Art of Integrative Counseling

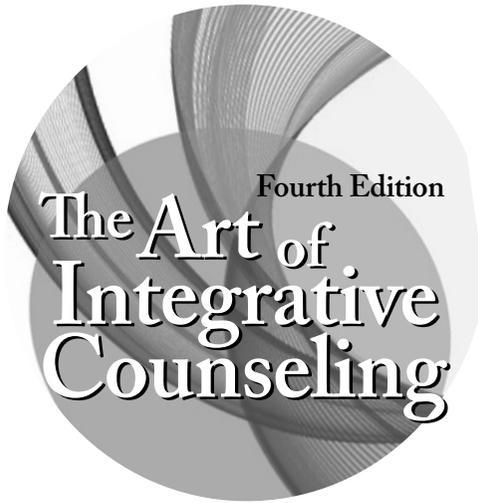
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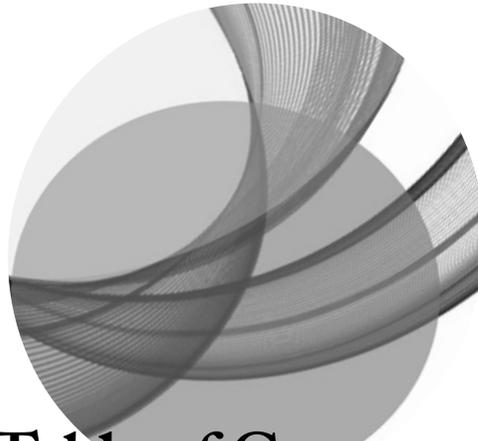
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*To the many students I have had the privilege to know and to teach.*





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## Preface

In my books dealing with the theory and practice of counseling, I devote specific chapters to presenting an integrative approach to counseling practice and a case example of the application of my integrative perspective. *The Art of Integrative Counseling* is basically an extension of these chapters and is aimed at helping readers conceptualize the various dimensions of an integrative perspective.

### **About the Fourth Edition of *The Art of Integrative Counseling***

*The Art of Integrative Counseling* has special relevance for graduate students and new professionals, especially for those who are interested in applying counseling theories to practice . . . and for those interested in understanding how they can develop their own integrative approach to the practice of counseling. This book can be used as a supplementary text to a standard theories of counseling book, and it also can be used for courses in advanced counseling practice, counseling techniques, therapeutic procedures, practicum, and internship. This new edition deals with basic concepts and techniques from many contemporary theories, including psychoanalytic therapy, Adlerian therapy, existential therapy, person-centered therapy, Gestalt therapy, psychodrama, reality therapy, behavior therapy, cognitive behavior therapy, solution-focused brief therapy, motivational interviewing, narrative therapy, feminist therapy, and family systems therapy.

One of the trends in the counseling field is the move toward integration of various theoretical systems and approaches to counseling. Most practitioners believe that an integrative approach is a more useful guide to practice than relying on a single theory. Many standard

textbooks are based on an exploration of concepts and techniques from contemporary counseling and psychotherapy theories. However, only a few books are devoted to integrating the best from all of these theoretical models. In this book I strive to do several things: (1) describe the concepts and techniques that I most draw from in my own integrative approach to counseling practice; (2) demonstrate how concepts and techniques can be borrowed from a variety of theoretical models and applied to the counseling process from the initial to termination stages; (3) invite you to imagine that you are a client in counseling with me as I describe my approach to integrative counseling; and (4) suggest ways for you (as a counseling professional) to think about designing your own integrative approach that will serve as a foundation for what you do in your counseling practice. To encourage active learning, I ask you to put yourself in the role of a therapist at times, and to assume the role of a client at other times, as you reflect these topics.

I cannot tell you how to develop a personal integrative style that will work best for you. However, I have provided some guidelines to assist you in the task of considering which key concepts and techniques you might incorporate in your personal therapeutic style. There is no “one right way” to formulate an integrative perspective. From reading and studying this book, I hope you will acquire a framework that can assist you in systematically constructing an integrative counseling approach that works best for the professional you are and for the clients you will serve.

## **What’s New in the Fourth Edition of *The Art of Integrative Counseling?***

The Fourth Edition of *The Art of Integrative Counseling* has been revised to bring the discussions up to date and to refine existing ideas while retaining the informal, personal style of writing that characterized previous editions. I present key findings from recent research on topics such as the central role of the therapeutic relationship (Chapter 2), the role of client feedback on therapy outcomes (Chapter 3), how addressing diversity is central in an integrative approach to therapy (Chapter 4), evidence-based practice as it applies to working with clients in cognitive, emotive, and behavioral ways (Chapters 6, 7, 8), trends in integrative therapies (Chapter 9), and the future of psychotherapy integration and the role of evidence-based practice (Chapter 12).

Other material new to the Fourth Edition includes an expanded treatment of diversity issues, especially the role of spirituality in counseling practice, coverage on the various forms of diversity, and more emphasis on tailoring psychotherapy to individuals from diverse cultural backgrounds (Chapter 4); a broadened discussion of the dynamics of resistance, along with the importance of respecting and reframing resistance, and more on the stages of change (Chapter 5); new material and expansion of the cognitive behavior approaches,

and how cognitive behavior therapy can provide a foundation for an integrative approach to counseling practice (Chapter 6); new sections on incorporating mindfulness and acceptance-based concepts into an integrative perspective (Chapter 8); an emphasis on flexibility and tailoring treatment to individuals and using motivational interviewing in an integrative approach (Chapter 9); more discussion of understanding the dynamics of transference and countertransference (Chapter 10); understanding the role of the past, present, and future as it pertains to counseling individuals (Chapter 11); more emphasis on solution-focused brief therapy and narrative therapy (Chapters 4, 9, 11); and an expanded discussion on termination including the use of therapist's letters, and relapse prevention strategies to help clients deal with setbacks that occur after the end of therapy sessions (Chapter 12). All of the chapters have been carefully examined to determine how the topics fit with contemporary integrative approaches, and I have given particular attention to trends in the psychotherapy integration movement.





## About the Author



**Gerald Corey, EdD**, is professor emeritus of Human Services and Counseling at California State University at Fullerton. He received his doctorate in counseling from the University of Southern California. He is a Diplomate in Counseling Psychology, American Board of Professional Psychology; a licensed psychologist; and a National Certified Counselor. He is a Fellow of the American Psychological Association (Division 17, Counseling Psychology, and also Division 49, Group Psychotherapy); a Fellow of the American Counseling Association; and a Fellow of the Association for Specialists in Group Work. He also holds memberships in the American Psychological Association; the American Counseling Association; the Association for Specialists in Group Work; the American Group Psychotherapy Association; the American Mental Health Counselors Association; the Association for Spiritual, Ethical, and Religious Values in Counseling; the Association for Counselor Education and Supervision; and the Western Association of Counselor Education and Supervision. Both Jerry and Marianne Corey received the Lifetime Achievement Award from the American Mental Health Counselors Association in 2011, and both of them received the Eminent Career Award from ASGW in 2001. Jerry was given the Outstanding Professor of the Year Award from California State

University at Fullerton in 1991. He regularly teaches both undergraduate and graduate courses in group counseling and ethics in counseling at California State University, Fullerton. He is the author or coauthor of 16 textbooks in counseling currently in print, along with more than 60 journal articles and book chapters. Several of his books have been translated into other languages. *Theory and Practice of Counseling and Psychotherapy* has been translated into Arabic, Indonesian, Portuguese, Turkish, Korean, and Chinese. *Theory and Practice of Group Counseling* has been translated into Korean, Chinese, Spanish, and Russian.

During the past 40 years Jerry and Marianne Corey have conducted group counseling training workshops for mental health professionals at many universities in the United States as well as in Canada, Mexico, China, Hong Kong, Korea, Germany, Belgium, Scotland, England, and Ireland. In his leisure time, Jerry likes to travel, hike and bicycle in the mountains and the desert, and drive his grandchildren and friends in his 1931 Model A Ford. Marianne and Jerry have been married since 1964. They have two adult daughters (Heidi and Cindy), two granddaughters (Kyla and Keegan), and one grandson (Corey).

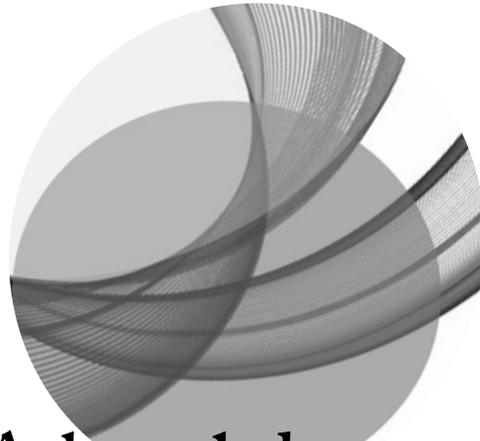
Gerald Corey has six books that are published by the American Counseling Association. In addition to the Fourth Edition of *The Art of Integrative Counseling* (2019), Jerry is coauthor (with Michelle Muratori, Jude Austin, and Julius Austin) of *Counselor Self-Care* (2018); he is coauthor (with Barbara Herlihy) of *Boundary Issues in Counseling: Multiple Roles and Responsibilities*, Third Edition (2015) and *ACA Ethical Standards Casebook*, Seventh Edition (2015); he is coauthor (with Robert Haynes, Patrice Moulton, and Michelle Muratori) of *Clinical Supervision in the Helping Professions: A Practical Guide*, Second Edition (2010); and he is the author of *Creating Your Professional Path: Lessons From My Journey* (2010).

Other publications by Gerald Corey, all with Cengage Learning, include:

- *Issues and Ethics in the Helping Professions*, Tenth Edition (2019, with Marianne Schneider Corey and Cindy Corey). This work has been translated into Japanese, Chinese, and Korean.
- *Groups: Process and Practice*, Tenth Edition (2018, with Marianne Schneider Corey and Cindy Corey)
- *I Never Knew I Had a Choice*, Eleventh Edition (2018, with Marianne Schneider Corey and Michelle Muratori)
- *Theory and Practice of Counseling and Psychotherapy*, Tenth Edition (and *Student Manual*) (2017)
- *Theory and Practice of Group Counseling*, Ninth Edition (and *Student Manual*) (2016)
- *Becoming a Helper*, Seventh Edition (2016, with Marianne Schneider Corey)
- *Group Techniques*, Fourth Edition (2015, with Marianne Schneider Corey, Patrick Callanan, and J. Michael Russell)
- *Case Approach to Counseling and Psychotherapy*, Eighth Edition (2013)

He has also made several educational DVD programs on various aspects of counseling practice: (1) Group video to accompany *Theory and Practice of Group Counseling* (2019); (2) *Ethics in Action: DVD and Workbook* (2015, with Marianne Schneider Corey and Robert Haynes); (3) *Groups in Action: Evolution and Challenges DVD and Workbook* (2014, with Marianne Schneider Corey and Robert Haynes); (4) DVD for *Theory and Practice of Counseling and Psychotherapy: The Case of Stan and Lecturettes* (2013); (5) DVD for *Integrative Counseling: The Case of Ruth and Lecturettes* (2013, with Robert Haynes); and (6) DVD lecturettes to accompany *Theory and Practice of Group Counseling* (2012). All of these video programs are available through Cengage Learning.





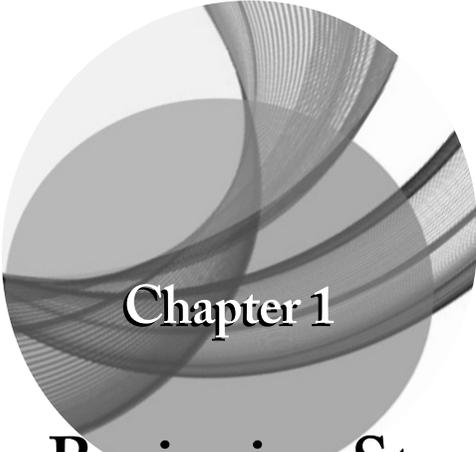
# Acknowledgments

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California State University at Fullerton, contributed to the cases of Lani and Rob and Rico. Randy Alle-Corliss and I have been coteaching for years, and we worked collaboratively in designing and revising the cases of Chet and Jasper. My former students Nicholas Lazzareschi and Jeff Markow reviewed the manuscript and provided suggestions that were incorporated in the final manuscript. Special recognition goes to Amanda Connell, a valued colleague with whom I coteach a group class at California State University at Fullerton, who critiqued the entire manuscript and assisted in revising many of the cases. All who reviewed the manuscript gave particular attention to the cases and made suggestions that I used as I developed these cases. Presenting these cases was truly a collaborative endeavor.

Special appreciation goes to Carolyn Baker, the associate publisher at the American Counseling Association. Carolyn contributed her expertise by reviewing the entire manuscript, providing insightful comments on content issues and suggestions for consistency in style, and offering support throughout the revision process. A special note of thanks goes to the manuscript editor, Kay Mikel, who made sure the presentation was clear, practical, personal, and effective. A book such as this is truly a team effort, and both Carolyn and Kay are key people on this team.

—*Gerald Corey*

An abstract graphic consisting of several overlapping circles and curved bands in shades of gray, creating a sense of depth and movement. The bands appear to be woven or layered, with some showing a fine, grid-like texture. The overall composition is centered and occupies the upper half of the page.

## Chapter 1

# The Beginning Stages of Counseling

Although you may be just starting your practicum or internship in the helping professions, already you may have been asked to answer these questions: “What is your approach to counseling?” “How does your theoretical orientation influence the manner in which you practice?” You will revisit these questions throughout your career in job interviews and self-evaluations.

This book will assist you in conceptualizing what you do as a counseling practitioner and help you clarify your theoretical orientation. I want to stimulate your thinking about the importance of developing an integrative approach to counseling practice that pays attention to what your clients are *thinking, feeling, and doing*. Combining these three dimensions is the basis for a powerful and comprehensive approach to counseling practice. If any of these dimensions is excluded, the therapeutic approach is incomplete.

It is important to examine the contemporary theories of counseling to determine which concepts and techniques you can incorporate in your approach to practice. Creating your own integrative stance is truly a challenge. You cannot simply pick bits and pieces from theories in a random and fragmented manner. Each theory represents a different vantage point from which to look at human behavior. Study all the major theories, resist too quickly embracing any single point of view, and look for a basis for an integrative perspective that will guide your practice.

A theory is a good road map for understanding the therapy process, but no one theory is best for all clients under all sets of circumstances (Norcross, Goldfried, & Arigo, 2016). Research has clearly established that psychotherapy works and is remarkably effective, but no par-

ticular theory or technique has proved to be superior to all others (Wampold, 2010). Each theory has something unique to offer you. There is a growing recognition that counseling and therapy can be most effective when contributions from various approaches are integrated (Goldfried, Glass, & Arnkoff, 2011). Goldfried and colleagues believe that evidence-based practice will increasingly become the organizing force for integration. Empirical pragmatism, rather than theory, will be the integrative theme of the 21st century. In addition, evidence increasingly supports the idea that the therapeutic alliance (the therapeutic relationship) and the therapist as a person are critical factors in determining therapy outcomes (Elkins, 2016; Hubble, Duncan, Miller, & Wampold, 2010; Keenan & Rubin, 2016); these topics are addressed in detail in Chapter 2.

The aim of this book is to assist you in acquiring your own unique perspective on counseling, which will aid you in eventually developing your integrative approach to counseling practice. To develop this kind of integration, you need to be well grounded in a number of theories, be open to the idea that some aspects of these theories can be unified in different ways, be familiar with the research literature in the field of psychotherapy, and be willing to continually test your hypotheses to determine how well they are working. In developing and conceptualizing your integrative counseling approach, consider your own personality, and think about what concepts and techniques work best with a range of clients. Choosing techniques that are suitable for particular problems and for different clients requires knowledge, skill, art, and clinical experience. It is also an art to know *when* and *how* to use a particular therapeutic intervention.

To be an effective counselor it is essential that you be willing to take an honest look at your own life. Are you willing to do for yourself what you ask clients to do? It will be difficult to inspire clients to seek help when they need it if you are not open to change in your own life. Your own self-exploration likely will be one of the most important factors in learning how to use many of the techniques in this book. You can learn many ways to creatively intervene with your clients by experiencing what it is like to be a client. (See Chapter 10 for more on the value of personal therapy for counselors in training.) As much as possible, I will ask you to put yourself in the shoes of the client. The “Becoming a Client” sections in this book are useful sources of self-exploration and offer strategies for intervening with your own clients.

## **An Integrative Theoretical Approach: An Overview**

This book represents my own integrative approach to counseling. I define an *integrative approach* to counseling as being rooted in a theory or theories, with techniques systematically borrowed from other approaches and tailored to a client’s unique needs. I am not suggesting that you adopt my conceptualization of theory applied to practice. You

will develop your own integrative style based on your personality and the kinds of clients you expect to counsel. By describing my personal orientation to counseling, I hope to provide a framework to assist you in designing a theoretical orientation that makes sense to you.

The early history of counseling was full of theoretical wars as practitioners argued over the “best” way to bring about personality change. Many practitioners and scholars were resistant to psychotherapy integration, often to the point of being blind to alternative theories and ignoring effective methods from other theoretical schools. However, since the 1980s most therapists have seriously considered integrating the best from the various schools. Therapists now acknowledge the limitations inherent in specific theories and the potential value of other theoretical systems. Most practitioners use some form of integration today, and research supports the efficacy of an integrative approach (Norcross et al., 2016). For example, two popular therapeutic approaches are cognitive behavior therapy and motivational interviewing. Naar and Safren (2017) devote an entire book to ways of combining these strategies for maximum effectiveness.

As a student, you can begin the process of developing a style tailored to your own personality by familiarizing yourself with the major approaches to therapeutic practice. Then choose one theory to study in some depth and branch out from there in your search for an integrative style. I recommend that you study in depth the one theory that comes closest to your worldview and values, and use this theory as a foundation for developing your personal orientation. Being grounded in a theory provides an anchor for making sense of what you are doing as a counselor. Without a theoretical foundation you are liable to flounder, and neither you nor your client is likely to experience productive results.

Attempting to practice without having an explicit theoretical rationale is like trying to build a house without a set of blueprints. The foundation of a house needs to be sturdy and strong to support the structure. If you operate in a theoretical vacuum and are unable to draw on theory to support your interventions, your attempts to help people change will have uncertain outcomes. Theory provides a foundation for understanding human nature, developmental processes, learning processes, function and dysfunction, and purposes and motivations. This model is not a rigid set of structures; rather, it provides a general framework that enables you to make sense of the many facets of the counseling process and gives direction to what you do and say.

You need to believe in the basic philosophy of the theory you embrace and that the treatment you are delivering will be effective. Therapists providing a treatment that they find interesting and fits for them are likely to be more effective than therapists who deliver a treatment not to their liking (Wampold, 2010). The treatment needs to be consistent with your beliefs, values, and personality. Ask yourself: “Which treatment delivered by me will be most effective?” (p. 49).

I draw on concepts and techniques from most of the contemporary counseling models. I then adapt them to a style that fits me personally, taking into account the universal thinking, feeling, and behaving dimensions of human experience. I typically ask clients to think about the decisions they have made about themselves. Some of these decisions may have been necessary for their psychological survival as children but may now be ineffective. I encourage clients to pay attention to their “self-talk” and to ask themselves these questions:

- How do your problems reflect the assumptions you make about yourself, about others, and about life?
- How do you create your problems by the thoughts and beliefs to which you cling?
- How can you begin to free yourself by critically evaluating the statements you repeat to yourself?

These interventions help clients think about events in their lives, how they have interpreted those events, and what they need to do cognitively to change their belief systems.

Once clients begin thinking about their problems, they often feel stuck due to unexpressed and unresolved emotional concerns. I encourage clients to experience the range of their feelings and to talk about how certain events have affected them. The healing process is facilitated by using techniques that engage clients’ feelings and allow them to feel listened to and understood. In addition to encouraging clients to pay attention to their beliefs and decisions, I ask clients questions about their feelings and behavior:

- Do you ever feel so overwhelmed by your feelings that you think there is little or nothing you can do about it?
- Do your feelings tell you anything about how you see life or suggest how you protect yourself from perceived danger?
- How do your feelings fuel your actions?
- What habit or routine do you do every day without thinking, and how does that work for you?
- What behaviors or actions do you avoid?
- Do you initiate some actions and then immediately regret them?

Thinking and feeling are vital components in the helping process, but eventually clients must express themselves in the behaving or acting dimension. Clients can spend countless hours gaining insights and venting pent-up feelings, but eventually they need to get involved in a program of change. Their feelings and thoughts can then be tested and adapted to real-life situations. If the helping process includes a focus on what people are doing, there is a greater chance that clients also will be able to change their thinking and feeling. Using an integrative counseling style, interaction among these three dimensions occurs throughout the counseling process.

It is crucial to help clients consolidate what they are learning by encouraging them to apply new behaviors to situations they encounter every day. Some strategies I use are contracts, between-sessions assignments, action programs, self-monitoring techniques, support systems, and self-directed programs of change. (These strategies are discussed in some detail in Chapters 8, 9, and 12.) These approaches all stress the role of commitment on the part of clients to practice new behaviors, to follow through with a realistic plan for change, and to develop practical methods of carrying out this plan in everyday life.

Clearly defining and articulating a set of values and a philosophy of life are essential to moving through life with balance and conviction. Ultimately, the most meaningful counseling perspective for you to use is one that is an extension of your values and personality. As your philosophy of life evolves, so will your philosophy of counseling. Developing a personalized approach that guides your practice is an ongoing process, and your personal approach to counseling will undergo continuous revision. Reflecting on your own values, life experiences, and philosophy of life is a good starting point.

## **Becoming the Client: Put Yourself in the Shoes of the Client**

### **The Initial Counseling Session**

The main tasks of the initial session include developing a therapeutic alliance, gaining a picture of the client's problems and concerns, determining the focus of treatment, building motivation, and providing information about the therapeutic process so the client can make informed decisions (Naar & Safren, 2017). The initial interview focuses on key areas, including identifying information, the presenting problem, relevant recent history, current functioning, and expectations of therapy (Maniacci & Sackett-Maniacci, 2019).

One of my goals in writing this book is to include you experientially in the process of deciding which aspects of current theories you might incorporate into your own philosophy of counseling. I ask you to "become the client" now and reflect on integration from that perspective. Imagine that you are the client and we are about to have our first session. As a therapist, I realize that the first few minutes are critical in setting the tone. I begin by explaining the confidential nature of our work together, including the limitations of confidentiality. By explaining a few of the foundational aspects and guidelines of therapy, I hope to provide a sense of safety that will encourage you to talk freely. To promote trust and rapport, I ask what you expect from this session today.

What I most want to do is to listen to your story. Meeting and valuing you as a person is essential to positive change. To create a working therapeutic relationship, I try to make a good connection with you by being present—being fully open to and affected by you. My aim is to

establish a positive relationship by listening, responding with clarity and empathy, demonstrating respect for your capacity to understand yourself, and exhibiting faith, hope, and caring. Here are some questions I am likely to ask you during the first session. Reflect on your responses to each of these questions:

- What brings you here? What has been going on in your life recently that prompted you to seek professional help at this time?
- What expectations do you have of therapy? Of me? What are your hopes, fears, and reservations? What goals do you have for yourself through therapy?
- Could you give me a picture of some significant turning points in your life? Who have been the important people in your life? What significant decisions have you made? What are some of the struggles you've dealt with, and what are some of the issues that are current for you?

To the extent possible, I avoid preconceived notions about what our dialog will consist of or how the therapy process will unfold. My hope is that you will share your present thoughts and feelings as they arise in this session. You may not be sure what you want from counseling, and you may have ambivalent feelings about being with me. You may be uncertain about how being in counseling will change your relationships at home. This lack of certainty is a good place to begin. I want to give you a chance to express your expectations, hopes, concerns, reservations, and doubts about making a commitment to the counseling process. This is one way I get to know you and connect with you.

I am not consciously thinking about applying a specific set of techniques. I adapt my interventions to fit your needs as a client. I take into account an array of factors about you, including your readiness to confront an issue, your stage in the change process, your cultural background, your value system, and your trust in me. I want to help you identify and experience whatever you are feeling, understand how your assumptions are influencing how you feel and behave, and encourage you to experiment with new behaviors.

## Informed Consent

For the informed consent process and the initial sessions, I draw heavily on an Adlerian approach, largely because Adlerians strive to create a democratic spirit that permeates the entire counseling process. Educating you (the client) about the counseling process, addressing your questions, and clarifying your expectations are routes to ethical and effective counseling practice. The challenge is to create a balance between giving you too much or too little information. In the first session, I give you a well-written informed consent document that provides much of this information without overwhelming you. The main agenda is to provide you with the opportunity to talk about what you hope to gain from being in counseling. For you to feel safe enough to meaningfully express yourself, you need to have at least

some minimal information about the nature of the therapeutic relationship. What would you want to know about how counseling works as you begin as my client? What do you consider essential to know before you make a commitment to this professional relationship? Here are some topics we might explore as part of the therapeutic contract during our early sessions:

- Why is confidentiality essential to our work together, and what are the limits of confidentiality?
- How does the therapeutic process work?
- What is my primary role as a therapist?
- What is expected of you as a client, both during the sessions and outside of sessions?
- How can you and I become collaborators?
- What is the approximate length of the counseling process? How long will it take for you to begin to feel better and act more effectively?
- How will we know when it is time to end our work? Who has the right and the responsibility to terminate?
- What are your rights and responsibilities as the client?
- What are some of the benefits and risks of therapy that you can expect?

During this first session, let's assume that you say this to me: "One of the troubles I have is trusting myself. I always think about what others expect of me. I've tried to please others for so long that I don't know who I am most of the time." This is a good opportunity for me to briefly educate you about a key task of therapy: challenging you to begin to examine the ways in which you think, feel, and act.

I want to establish a collaborative working relationship with you. (In Chapter 2, I discuss in detail how I strive to create an effective therapeutic alliance.) I spend time explaining my view of the therapy process and how it works. By demystifying the therapeutic process, I am conveying the message that you are largely in charge of the direction your therapy will take. I operate on the assumption that you are the expert on your own life. I encourage you to look within to find your own answers; I won't try to provide easy solutions or answers. I will provide guidance and support as you strive to develop your own answers. As an outcome of our work together, I hope to help you increase your awareness of your choices and investigate ways that you limit or restrict yourself.

By this time, we have talked about the nature of counseling, the purpose and limitations of confidentiality, the procedures that we may employ, and the benefits and risks of the process. What questions and reactions do you have? In later sessions we will discuss specific therapy procedures I believe may be appropriate as we uncover your particular problems. You will help choose the techniques used in dealing with your problems.

Informing you about the counseling process is an important professional responsibility and an ethical requirement of all the major mental health professions. To what extent has this discussion helped you feel informed and a partner in the therapeutic venture?

## Initial Assessment

Next, I begin the process of conducting an assessment of your circumstances and sharing my impressions with you. Early in this phase, I assess for risk factors such as suicidality, as well as determine whether we should begin with an approach of stabilization or exploration. An initial therapeutic path of stabilization may be needed if you are in crisis, have substance misuse issues, or suffer from emotional dysregulation. Understanding your current coping strategies, strengths, relationships, and meaning in life is also beneficial.

Assessment consists of evaluating the relevant factors in your life to identify themes for further exploration in therapy. Adlerians are skilled in asking questions and leading clients to find answers (Maniacci & Sackett-Maniacci, 2019). I am likely to employ an Adlerian technique as part of your assessment by asking you some version of “The Question”: “How would your life be different if you did not have this problem?” “What would you do differently if you did not have this symptom or problem?” “How would your life be different if you didn’t have these issues, concerns, or problems?” If you answer that “nothing would be different, except the symptoms would be gone,” I suspect the symptoms may be physiological or organic even though they manifest themselves as psychological complaints. However, if you say that “if it weren’t for this depression, I would get out more and see my friends,” I suspect your problem serves the purpose of helping you to avoid something you perceive as necessary but from which you would like to retreat. Such a statement may reveal your concern about the possibility of being a good friend or being welcomed by your friends. Raising such questions can be a good catalyst to stimulate your reflection on what it might be like for you if you were able to change some problematic area in your life.

I am also interested in learning something about your family of origin during the initial assessment. Understanding and assessing your family of origin will reveal patterns of interpersonal behavior and communication you learned in your family that are likely to be repeated in other interactions outside your family. As a way of learning about the influence of your family on the person you are, I may ask you to identify what you learned from interacting with your parents, from observing your parents’ interactions with each other, and from observing how your parents interacted with each sibling. This is not simply a question-and-answer interview; rather, it is an assessment that enlists you as a partner in the therapeutic process (Naar & Safren, 2017).

Assessment is an ongoing process. It will not be completed during the intake interview, nor will fixed judgments be made. Assessment can be linked directly to the therapeutic process, forming a basis for developing methods of evaluating how well my interventions are working to achieve your goals. At this time, I encourage you to tell your story. As you do, I listen not only to the content but also to the manner in which you present the story of your life. I am interested in learning about strengths and resources you have to draw on in addressing your life concerns. This kind of assessment goes beyond simply understanding your problems. Together we can build on the positive patterns your life story reveals.

## Therapeutic Time Limitations

In the 1970s, the field of psychotherapy began to shift from long-term psychotherapy to more problem-focused, short-term therapies such as cognitive behavior therapy. If you are my client in a setting in which brief therapy is the standard, it is especially important for me to be clear about the number of sessions the agency allows or for which your insurance will pay. If an agency policy specifies that you can be seen for only six sessions, you have a right to know this from the outset. If we are working from a short-term therapy approach, I will always keep in mind the short duration of our work together. The goal is to help you learn, as quickly and efficiently as possible, the coping skills you need to live in self-directed ways.

Practicing brief therapy requires that we set clear and realistic treatment goals, that our sessions are structured with a clear focus, and that I assume an active role in making interventions. At times, even one session can be enough to get you back on track. For example, you may be uncertain about pursuing a doctoral program, and a single session could assist you in clarifying ambivalence and making a plan. Hoyt (2009) describes single-session therapy as the most common length of treatment. Practitioners with varying theoretical orientations suggest the utility of single-session therapy in certain cases. Short-term therapies are increasing in popularity (Norcross, Pfund, & Prochaska, 2013); indeed, short-term therapies have become the treatment imperative (Norcross & Beutler, 2019). Time-limited brief therapy refers to a variety of time-sensitive, goal-directed, efficiency-oriented methods; these methods can be incorporated in any theoretical approach (Hoyt, 2015).

The limitation of time can assist us in establishing realistic goals. Toward the end of each session, I will ask you the degree to which you see yourself reaching the goals you have established, and I will also ask you to take a few moments to fill out a rating scale for the session. (This written rating scale is described by Duncan, Miller, and Sparks [2004] in *The Heroic Client*.) As a part of *feedback-informed therapy*, I will ask you to rate four areas:

*Relationship:* To what degree did you feel heard, understood, and respected?

*Goals and topics:* To what degree did we work on and talk about what you wanted to work on and talk about?

*Approach or method:* To what degree is my therapy approach a good fit for you?

*Overall:* To what degree was the session right for you today?

By reviewing the course of treatment, you are in a position to identify what is and is not working for you in the counseling process. I will include you by asking for your feedback on the progress of treatment and your experience in the therapeutic process. If I listen to feedback from you, together we can modify what we are doing in our therapy sessions, making the therapeutic process a collaborative endeavor. More information on using feedback from clients to improve therapeutic outcomes can be found in *Feedback-Informed Treatment in Clinical Practice: Reaching for Excellence* (Prescott, Maeschalck, & Miller, 2017).

Even though the emphasis these days is on brief therapy, my approach is more in line with brief intermittent therapy. I want to focus on and address the major concerns in your life today, but I expect we will have brief, ongoing checkups over time, somewhat like a yearly medical checkup, if you like that idea. My overriding goal is to increase the chances that you will not continue to need a therapist. If I do my work well, eventually I hope to put myself out of business. I am open to exploring termination issues with you at any point during the counseling process. As my client, would you want to know about these matters from the start? To what extent do you think discussing termination early on could be helpful to you?

Each chapter features two cases that demonstrate my integrative approach to counseling with a variety of clients. The cases are meant to highlight the application of key principles and themes in the chapter. I have made an effort to keep these cases relatively brief, emphasizing the interventions I made with each client. As you read and reflect on each case, think of how you might work with each client.

## Initial Sessions and the Case of Gwen

Gwen is a 56-year-old, married, African American woman presenting with difficulty sleeping, stress, isolation associated with her job, and a history of anxiety and depression.<sup>1</sup> Gwen is the oldest of five children, and after her parents' divorce, she took on the responsibility of caring for her younger siblings. As the eldest child, Gwen learned very early that she was responsible not only for herself but also for all those in need

<sup>1</sup>The material about this client is adapted from the case of Gwen, which is described in my textbook, *Theory and Practice of Counseling and Psychotherapy* (Corey, 2017). This case appears in each of the theory chapters in that book, and Kellie Kirksey, PhD, demonstrates her way of working with Gwen using each of the theories.