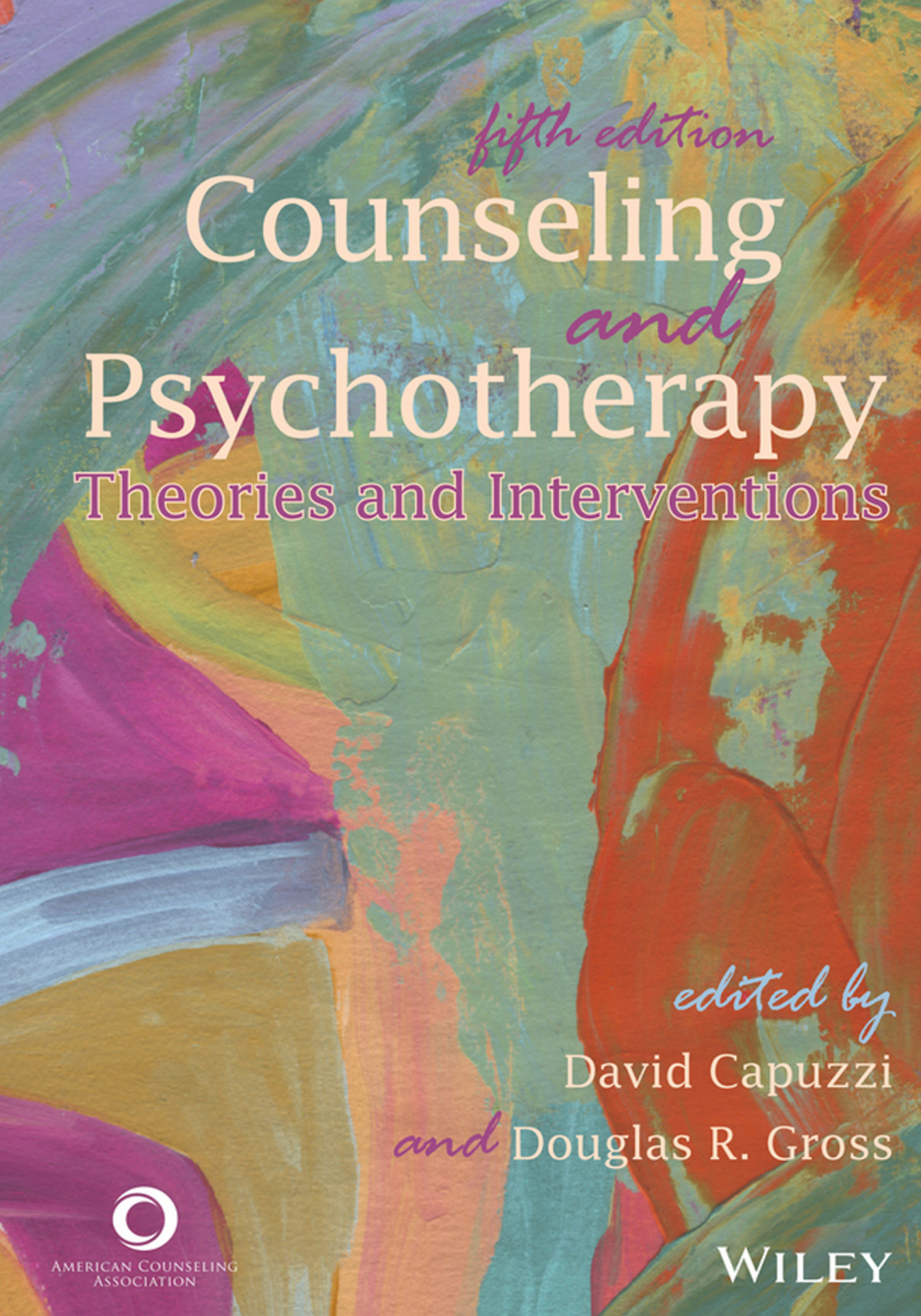
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Counseling
and
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Theories and Interventions
edited by
David Capuzzi
and Douglas R. Gross
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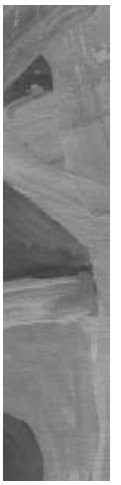

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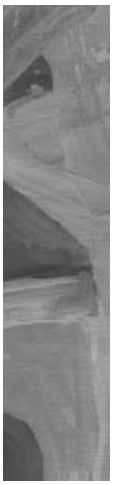


preface

Counseling and Psychotherapy: Theories and Intervention, Fifth Edition, presents a variety of theories and conceptual frameworks for understanding the parameters of the helping relationship. These parameters can include models for viewing personality development; explaining past behavior; predicting future behavior; understanding the current behavior of the client; diagnosing and treatment planning; assessing client motivations, needs, and unresolved issues; and identifying strategies and interventions for use during the counseling and psychotherapy process.

Theories help organize data and provide guidelines for the prevention and intervention efforts of counselors and therapists. They direct a professional helper's attention and observations and offer constructs, terminology, and viewpoints that can be understood by colleagues and used during supervision and consultation sessions. Theory directly influences the interventions used by counselors and therapists to promote a client's new insight, new behavior, and new approaches to relationships and problem solving. The greater a counselor's or therapist's awareness of the strengths and possibilities inherent in numerous theoretical frames of reference, the greater the potential for understanding the uniqueness of a particular client and for developing the most effective treatment plan.

This book is unique in both format and content. All of the contributing authors are experts who provide state-of-the-art information about theories of counseling and psychotherapy (see the "Meet the Contributors" section for their backgrounds). In addition, each chapter discusses applications of the theory as it relates to one particular case study: a hypothetical client named Maria, whom we introduce on pages 55–58. This book also includes information that is sometimes not addressed in other counseling and psychotherapy textbooks, such as a chapter that focuses on the core dimensions and brief approaches to the helping relationship, a chapter that emphasizes both diversity and social justice issues in counseling, a chapter on feminist theory, a chapter on dialectical behavior theory, and a chapter on transpersonal theory. The book's unique approach enhances its readability and should increase reader interest in the material.

FEATURES OF THE TEXT

This book is designed for students who are beginning their study of individual counseling and psychotherapy. It presents a comprehensive overview of each of the following

theories: psychoanalytic, Jungian, Adlerian, existential, person-centered, Gestalt, cognitive–behavioral, dialectical behavior, rational emotive behavior, reality therapy/choice, family, feminist, transpersonal, and integrative. Each theory is addressed from the perspective of background, human nature, major constructs, applications (which includes a discussion of the goals of counseling and psychotherapy, the process of change, traditional intervention strategies, brief intervention strategies, clients with serious mental health issues, and cross-cultural considerations), evaluation (which evaluates both the supporting research and the limitations of the theory), a summary chart, and a case study consistent with the theoretical model under discussion.

We know that one text cannot adequately address all the factors connected with a given theory; entire texts have been written discussing each of the theories in this book. We have, however, attempted to provide readers with a consistent approach to analyzing and studying each theory and have included examples of how to apply the theory to a case study.

The format for this text is based on the contributions of the coeditors, who conceptualized the content and wrote the first chapter, as well as the contributions of 18 authors selected for their expertise in various theories. Each chapter contains theoretical and applied content. The book is divided into three parts.

Part 1, Foundations for Individual Counseling and Psychotherapy (Chapters 1 and 2), begins by offering general information about the helping relationship and individual counseling as well as information on brief approaches to counseling and psychotherapy. This introductory information is followed by a chapter titled "Diversity and Social Justice Issues in Counseling and Psychotherapy," which sets the stage for developing awareness of the limitations of traditional Western theories and subsequent cross-cultural discussions in each of the theory chapters.

Part 2, Theories of Counseling and Psychotherapy (Chapters 3 through 15), presents information on the 13 theories selected for inclusion in this portion of the text: psychoanalytic theory, Jungian analytical theory, Adlerian theory, existential theory, person-centered theory, Gestalt theory, cognitive–behavioral theories, dialectical behavior theory, rational emotive behavior theory, reality therapy/choice theory, family theory, feminist theory, and transpersonal theory. Each of these chapters presents the theory and then applies the theory to the case study of Maria.

Part 3, Integrative Approaches (Chapter 16), is focused on the use of expressive arts, narrative approaches, and symbolism within the context of any given theory if the counselor or therapist so chooses.

NEW TO THIS EDITION

This new edition includes some additional features that we think will be of high interest to readers. Although all the chapters have been revised and updated, several chapters may be of particular interest. An updated chapter on diversity and social justice issues in counseling and psychotherapy presents state-of-the-art information and perspectives to counselors who will be practicing with increasingly diverse client populations. The updated chapter on feminist theory presents an excellent overview of the evolution of feminist theory as well as addressing human nature, major constructs, applications, clients with serious mental health issues, cross-cultural considerations, evaluation, and the case of Maria.

The updated chapter on family theory is included to sensitize readers to the fact that counselors and therapists engaging clients in individual work must keep in mind the systemic variables influencing clients and the fact that some clients may need family counseling and psychotherapy as part of a comprehensive treatment plan.

Completely new to this fifth edition is a chapter on dialectical behavior theory. Few counseling textbooks of this nature address this conceptual framework. We think readers will be stimulated by these features. This edition concludes with an updated chapter on

integrative approaches to counseling and psychotherapy. The possibility of using expressive arts, narrative, or symbolic modalities within the context of a given theoretical framework is also an aspect of the text that we think readers will appreciate. Finally, professors adopting this text can request the PowerPoints that have been developed for use with this text from ACA.

We, the coeditors, and the 18 other contributors have made every effort to give the reader current information and content focused on both theory and application. It is our hope that the fifth edition of *Counseling and Psychotherapy: Theories and Interventions* will provide the foundation that students need to make decisions about follow-up study of specific theories as well as the development of their own personal theory of counseling and psychotherapy.

acknowledgments

We would like to thank the 18 authors who contributed their time and expertise to the development of this textbook for professionals interested in individual counseling and psychotherapy. We also thank our families, who supported and encouraged our writing and editing efforts. Thanks go out to Carolyn Baker and the other staff members in the Publications Department of the American Counseling Association for their collaborative and thorough approach to the editing and production of this textbook. Without the dedicated efforts of this group of colleagues, we know this book could not have been published.

meet the editors

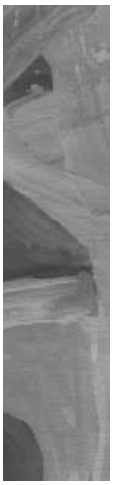
David Capuzzi, PhD, NCC, LPC, is a professor emeritus at Portland State University, senior faculty associate in the Department of Counseling and Human Services at Johns Hopkins University, and a member of the core faculty in counselor education and supervision in the School of Counseling and Social Service at Walden University. Previously, he served as an affiliate professor in the Department of Counselor Education, Counseling Psychology and Rehabilitation Services at Pennsylvania State University. He is past president of the American Counseling Association (ACA), formerly the American Association for Counseling and Development.

From 1980 to 1984, Dr. Capuzzi was editor of *The School Counselor*. He has authored a number of textbook chapters and monographs on the topic of preventing adolescent suicide and is coeditor and author with Dr. Larry Golden of *Helping Families Help Children: Family Interventions With School Related Problems* (1986) and *Preventing Adolescent Suicide* (1988). He coauthored and edited with Douglas R. Gross *Youth at Risk: A Prevention Resource for Counselors, Teachers, and Parents* (1989, 1996, 2000, 2004, and 2008); *Introduction to the Counseling Profession* (1991, 1997, 2001, 2005, and 2009); *Introduction to Group Work* (1992, 1998, 2002, 2006, and 2010); and *Counseling and Psychotherapy: Theories and Interventions* (1995, 1999, 2003, 2007, and 2011). Other texts are *Approaches to Group Work: A Handbook for Practitioners* (2003), *Suicide Across the Life Span* (2006), and *Sexuality Issues in Counseling,* the last coauthored and edited with Larry Burlew. He has authored or coauthored articles in a number of ACA-related journals.

A frequent speaker and keynoter at professional conferences and institutes, Dr. Capuzzi has also consulted with a variety of school districts and community agencies interested in initiating prevention and intervention strategies for adolescents at risk for suicide. He has facilitated the development of suicide prevention, crisis management, and postvention programs in communities throughout the United States; provides training on the topics of youth at risk and grief and loss; and serves as an invited adjunct faculty member at other universities as time permits. An ACA fellow, he is the first recipient of ACA's Kitty Cole Human Rights Award and also a recipient of the Leona Tyler Award in Oregon. In 2010, he received ACA's Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person.

Douglas R. Gross, PhD, NCC, is a professor emeritus at Arizona State University, Tempe, where he served as a faculty member in counselor education for 29 years. His professional work history includes public school teaching, counseling, and administration. He is currently retired and living in Michigan. He has been president of the Arizona Counselors Association, president of the Western Association for Counselor Education and Supervision, chair of the Western Regional Branch Assembly of the ACA, president of the Association for Humanistic Education and Development and treasurer and parliamentarian of the ACA.

Dr. Gross has contributed chapters to the following texts: *Counseling and Psychotherapy: Theories and Interventions* (1995, 1999, 2003, 2007, 2011); *Youth at Risk: A Resource Guide for Counselors, Teachers, and Parents* (1989, 1996, 2000, 2004, 2009); *Foundations of Mental Health Counseling* (1986, 1996); *Counseling: Theory, Process and Practice* (1977); *The Counselor's Handbook* (1974); *Introduction to the Counseling Profession* (1991, 1997, 2001, 2005, 2009); and *Introduction to Group Work* (1992, 1998, 2002, 2006, 2010). His research has appeared in the *Journal of Counseling Psychology, Journal of Counseling & Development, Association for Counselor Education and Supervision Journal, Journal of Educational Research, Counseling and Human Development, Arizona Counselors Journal, Texas Counseling Journal,* and *AMACH Journal.*



meet the contributors

Walter Breaux III, PhD, LMFT, LPC, NCC, is an associate professor of counseling at Columbus State University. He is an award-winning and acclaimed corporate trainer and mental health consultant specializing in conflict transformation and the sociopolitical development of cultural systems. Dr. Breaux completed his PhD in counselor education at the University of New Orleans. He received a master's in mental health counseling and a bachelor of science in psychology from Xavier University of Louisiana. Dr. Breaux is a licensed professional counselor and marriage and family therapist currently practicing in Columbus, Georgia.

Jonathan W. Carrier, MS, is a doctoral candidate in counseling psychology at the University of Louisville. His published work has covered numerous topics within counseling and psychology, including behavioral interventions, group counseling, suicide assessment, and adolescent employment. In addition to his scholarly writing, he regularly presents research at regional and national conferences. His current research focuses on the relationship of adolescent employment to peer drug use, family functioning, and psychological well-being. He hopes to obtain a professorship in counselor education or counseling psychology upon the completion of his doctorate.

Roxane L. Dufrene, PhD, is an associate professor and coordinator of the counseling education program in the Department of Educational Leadership, Counseling, and Foundations at the University of New Orleans. She holds a doctorate in counselor education, with a minor in research from Mississippi State University and a master's in counseling psychology from Nicholls State University. Dr. Dufrene is a licensed professional counselor, a licensed marriage and family therapist, and a national certified counselor. She serves on the Louisiana Licensed Professional Counselor Board of Examiners and the editorial boards of the *Journal of College Counseling* and the *Louisiana Counseling Association Journal*. Dr. Dufrene is also certified in critical incident stress management, is an approved supervisor, has Louisiana appraisal privilege, and is an American Red Cross

mental health counselor. She has served as a counselor after 9/11 in addition to many other crisis intervention assignments including after Hurricanes Katrina and Rita. She has clinical experience in outpatient and inpatient state mental health treatment, college counseling, counseling training clinics, and hospice. Her research interests include crisis intervention, psychometrics, supervision, technology, and ethics.

Cass Dykeman, PhD, is cochair ad interim and associate professor of counseling at Oregon State University. He is a national certified counselor, master addictions counselor, and national certified school counselor. Dr. Dykeman received a master's in counseling from the University of Washington and a doctorate in counselor education from the University of Virginia. He served as principal investigator for two federal grants in the area of counseling. In addition, he is the author of numerous books, book chapters, and scholarly journal articles. Dr. Dykeman is past president of both the Washington State Association for Counselor Education and Supervision and the Western Association for Counselor Education and Supervision. He is also past chair of the School Counseling Interest Network of the Association for Counselor Education and Supervision. His current research interests include addiction counseling and psychopharmacology.

Abbé Finn, PhD, is a licensed professional counselor, an associate professor in the counseling program, and the associate dean for graduate programs at Florida Gulf Coast University. She earned a BA and an MEd from Tulane University, an MS from Loyola University in New Orleans, and a PhD from the University of New Orleans. Dr. Finn has a variety of clinical experiences in crisis management and the prediction of violence. She was an employee assistance professional with the U.S. Postal Service workers for 6 years; many of her clients there had substance abuse problems. While working with postal employees, she was a team leader on the National Crisis Response Team. Dr. Finn spent a week in New York City counseling survivors following the destruction of the World Trade Center and 2 weeks with the Red Cross as a counselor working with survivors of Hurricane Katrina. While working for the U.S. Postal Service in New Orleans, she initiated the management training in violence prevention. She has also worked with the New Orleans Fire Department training captains and district chiefs in the prevention of workplace violence. Dr. Finn has written and lectured on numerous occasions regarding the importance of school crisis response plans and the identification of students most at risk for harming others, as well as identification and management of employees at risk for harming others.

Mary Lou Bryant Frank, PhD, received her training as a family therapist and a counseling psychologist at Colorado State University. At Arizona State University, Tempe, she coordinated the eating disorders program, co-coordinated the master's and doctoral practicum training program, and concurrently taught in the counseling department. She established and taught in the master's program in community counseling at North Georgia College and State University. She contributed a chapter to Capuzzi and Gross's *Introduction to Group Counseling* (1st and 2nd eds.) and has published in the *Journal of Counseling & Development*. She has most recently published in the *American Council of Academic Dean's Handbook*. Dr. Frank received a number of awards, including the Distinguished Service Provider Award in Counseling for 1989–1990 and an award named in her honor for leadership in health and education. She has been a consultant and speaker nationally and internationally at conferences, hospitals, and universities. She has served as assistant academic dean and associate professor of psychology at Cinch Valley College of the University of Virginia. She was a professor and head of the Department of Psychology, Sociology, Philosophy and Community Counseling at North Georgia College and State University. She has served as dean of undergraduate studies and general education at Kennesaw State University. Currently, she serves as associate vice president for academic affairs and professor of psychology at Gainesville State College.

Melinda Haley, PhD, received her doctorate in counseling psychology from New Mexico State University in Las Cruces, and is currently an assistant professor at the University of Texas, El Paso. Dr. Haley has written numerous book chapters and multimedia presentations on diverse topics related to counseling and psychology. She has extensive applied experience working with adults, adolescents, children, inmates, domestic violence offenders, and culturally diverse populations in the areas of assessment, diagnosis, treatment planning, crisis management, and intervention. Her research interests include multicultural issues in counseling, personality development over the life span, personality disorders, the psychology of criminal and serial offenders, trauma and posttraumatic stress disorder, bias and racism, and social justice issues.

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Barbara Herlihy, PhD, NCC, LPC, is university research professor and professor of counselor education at the University of New Orleans. Dr. Herlihy has worked as a professional counselor in schools, community agencies, and private practice. Her scholarly work has focused primarily on ethics in counseling and reflects her additional interests in counseling theory, feminist therapy, multicultural counseling, and clinical supervision. She has published numerous articles and book chapters on these topics. She is the coauthor of five books, most recently *Ethical, Legal, and Professional Issues in Counseling* (3rd ed., 2009; with Ted Remley) and the *ACA Ethical Standards Casebook* (6th ed., 2006, with Gerald Corey). Her work as a teacher, scholar, and counselor is grounded in feminist philosophy and practices.

Adrianne L. Johnson, PhD, is an associate professor in mental health counseling at State University of New York–Oswego. She earned her doctorate in counselor education from the University of Arkansas in 2007. Her experience includes crisis counseling, adult outpatient counseling, and college counseling. She has presented internationally on a broad range of counseling topics and has produced several scholarly publications primarily related to diversity and disability issues in counseling and higher education. Dr. Johnson is a member of several professional organizations related to counseling, higher education, and disability advocacy and serves as a submission reviewer for various organizational conventions and publications. Her current research focuses on bias and attitudes, disability advocacy, counselor trainee competence, and diversity issues in counselor education.

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Vivian J. Carroll McCollum, PhD, is a professor of counseling at Old Dominion University. She is also the graduate program director for Old Dominion University's off-site counseling program at the New College Institute in Martinsville, Virginia. She received her doctorate in marriage and family therapy from St. Louis University. Dr. McCollum also serves as a faculty member of the Old Dominion study abroad program, "A Counselor's View of Italy." Her professional specialty areas are multicultural issues in counseling and the effects of client–counselor interaction in school counseling, career counseling, and family therapy. Dr. McCollum is active in the American Counseling Association (ACA), serving as division president of Counselors for Social Justice. She also received the Ohana Award at the 2005 ACA convention for her work in social justice. Dr. McCollum has over 20 years of experience as a college counselor, school counselor, private practitioner, and counselor educator. She has recent contributions in the *Journal of Counseling & Development* and the *Journal of School Counseling*.

Nathanael G. Mitchell, PhD, is an assistant professor in the School of Professional Psychology at Spalding University. Dr. Mitchell's clinical interests include psychological assessment in children, treatment of feeding disorders, improving psychosocial outcomes after critical illness, and individual counseling focused on grief and loss, mood disorders, anxiety disorders, and adjustment. Dr. Mitchell's research interests include attitudes toward obesity, links between childhood obesity and social–emotional outcomes, and obesity in critically ill patients. He presents his ongoing research annually at numerous national and international conferences.

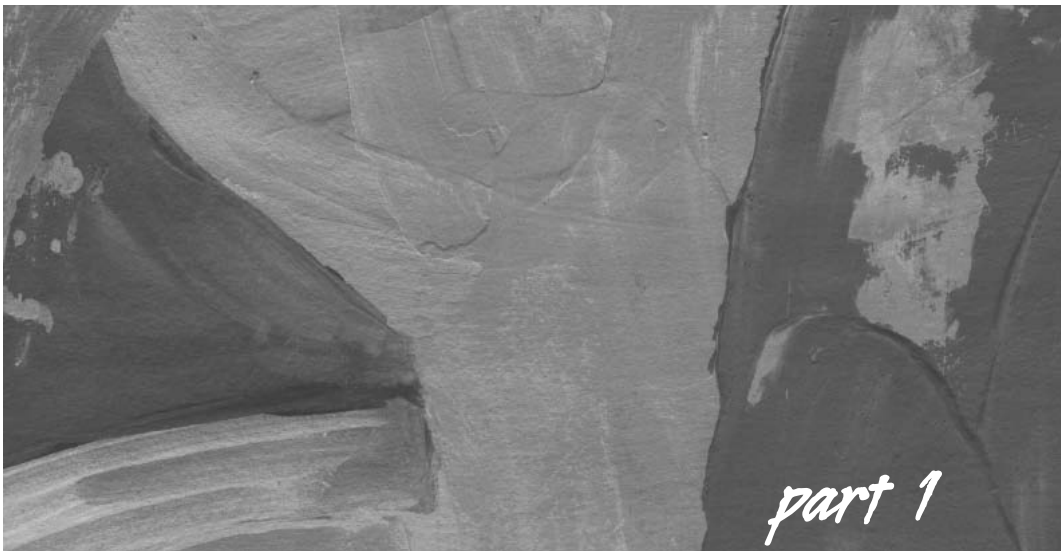
Manivong J. Ratts, PhD, is assistant professor and school counseling program director at Seattle University. He received his PhD in counselor education and supervision from Oregon State University (OSU). He also holds an associates degree from Yakima Valley Community College, a bachelor's degree in psychology from Western Washington University, and a master's degree in counseling from OSU. Dr. Ratts is a national certified counselor and a licensed school counselor, and he serves on the editorial board of the *Journal of Counseling & Development* and the *Journal of Social Action*. His writing and research is in the area of social justice, multicultural competence, social justice advocacy, and school counseling. Specifically, his teaching, scholarship, and service are focused on helping emerging counselors to become change agents and advocates for social justice. He is also the founder and advisor to Seattle University Counselors for Social Justice.

Deborah J. Rubel, PhD, is an assistant professor of counselor education in the College of Education at Oregon State University. She received her master's in mental health counseling and doctorate in counselor education from Idaho State University. Her areas of specialization are group work, multicultural/social justice counseling, and qualitative research methodology. She has recently published several qualitative studies on expertise in group leadership and group work supervision, as well as a model of group work supervision. Her current passion is exploring how professional counselors and group workers can be situated in nonoppressive ways in relation to peer counseling groups for people recovering from severe, chronic mental illness.

Laura R. Simpson, PhD, LPC, NCC, ACS, is core faculty of counselor education and supervision at Walden University. Dr. Simpson is a licensed professional counselor, national certified counselor, and approved clinical supervisor, as well as the founder of Lotus Counseling & Consultation. She currently serves on the Mississippi Licensed Professional Counselors Board of Examiners. She has presented research at a variety of state, regional, and national conferences and serves on the executive board for the Mississippi Counseling Association and Mississippi Licensed Professional Counselor Association. Dr. Simpson has published numerous scholarly writings within professional journals and counseling textbooks. Her primary areas of interest include counselor wellness and secondary trauma, spirituality, crisis response, cultural diversity, and supervision.

Ann Vernon, PhD, was a professor and coordinator of the school and mental health counseling programs at the University of Northern Iowa for 23 years and also had a private practice where she specialized in counseling children and adolescents. Currently, Dr. Vernon is a visiting professor at the University of Oradea in Romania, where she teaches school counseling courses, and also teaches in Singapore for the University of Buffalo. She regularly conducts rational emotive behavior therapy training workshops in the Netherlands, Mexico, Australia, and Colombia. Dr. Vernon has written numerous books, chapters, and articles primarily related to counseling children and adolescents. She has published emotional education curriculums (*Thinking, Feeling, Behaving* and *The Passport Program*) and three books on individual counseling interventions (*What Works When With Children and Adolescents*, *More What Works When,* and *Assessment and Intervention With Children and Adolescents,* 2nd ed., coauthored with Roberto Clemente). Recently she published (with Terry Kottman) *Counseling Theories: Practical Applications With Children and Adolescents in Settings* and the fourth edition of *Counseling Children and Adolescents.* Dr. Vernon is vice president of the Albert Ellis Board of Trustees, the founder of the Association of Counselor Education and Supervision Women's Retreats, and the recipient of numerous awards for service to the counseling profession.

Robert E. Wubbolding, EdD, clinical counselor and psychologist, is the director of the Center for Reality Therapy in Cincinnati, the director of training for the William Glasser Institute in Chatsworth, California, and professor emeritus of counseling at Xavier University. Author of 10 books on reality therapy, including *Reality Therapy for the 21st Century, Counselling With Reality Therapy,* and *A Set of Directions for Putting and Keeping Yourself Together*, Dr. Wubbolding has taught reality therapy in North America, Asia, Europe, Australia, and the Middle East. His work has focused on making reality therapy a cross-cultural approach with other applications to management, addictions, and corrections. He has extended the central procedure of self-evaluation to include 22 applications based on choice theory. His current interest is to review research studies validating the use of reality therapy, thereby rendering reality therapy respected as a freestanding and validated system of counseling. In the past, he has been an elementary and high school counselor, a high school teacher, private practitioner, an administrator of adult basic education, and a correctional counselor.



FOUNDATIONS FOR INDIVIDUAL COUNSELING AND PSYCHOTHERAPY

CHAPTERS

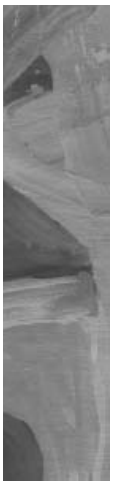
1. Helping Relationships: From Core Dimensions to Brief Approaches
2. Diversity and Social Justice Issues in Counseling and Psychotherapy

Counseling and psychotherapy encompass a number of relationship and personal and professional modalities in which the counselor or therapist needs to be proficient. These modalities include the creation of essential core conditions that are both foundational to the establishment of a helping relationship and prerequisite to change on the part of the client. In addition, because brief approaches to counseling and psychotherapy are a rapidly developing area and their development has been encouraged by managed care, and because counselor awareness of diversity and social justice issues are so important in the context of the counseling and psychotherapy process, these areas are also addressed in Part 1.

The helping relationship is the foundation on which the process of counseling and psychotherapy is based. It is not possible to use the concepts and associated interventions of a specific theory unless such applications are made in the context of a relationship that promotes trust, insight, and behavior change. **Chapter 1**, "Helping Relationships: From Core Dimensions to Brief Approaches," is designed to aid students in both the development and delivery of the helping relationship. To achieve this purpose, we present the helping relationship in terms of definitions and descriptions, stages, core conditions and personal characteristics, helping strategies, and their application with diverse populations. The chapter also introduces the reader to the importance of considering brief approaches to counseling and psychotherapy and how traditional theories can be adapted for briefer, more focused work in the counseling and psychotherapy process. Authors of Chapters 3 through 15 have provided follow-up information by discussing both traditional and brief interventions in the applications sections of their chapters.

To address the limitations of traditional counseling theories and practices, **Chapter 2**, "Diversity and Social Justice Issues in Counseling and Psychotherapy," enhances counselor awareness of the variety of diversity and social justice issues addressed in the context of the counseling and psychotherapy process. The chapter provides this context by clarifying key concepts and reviewing the history of diversity and social justice issues in counseling; increasing reader understanding of how diversity influences individual and group functioning; increasing reader awareness of how diversity may influence the counseling and psychotherapy process; providing several perspectives on diversity appropriate interventions; and making suggestions for how counselors and therapists can develop their self-awareness, knowledge of diverse populations, and diversity and social justice relevant counseling skills.

As these chapters indicate, practitioners must achieve high levels of competence, effectiveness, and expertise to create a helping relationship beneficial to clients. They must also become sensitive to diversity and social justice issues as they work with clients. We have made every attempt to introduce the readers to these topics in the chapters included in this section of the text. Readers are encouraged to do additional reading and follow-up course work and to commit to personal counseling or therapy to achieve the purposes we have outlined in these chapters.



chapter 1

Helping Relationships: From Core Dimensions to Brief Approaches

Douglas R. Gross and David Capuzzi

The helping relationship appears to be a cornerstone on which all effective helping rests (Bertolino & O'Hanlon, 2002; Halverson & Miars, 2005; Miars & Halverson, 2001; Seligman, 2001; Skovholt, 2005; Sommers-Flanagan, 2007). Words such as *integral*, *necessary*, and *mandatory* are used to describe this relationship and its importance in the ultimate effectiveness of the helping process. Even though different theoretical systems and approaches use different words to describe this relationship (see Chapters 3 through 16), each addresses the significance of the helping relationship in facilitating client change. Kottler and Brown (1992), in their book *Introduction to Therapeutic Counseling,* made the following comments regarding the significance of this relationship:

> Regardless of the setting in which you practice counseling, whether in a school, agency, hospital, or private practice, the relationships you develop with your clients are crucial to any progress you might make together. For without a high degree of intimacy and trust between two people, very little can be accomplished. (p. 64)

In further support of the significance of the helping relationship, Brammer and MacDonald (1996) wrote:

> The helping relationship is dynamic, meaning that it is constantly changing at verbal and nonverbal levels. The relationship is the principle process vehicle for both helper and helpee to express and fulfill their needs, as well as to mesh helpee problems with helper expertise. Relationship emphasizes the affective mode, because relationship is commonly defined as the inferred emotional quality of the interaction. (p. 52)

The ideas expressed in these two quotes describe the essential value of the helping relationship in the process of counseling or psychotherapy and the significant role that the counselor or therapist plays in developing this relationship. Through this relationship,

client change occurs. Although the creation of this relationship is not the end goal of the process, it certainly is the means by which other goals are met. It serves as the framework within which effective helping takes place.

This chapter has two purposes. First, it aids the reader in understanding the various factors that affect the helping relationship: definitions and descriptions, stages, core dimensions, strategies, and issues of diversity. Second, it provides the reader with an overview of the selected brief approaches that we have asked each of our theory authors to discuss in their chapters. We hope that the information presented in this chapter will not only help the reader to understand the dynamics of the helping relationship and their application in both theory-specific and brief approaches but also help the reader incorporate these dynamics into his or her chosen theoretical approach.

DEFINITIONS AND DESCRIPTIONS

Although agreed-upon definitions and descriptions of the helping relationship should be easy to find, such is not the case. Despite the importance of this relationship in the overall helping process, a perusal of textbooks and articles dealing with counseling and psychotherapy shows the lack of a common definition. Rogers (1961), for example, defined a helping relationship as one "in which at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning and improved coping with life of the other" (p. 39). Okun (1992) stated that "the development of a warm, trustful relationship between the helper and helpee underlies any strategy or approach to the helping process and, therefore, is a basic condition for the success of any helping process" (p. 14). According to Miars and Halverson (2001), "The ultimate goal of a professional helping relationship should be to promote the development of more effective and adaptive behavior in the clients" (p. 51).

It is easy to see the difficulty in categorically stating an accepted definition or description of the helping relationship, regardless of which of these statements one chooses to embrace. Yet despite the differences, each carries with it directions and directives aimed at a single goal: the enhancement and encouragement of client change. The following definitive characteristics of the helping relationship embrace this goal and describe our conceptualization of this relationship:

- A relationship initially structured by the counselor or therapist but open to cooperative restructuring based on the needs of the client.
- A relationship that begins with the initial meeting and continues through termination.
- A relationship in which all persons involved perceive the existence of trust, caring, concern, and commitment and act accordingly.
- A relationship in which the needs of the client are given priority over the needs of the counselor or therapist.
- A relationship that provides for the personal growth of all persons involved.
- A relationship that provides the safety needed for self-exploration of all persons involved.
- A relationship that promotes the potential of all persons involved.

The major responsibility in creating this relationship rests initially with the counselor or therapist, with increasing demands for client involvement and commitment over time. It is a shared process, and only through such shared efforts will this relationship develop and flourish. This development evolves in stages that take the relationship from initiation to closure. The stages in this evolving process are the subject of the following section.

HELPING RELATIONSHIPS: STAGES

The helping relationship is a constant throughout the counseling or psychotherapeutic process. The definitive characteristics we have already presented indicate that the relationship must be present from the initial meeting between the client and the counselor or therapist and continue through closure. Viewing the helping relationship as a constant throughout the helping process leads to visualizing this process from a developmental perspective. This development can best be viewed in terms of a narrow path whose limits are established by the client's fear, anxiety, and resistance. Such client reactions should not be seen as a lack of commitment to change; rather, they need to be understood in terms of the unknown nature of this developing alliance and the fact that this may be the first time the client has experienced this type of interaction. These reactions are often shared by the counselor or therapist, based on his or her level of experience. The path broadens through the development of trust, safety, and understanding as this relationship develops. The once-narrow path becomes a boulevard along which two persons move courageously toward their final destination—change. The movement along this broadening path is described by various authors in terms of stages or phases. Osipow, Walsh, and Tosi (1980), in discussing the stages of the helping relationship, stated:

> Persons who experience the process of personal counseling seem to progress through several stages. First, there is an increased awareness of self and others. Second, there is an expanded exploration of self and environment (positive and negative behavioral tendencies). Third, there is increased commitment to self-enhancing behavior and its implementation. Fourth, there is an internalization of new and more productive thoughts and actions. Fifth, there is a stabilization of new behavior. (p. 73)

Brammer (1985) divided this developmental process into two phases, each with four distinctive stages. The first phase, building relationships, includes preparing the client and opening the relationship, clarifying the problem or concern of the client, structuring the process, and building a relationship. The second phase, facilitating positive action, involves exploration, consolidation, planning, and termination.

Purkey and Schmidt (1987) developed three stages in building the helping relationship, each containing four steps. The first stage, preparation, includes having the desire for a relationship, expecting good things, preparing the setting, and reading the situation. The second stage, initiating responding, includes choosing caringly, acting appropriately, honoring the client, and ensuring reception. The third and final stage is follow-up and includes interpreting responses, negotiating positions, evaluating the process, and developing trust.

Egan (2002) stated that the helping relationship minimally can be broken down into three phases: relationship building, challenging the client to find ways to change, and facilitating positive client action. The goal in the first phase is to build a foundation of mutual trust and client understanding. In the second phase, the counselor challenges the client to "try on" new ways of thinking, feeling, and behaving. In the third phase, the counselor aids the client in facilitating actions that lead toward change and growth in the client's life outside the counseling relationship.

Authors such as Corey and Corey (2011), Gladding (2009b), Hackney and Cormier (1996), and Halverson and Miars (2005) have provided other models of the developmental nature of the stages of the helping relationship. Although the terms used to describe these stages may differ, there seems to be a consistency across these models: The reader moves from initiation of the relationship through a clinically based working stage to a termination stage. The following developmental stages show our conceptualization of this relationship-building process and are based on the consistency found in our research and our clinical experience.

- *Stage 1: Relationship development.* This stage includes the initial meeting of client and counselor or therapist, rapport building, information gathering, goal determination, and informing the client about the conditions under which counseling will take place (e.g., confidentiality, taping, counselor/therapist/client roles).
- *Stage 2: Extended exploration.* This stage builds on the foundation established in the first stage. Through selected techniques, theoretical approaches, and strategies, the counselor or therapist explores in depth the emotional and cognitive dynamics of the person of the client, problem parameters, previously tried solutions, decision-making capabilities, and a reevaluation of the goals determined in Stage 1.
- *Stage 3: Problem resolution.* This stage, which depends on information gained during the previous two stages, is characterized by increased activity for all parties involved. The counselor's or therapist's activities include facilitating, demonstrating, instructing, and providing a safe environment for the development of change. The client's activities focus on reevaluation, emotional and cognitive dynamics, trying out new behaviors (both inside and outside of the sessions, and discarding those that do not meet goals.
- *Stage 4: Termination and follow-up.* This stage is the closing stage of the helping relationship and is cooperatively determined by all persons involved. Methods and procedures for follow-up are determined prior to the last meeting.

It is important to keep in mind that people do not automatically move through these identified stages in a lockstep manner. The relationship may end at any one of these stages based on decisions made by the client, the counselor or therapist, or both. Nor is it possible to identify the amount of time that should be devoted to any particular stage. With certain clients, much more time will need to be devoted to specific stages. D. Brown and Srebalus (1988), in addressing the tentative nature of these relationship stages, have the following caution for their readers:

> Before we describe a common sequence of events in counseling, it is important to note that many clients, for one reason or another, will not complete all the stages of counseling. The process will be abandoned prematurely, not because something went wrong, but because of factors external to the counselor–client relationship. For example, the school year may end for a student client, or a client or counselor may move away to accept a new job. When counseling is in process and must abruptly end, the participants will feel the incompleteness and loss. (p. 69)

Viewing the helping relationship as an ongoing process that is composed of developmental stages provides counselors and therapists with a structural framework within which they can function effectively. Inside this framework fit the core conditions and strategies that serve the goals of movement through the relationship process and enhancement and encouragement of client change. We discuss these core conditions and strategies in the following two sections.

HELPING RELATIONSHIPS: CORE CONDITIONS

The concept of basic or core condition related to the helping relationship has its basis in the early work of Rogers (1957) and the continued work of such authors as Carkhuff and Barenson (1967), Combs (1986), Egan (2002), Ivey (1998), Patterson (1974), and Truax and Carkhuff (1967). The concept incorporates a set of conditions that, when present, enhances the effectiveness of the helping relationship. These conditions vary in terminology from author to author but generally include the following: empathic understanding, respect and positive regard, genuineness and congruence, concreteness, warmth, and immediacy.

It should be obvious in reviewing this list that the concept of core conditions relates directly to various personal characteristics or behaviors that the counselor or therapist brings

to and incorporates into the helping relationship. It is difficult to pinpoint with any exactness how such characteristics or behaviors develop. Are they the result of life experiences, classroom instruction, or some combination of both? Our experience in education favors the last explanation. Core conditions or behaviors must already be present to some degree in our students for our instruction to enhance or expand them.

The remainder of this section deals with the core conditions and relates these directly to personal characteristics or behaviors of counselors or therapists that should enhance their ability to effectively use these conditions in the process of helping. Although definitions, emphases, and applications of these conditions differ across theoretical systems, there seems to be agreement about their effectiveness in facilitating change in the overall helping relationships (Brammer, Abrego, & Shostrom, 1993; Brems, 2000; Freedberg, 2007; Gatongi, 2008; Gladding, 2009a, 2009b; Murphy & Dillon, 2003; Prochaska & Norcross, 2003).

Empathic Understanding

Empathic understanding is the ability to feel with clients as opposed to feeling for clients. It is the ability to understand feelings, thoughts, ideas, and experiences by viewing them from the client's frame of reference. The counselor or therapist must be able to enter the client's world, understand the myriad aspects that make up that world, and communicate this understanding so that the client perceives that he or she has been heard accurately (Freedberg, 2007; Gatongi, 2008).

Egan (2002) identified both primary and advanced levels of empathic understanding. At the primary level, it is the ability to understand, identify, and communicate feelings and meanings that are at the surface level of the client's disclosures. At the advanced level, it is the ability to understand, identify, and communicate feelings and meanings that are buried, hidden, or beyond the immediate reach of a client. Such feelings and meanings are more often covert rather than overt client expressions.

Personal characteristics or behaviors that enhance a counselor's or therapist's ability to provide empathic understanding include, but are not limited to, the following:

- The knowledge and awareness of one's own values, attitudes, and beliefs and the emotional and behavioral impact they have on one's own life.
- The knowledge and awareness of one's own feelings and emotional response patterns and how they manifest themselves in interactive patterns.
- The knowledge and awareness of one's own life experiences and one's personal reactions to those experiences.
- The capacity and willingness to communicate these personal reactions to one's clients.

Respect and Positive Regard

Respect and positive regard are defined as the belief in each client's innate worth and potential and the ability to communicate this belief in the helping relationship. This belief, once communicated, provides clients with positive reinforcement relative to their innate ability to take responsibility for their own growth, change, goal determination, decision making, and eventual problem solution. It is an empowering process that delivers a message to clients that they are able to take control of their lives and, with facilitative assistance from the counselor or therapist, foster change. Communicating and demonstrating this respect for clients takes many forms. According to Baruth and Robinson (1987), it "is often communicated by what the counselor does not do or say. In other words, by not offering to intervene for someone, one is communicating a belief in the individual's ability to 'do' for himself or herself" (p. 85).

Personal characteristics or behaviors that enhance a counselor's or therapist's ability to provide respect and positive regard include, but are not limited to, the following:

- The capacity to respect oneself.
- The capacity to view oneself as having worth and potential.
- The capacity to model and communicate this positive self-image to clients.
- The capacity to recognize one's own control needs and the ability to use this recognition in a manner that allows clients to direct their own lives.

Genuineness and Congruence

Genuineness and congruence describe the ability to be authentic in the helping relationship. The ability to be real as opposed to artificial, to behave as one feels as opposed to playing the role of the helper, and to be congruent in terms of actions and words are further descriptors of this core condition. According to Schnellbacher and Leijssen (2009),

> The findings underline the significance and value of genuineness in communication with the client. Indeed, the results indicate that therapist genuineness can be a crucial process for healing and personality change and that self-disclosure can be powerful and directional interventions. (pp. 222–223)

Implicit in this statement is the idea of the counselor's ability to communicate and demonstrate this genuineness, not only for relationship enhancement but also to model this core condition so that clients can develop greater authenticity in their interactions with others.

Personal characteristics or behaviors that enhance a counselor's or therapist's ability to prove genuineness and congruence include, but are not limited to, the following:

- The capacity for self-awareness and the ability to demonstrate this capacity through words and actions.
- The understanding of one's own motivational patterns and the ability to use them productively in the helping relationship.
- The ability to present one's thoughts, feelings, and actions in a consistent, unified, and honest manner.
- The capacity for self-confidence and the ability to communicate this capacity in a facilitative way in the helping relationship.

Concreteness

Concreteness is the ability not only to see the incomplete picture that clients paint with their words but also to communicate to clients the figures, images, and structures that will complete the picture. In the process of exploring problems or issues, clients often present a somewhat distorted view of the actual situation. Concreteness enables the counselor or therapist to help clients identify the distortions in the situation and fit them together in such a way that clients are able to view the situation in a more realistic fashion. The concreteness helps clients clarify vague issues, focus on specific topics, reduce degrees of ambiguity, and channel their energies into more productive avenues of problem solution.

Personal characteristics and behaviors that enhance a counselor's or therapist's ability to provide degrees of concreteness include, but are not limited to, the following:

- The capacity for abstract thinking and the ability to "read between the lines."
- The willingness to risk being incorrect as one attempts to fill in the empty spaces.
- The belief in one's own competence in analyzing and sorting through the truths and partial truths in clients' statements.

- The ability to be objective while working with clients in arriving at the reality of clients' situations.

Warmth

Warmth is the ability to communicate and demonstrate genuine caring and concern for clients. Using this ability, counselors and therapists convey their acceptance of clients, their desire for clients' well-being, and their sincere interest in finding workable solutions to the problems that clients present. The demeanor of the counselor or therapist is often the main avenue for communicating and demonstrating warmth, for it is often through nonverbal behaviors—a smile, a touch, tone of voice, a facial expression—that genuine caring and concern are communicated. The counselor's or therapist's capacity for transmitting concerns and caring to clients, either verbally or nonverbally, enables clients to experience, often for the first time, a truly accepting relationship.

Personal characteristics or behaviors that enhance a counselor's or therapist's ability to demonstrate warmth include, but are not limited to, the following:

- The capacity for self-care and the ability to demonstrate this capacity in both actions and words.
- The capacity for self-acceptance, basing this acceptance on one's assets and liabilities.
- The desire for one's own well-being and the ability to demonstrate this desire through both words and actions.
- The desire to find, and to have a successful personal experience in finding, workable solutions to one's own problems, and the ability to communicate this desire through words and actions.

Immediacy

Immediacy is the ability to deal with the here-and-now factors that operate within the helping relationship. These factors are described as overt and covert interactions that take place between the client and the counselor or therapist. A client's anger at a counselor or therapist, the latter's frustration with a client, and the feelings of the client and counselor or therapist for each other are all examples of factors that need to be addressed as they occur and develop. Addressing such issues in the safety of the helping relationship should help participants in two ways: to gain insight into personal behavioral patterns that may be conducive and not conducive to growth, and to use this insight in relationships outside the helping relationship.

Dealing with these factors can be threatening, as it is often easier to deal with relationships in the abstract and avoid personal encounters. A counselor or therapist needs to be able to use this factor of immediacy to show clients the benefits that can be gained by dealing with issues at they arise. According to Egan (2002), immediacy not only clears the air but also is a valuable learning experience.

Personal characteristics or behaviors that enhance a counselor's or therapist's ability to use immediacy effectively include, but are not limited to, the following:

- The capacity for perceptive accuracy in interpreting one's own feelings for, thoughts about, and behaviors toward clients.
- The capacity for perceptive accuracy in interpreting clients' feelings for, thoughts about, and behaviors toward the counselor or therapist.
- The capacity for and willingness to deal with one's own issues related to clients on a personal as opposed to an abstract level.

- The willingness to confront both oneself and clients with what one observes to be happening in the helping relationship

HELPING RELATIONSHIPS: STRATEGIES

The previous section identified the core conditions that need to be present for the effective development of the helping relationship. The differences between these core conditions and the strategies are the subject of this section.

The core conditions relate to specific dynamics present in the personality and behavioral makeup of counselors or therapists that they are able to communicate to clients. Strategies refer to skills gained through education and experience that define and direct what counselors or therapists do within the relationship to attain specific results and to move the helping relationship from problem identification to problem resolution.

Varying terms have been used to address this aspect of the helping relationship While some authors prefer the term *strategies* (Combs & Avila, 1985; Cormier & Cormier, 1991; Gilliland, James, & Bowman, l989; Hackney & Cormier, 1994), others prefer *skills* (Halverson & Miars, 2005; Hansen, Rossberg, & Cramer, 1994; Ivey, 1998), and still others prefer the term *techniques* (Belkin, 1980; J. A. Brown & Pate, 1983; Osipow et al., 1980). The terms, however, are interchangeable.

We decided to use the term *strategies*, which denotes not only deliberative planning but also action processes that make the planning operational. We feel that both factors are necessary. For the purpose of the following discussion, we have grouped the strategies into the following categories: (a) strategies that build rapport and encourage client dialogue, (b) strategies that aid in data gathering, and (c) strategies that add depth and enhance the relationship.

Note that specific strategies, such as those stemming from various theoretical systems, are not included in this section. They will be presented in Chapters 3 through 16, which deal with specific theories. It is also important for readers to understand that there is much overlap between these arbitrary divisions. Strategies designed to build rapport and encourage client dialogue may also gather data and enhance relationships. With this caveat in mind, we present the following strategies.

Strategies That Build Rapport and Encourage Client Dialogue

This group of strategies includes the active listening strategies that enhance the listening capabilities of counselors and therapists. When used effectively, these strategies should provide an environment in which clients have the opportunity to talk and to share their feelings and thoughts with the assurance that they will be heard. By using such strategies, counselors and therapists enhance their chances of providing such an environment.

This set of strategies includes attending and encouraging, restating and paraphrasing, reflecting content and feeling, clarifying and perception checking, and summarizing. The following paragraphs present explanations and examples of these strategies.

Attending and Encouraging

These strategies use the counselor's or therapist's posture, visual contact, gestures, facial expressions, and words to indicate to clients not only that they are being heard but also that the counselor or therapist wishes them to continue sharing information.

Example

Encouraging

Counselor/Therapist: (smiling) Please tell me what brought you in today.
Client: I'm having a hard time trying to put my life in order. I'm very lonely and bored, and I can't seem to maintain a lasting relationship.