CATHOLIC UNIVERSITY OF RWANDA

FACULTY OF SOCIAL WORK

DEPARTMENTS OF WSD AND CFS

Psychosocial Counseling and Psychotherapy Approaches

Course Notes for Students

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Bachelor of Clinical Psychology

Master of Social Work and Community Development

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Course Description

Class: level IV

Departments: Welfare and Social Development & Child and Family Studies

Subdivisions:

Part I. Psychosocial Counseling

Part II. Psychotherapy Approaches

Assignment Pattern:

60% CAT (Written and oral, Individual and Group Works)

40% Final exam

Course weight: 10 credits

Face-to-face: 50 hours

Part one

Psychosocial Counseling

1.1.   Definition

What is Counselling?

Counselling is a process that psychologically empowers individuals to seize back control of their lives, whilst working through issues and problems that have caused them to lose self-esteem, as well as confidence in their own abilities. Counselling increases self-awareness and a sense of well-being, and is often the first step individuals take on their path to discovering a more positive life.

Sharing and Caring

Sharing thoughts and concerns in a safe, confidential environment, and with an impartial counsellor, allows an individual time to explore feelings and limiting beliefs. This therapeutic relationship – between the counsellor and the client – strengthens from week to week, and gradually enables the client to open up and focus on the changes they most want to make in their life. These sessions usually take place at a pre-arranged time on a weekly basis.

Counselling is suitable and recommended for anyone suffering from depression, anxiety, mental health problems, addictions, eating disorders, bereavement, anger management and many other reasons. If a client's problem is affecting the quality of their life, interactions with others or their general well-being, counselling is an option that is definitely worth exploring. Counselling is a pro-active solution for addressing the issues that mentally bind and restrict a client.

What Does a Counsellor Do?

Personal worries can restrict a person's ability to live their life as they would like to. It is a Counsellor's job to actively listen to a client's problems, and mentally challenge them to encourage them to seek a solution to their concerns. Counsellors provide a supportive service that creates a confidential space where clients can freely voice their feelings. Counsellors are non-judgmental and impartial, and simply reflect the client's worries and concerns so that they are able to see the difficulties from another perspective.

Counsellors may liaise with GPs, hospitals and Community Mental Health Teams to ensure the quality of a client's care is maintained. In some cases Group Counselling may be offered to a client, if it is felt the individual would benefit from this form of therapeutic experience.

What to Expect From a Counselling Session

Counselling is a voluntary option. A client cannot be forced to seek counselling, but must want to embark on this form of therapy freely. An initial consultation will allow the client to express any dissatisfaction they may be experiencing in their life. The counsellor will ask questions to determine the best course of action to follow, and will suggest a follow-up appointment, if suitable. All the information shared at the session will remain confidential.

The follow-on appointments will generally take place on a weekly basis, with regular progress reviews. These counselling sessions may cover background information, the identification of issues, the setting of goals, implementation and evaluation of intervention, and closure.

Shared Goals

Although counsellors work with different approaches – using a theoretical approach or by putting a stronger emphasis on behaviour – all counselling professionals have the same end goal in mind. Their aim is to help a client make continual progress through the therapeutic treatment, and to ensure their sense of well-being is restored.

1.2. Counseling Psychology

Counseling psychology is a psychological specialty that encompasses research and applied work in several broad domains: counseling process and outcome; supervision and training; career development and counseling; and prevention and health. Some unifying themes among counseling psychologists include a focus on assets and strengths, person–environment interactions, educational and career development, brief interactions, and a focus on intact personalities.[1]

In the U.S., counseling psychology programs are accredited by the American Psychological Association (APA). To become licensed as a counseling psychologist, one must meet the criteria of a psychologist's licence (4–7 year doctoral degree and one-year full-time internship, including 3,000 hours of supervised experience and exams). Both doctoral level counseling psychologists and doctoral level counselors can perform both applied work, as well as research and teaching.

History

In the U.S., counseling psychology, like many modern psychology specialties, started as a result of World War II. During the war, the U.S. military had a strong need for vocational placement and training. In the 1940s and 1950s the Veterans Administration created a specialty called "counseling psychology," and Division 17[2] (now known as the Society for Counseling Psychology) of the APA was formed.[3] This fostered interest in counselor training, and the creation of the first few counseling psychology PhD programs. The first counseling psychology PhD programs were at the University of Minnesota, Ohio State University, University of Maryland, College Park, University of Missouri, Teachers College, Columbia University, and University of Texas at Austin.[4]

In recent decades, counseling psychology as a profession has expanded and is now represented in numerous countries around the world. Books describing the present international state of the field include the *Handbook of Counseling and Psychotherapy in an International Context*;[5] the *International Handbook of Cross-Cultural Counseling*;[6] and *Counseling Around the World: An International Handbook*.[7] Taken together these volumes trace the global history of the field, explore divergent philosophical assumptions, counseling theories, processes, and trends in different countries, and review a variety of global counselor education programs. Moreover, traditional and indigenous treatment and healing methods that may predate modern counseling methods by hundreds of years remain of significance in many non-Western and Western countries.[5][8][9]

Employment and salary

Counseling psychologists are employed in a variety of settings depending on the services they provide and the client populations they serve. Some are employed in colleges and universities as teachers, supervisors, researchers, and service providers. Others are employed in independent practice providing counseling, psychotherapy, assessment, and consultation services to individuals, couples/families, groups, and organizations. Additional settings in which counseling psychologists practice include community mental health centers, Veterans Administration medical centers and other facilities, family services, health maintenance organizations, rehabilitation agencies, business and industrial organizations and consulting within firms.

In 2014, the median salary for counseling psychologists in the United States was US$68,900.[10]

Process and outcome

Counseling psychologists are interested in answering a variety of research questions about counseling process and outcome. Counseling *process* refers to how or why counseling happens and progresses. Counseling *outcome* addresses whether or not counseling is effective, under what conditions it is effective, and what outcomes are considered effective—such as symptom reduction, behavior change, or quality of life improvement. Topics commonly explored in the study of counseling process and outcome include therapist variables, client variables, the counseling or therapeutic relationship, cultural variables, process and outcome measurement, mechanisms of change, and process and outcome research methods.

Therapist variables

Therapist variables include characteristics of a counselor or psychotherapist, as well as therapist technique, behavior, theoretical orientation and training. In terms of therapist behavior, technique and theoretical orientation, research on adherence to therapy models has found that adherence to a particular model of therapy can be helpful, detrimental, or neutral in terms of impact on outcome.[11]

A recent meta-analysis of research on training and experience suggests that experience level is only slightly related to accuracy in clinical judgment.[12] Higher therapist experience has been

found to be related to less [anxiety](), but also less focus.[13] This suggests that there is still work to be done in terms of training clinicians and measuring successful training.

Client variables

Client characteristics such as help-seeking attitudes and [attachment]() style have been found to be related to client use of counseling, as well as expectations and outcome. Stigma against [mental illness]() can keep people from acknowledging problems and seeking help. Public stigma has been found to be related to self-stigma, attitudes towards counseling, and willingness to seek help.[14]

In terms of attachment style, clients with avoidance styles have been found to perceive greater risks and fewer benefits to counseling, and are less likely to seek professional help, than securely attached clients. Those with anxious attachment styles perceive greater benefits as well as risks to counseling.[15] Educating clients about expectations of counseling can improve client satisfaction, treatment duration and outcomes, and is an efficient and cost-effective intervention.[16]

1.3. Counseling relationship

The relationship between a counselor and client is the feelings and attitudes that a client and therapist have towards one another, and the manner in which those feelings and attitudes are expressed.[17] Some theorists have suggested that the relationship may be thought of in three parts: [transference]() and [countertransference](), working alliance, and the real—or personal—relationship.[18] Other theorists argue that the concepts of transference and countertransference are outdated and inadequate.[19][20][21]

Transference can be described as the client's distorted perceptions of the therapist. This can have a great effect on the therapeutic relationship. For instance, the therapist may have a facial feature that reminds the client of their parent. Because of this association, if the client has significant negative or positive feelings toward their parent, they may project these feelings onto the therapist. This can affect the therapeutic relationship in a few ways. For example, if the client has a very strong bond with their parent, they may see the therapist as a father or mother figure and have a strong connection with the therapist. This can be problematic because as a therapist, it is not ethical to have a more than "professional" relationship with a client. It can also be a good thing, because the client may open up greatly to the therapist. In another way, if the client has a very negative relationship with their parent, the client may feel negative feelings toward the therapist. This can then affect the therapeutic relationship as well. For example, the client may have trouble opening up to the therapist because he or she lacks trust in their parent (projecting these feelings of distrust onto the therapist).[22]

Another theory about the function of the counseling relationship is known as the secure-base hypothesis, which is related to [attachment theory](). This hypothesis proposes that the counselor acts as a secure base from which clients can explore and then check in with. Secure attachment to one's counselor and secure attachment in general have been found to be related to client exploration. Insecure attachment styles have been found to be related to less session depth than securely attached clients.[23]

1.4. Cultural variables

Counseling psychologists are interested in how culture relates to help-seeking and counseling process and outcome. Standard surveys exploring the nature of counselling across cultures and various ethnic groups include Counseling Across Cultures by Paul B. Pedersen, Juris G. Draguns, Walter J. Lonner and Joseph E. Trimble,[24] Handbook of Multicultural Counseling by Joseph G. Ponterotto, J. Manueal Casas, Lisa A. Suzuki and Charlene M. Alexander[25] and Handbook of Culture, Therapy, and Healing by Uwe P. Gielen, Jefferson M. Fish and Juris G. Draguns.[26] Janet E. Helms' racial identity model can be useful for understanding how the relationship and counseling process might be affected by the client's and counselor's racial identity.[27] Recent research suggests that clients who are Black are at risk for experiencing racial micro-aggression from counselors who are White.[28]

Efficacy for working with clients who are lesbians, gay men, or bisexual might be related to therapist demographics, gender, sexual identity development, sexual orientation, and professional experience.[29] Clients who have multiple oppressed identities might be especially at-risk for experiencing unhelpful situations with counselors, so counselors might need help with gaining expertise for working with clients who are transgender, lesbian, gay, bisexual, or transgender people of color, and other oppressed populations.[30]

Gender role socialization can also present issues for clients and counselors. Implications for practice include being aware of stereotypes and biases about male and female identity, roles and behavior such as emotional expression.[31] The APA guidelines for multicultural competence outline expectations for taking culture into account in practice and research.[32]

1.5. Counseling ethics

Perceptions on ethical behaviors vary depending upon geographical location, but ethical mandates are similar throughout the global community. Ethical standards are created to help practitioners, clients and the community avoid any possible harm or potential for harm. The standard ethical behaviors are centered on "doing no harm" and preventing harm.

Counselors should shall not share information that is obtained through the counseling process without specific written consent by the client or legal guardian except to prevent clear, imminent danger to the client or others or when required to do so by a court order.

Counselors are held to a higher standard that most professionals because of the intimacy of their therapeutic delivery. Counselors are not only to avoid fraternizing with their clients. They should avoid dual relationships, and never engage in sexual relationships.

Counselors are to avoid receiving gifts, favors, or trade for therapy. In some communities, it may be avoidable given the economic standing of that community. In cases of children, children and the mentally handicapped, they may feel personally rejected if an offering is something such as a "cookie." As counselors, a judgement call must be made, but in a majority of cases, avoiding gifts, favors, and trade can be maintained.

The National Board for Certified Counselors states that counselors "shall discuss important considerations to avoid exploitation before entering into a non-counseling relationship with a former client. Important considerations to be discussed include amount of time since counseling service termination, duration of counseling, nature and circumstances of client's counseling, the likelihood that the client will want to resume counseling at some time in the future; circumstances of service termination and possible negative effects or outcomes."[33]

1.6. Outcome measurement

Counseling outcome measures might look at a general overview of symptoms, symptoms of specific disorders, or positive outcomes, such as subjective well-being or quality of life. The Outcome Questionnaire-45 is a 45-item self-report measure of psychological distress.[34] An example of disorder-specific measure is the Beck Depression Inventory. The Quality of Life Inventory is a 17-item self-report life satisfaction measure.[35]

Process and outcome research methods

Research about the counseling process and outcome uses a variety of research methodologies to answer questions about if, how, and why counseling works. Quantitative methods include randomly controlled clinical trials, correlation studies over the course of counseling, or laboratory studies about specific counseling process and outcome variables. Qualitative research methods can involve conducting, transcribing and coding interviews; transcribing and/or coding therapy sessions; or fine-grain analysis of single counseling sessions or counseling cases.

1.7. Training and supervision

Professional training process

Counseling psychologists are trained in graduate programs. Almost all programs grant a PhD, but a few grant a MCouns, M.Ed, MA, PsyD or EdD. Most doctoral programs take 5–6 years to complete. Graduate work in counseling psychology includes coursework in general psychology and statistics, counseling practice, and research.[36] Students must complete an original dissertation at the end of their graduate training. Students must also complete a one-year full-time internship at an accredited site before earning their doctorate. In order to be licensed to practice, counseling psychologists must gain clinical experience under supervision, and pass a standardized exam.

In Australia, to become a counseling psychologist one must complete a two-year master's degree after obtaining a four-year degree in psychology. There are other avenues available.[37] A substantial component of this master's degree is dedicated to individual psychotherapy, family and couples therapy, group therapy, developmental theory and psychopathology.[38]

Training models and research

Counseling psychology includes the study and practice of counselor training and counselor supervision. As researchers, counseling psychologists may investigate what makes training and supervision effective. As practitioners, counseling psychologists may supervise and train a variety of clinicians. Counselor training tends to occur in formal classes and training programs. Part of counselor training may involve counseling clients under the supervision of a licensed clinician. Supervision can also occur between licensed clinicians, as a way to improve clinicians' quality of work and competence with various types of counseling clients.

As the field of counseling psychology formed in the mid-20th century, initial training models included Robert Carkuff's human relations training model,[39] Norman Kagan's Interpersonal Process Recall,[40] and Allen Ivey's microcounseling skills.[41] Modern training models include Gerard Egan's skilled helper model,[42] and Clara E. Hill's three-stage model (exploration, insight, and action).[43] A recent analysis of studies on counselor training found that modeling, instruction, and feedback are common to most training models, and seem to have medium to large effects on trainees.[44]

Supervision models and research

Like the models of how clients and therapists interact, there are also models of the interactions between therapists and their supervisors. Edward S. Bordin proposed a model of supervision working alliance similar to his model of therapeutic working alliance. The Integrated Development Model considers the level of a client's motivation/anxiety, autonomy, and self and other awareness. The Systems Approach to Supervision views the relationship between supervisor and supervised as most important, in addition to characteristics of the supervisor's personal characteristics, counseling clients, training setting, as well as the tasks and functions of supervision. The Critical Events in Supervision model focuses on important moments that occur between the supervisor and supervised.[45]

Problems can arise in supervision and training. First, supervisors are liable for malpractice.[citation needed] Also, questions have arisen as far as a supervisor's need for formal training to be a competent supervisor.[46] Recent research suggests that conflicting, multiple relationships can occur between supervisors and clients, such as that of the client, instructor, and clinical supervisor.[46] The occurrence of racial micro-aggression against Black clients[47] suggests potential problems with racial bias in supervision. In general, conflicts between a counselor and his or her own supervisor can arise when supervisors demonstrate disrespect, lack of support, and blaming.[45]

1.8. Vocational development and career counseling

Vocational theories

There are several types of theories of vocational choice and development. These types include trait and factor theories, social cognitive theories, and developmental theories. Two examples of

trait and factor theories, also known as person–environment fit, are Holland's theory and the Theory of Work Adjustment.

[John Holland](#) hypothesized six vocational personality/interest types and six work environment types: realistic, investigative, artistic, social, enterprising, and conventional. When a person's vocational interests match his or her work environment types, this is considered congruence. Congruence has been found to predict occupation and college major.[48]

The Theory of Work Adjustment (TWA), as developed by [René Dawis](#) and Lloyd Lofquist,[49] hypothesizes that the correspondence between a worker's needs and the reinforced systems predicts job satisfaction, and that the correspondence between a worker's skills and a job's skill requirements predicts job satisfaction. Job satisfaction and personal satisfaction together should determine how long one remains at a job. When there is a discrepancy between a worker's needs or skills and the job's needs or skills, then change needs to occur either in the worker or the job environment.

Social Cognitive Career Theory (SCCT) has been proposed by Robert D. Lent, Steven D. Brown and Gail Hackett. The theory takes [Albert Bandura](#)'s work on self-efficacy and expands it to interest development, choice making, and performance. Person variables in SCCT include self-efficacy beliefs, outcome expectations and personal goals. The model also includes demographics, ability, values, and environment. Efficacy and outcome expectations are theorized to interrelate and influence interest development, which in turn influences choice of goals, and then actions. Environmental supports and barriers also affect goals and actions. Actions lead to performance and choice stability over time.[48]

[Career development](#) theories propose vocational models that include changes throughout the lifespan. Donald Super's model proposes a lifelong five-stage career development process. The stages are growth, exploration, establishment, maintenance, and disengagement. Throughout life, people have many roles that may differ in terms of importance and meaning. Super also theorized that career development is an implementation of self-concept. Gottfredson also proposed a cognitive career decision-making process that develops through the lifespan.[*citation needed*] The initial stage of career development is hypothesized to be the development of self-image in childhood, as the range of possible roles narrows using criteria such as sex-type, social class, and prestige. During and after [adolescence](#), people take abstract concepts into consideration, such as interests.

Career counseling

Career counseling may include provision of occupational information, modeling skills, written exercises, and exploration of career goals and plans.[50] Career counseling can also involve the use of personality or career interest assessments, such as the [Myers-Briggs Type Indicator](#), which is based on [Carl Jung](#)'s theory of psychological type, or the [Strong Interest Inventory](#), which makes use of Holland's theory. Assessments of skills, abilities, and values are also commonly assessed in career counseling.

1.9. Professional journals

In the <u>United States</u>, the premier <u>scholarly journals</u> of the profession are the *<u>Journal of Counseling Psychology</u>*[51] and *<u>The Counseling Psychologist</u>*.[52]

The leading counseling psychology journal in <u>Australia</u> was the *The Australian Journal of Counselling Psychology*, however it stopped publication in 2013. Counseling psychology articles can be submitted to the counseling psychology section in the *Australian Psychologist*.[53]

In <u>Europe</u>, the scholarly journals of the profession include the *European Journal of Counselling Psychology* (under the auspices of the European Association of Counselling Psychology)[54] and the *Counselling Psychology Review* (under the auspices of the <u>British Psychological Society</u>).[55] *Counselling Psychology Quarterly* is an international interdisciplinary publication of <u>Routledge</u> (part of the Taylor & Francis Group).[56]

1.10. Counseling Techniques: The Best Techniques for Being the Most Effective Counselor

Tackling the ups, downs, and all around issues that come along with living a healthy life is no easy bull's eye to hit. Every week can bring family emergencies, health problems, relationship issues, and career concerns. With all of these things that we cannot ignore – how do we go about facing them head-on with strength, self-assurance, and a clear mind? If you are a counselor, or have been to a counselor before, you would know the benefits that being able to speak with someone one-on-one about your issues have to offer. There is no shame in asking for help, and there are plenty of people that are qualified professionals that are here to service your personal, career, or family needs. Today, we are going to go over some helpful counseling techniques that, if you are a counselor, you are likely to put into play, and, if you are a patient, you can look forward to engaging in. So get ready to open up to <u>make the best use of counseling techniques.</u>

1.10.1. Benefits of Counseling

Before we get into the techniques used in counseling, let's first go over the benefits of counseling. These are helpful to know whether you are a counselor or wanting to be counseled – as you will see why counseling is so important. Counseling can help you…

- Feel better about yourself.
- Feel more at peace, at ease in your daily activities, more comfortable, and more secure in the world.
- Feel more successful and more joyful on a more regular basis.
- Feel more connected to others, especially those who are close to you, such as your family, spouse, or best friends.
- Reduce stress at home, in the workplace, or in relationships.
- Help with your physical health by reducing emotional worries or stressors.
- Work through your problems with a skilled and compassionate professional counselor.
- Identify the goals that you have in life, as well make new goals that you want to achieve.
- Learn new behaviors or responses to situations that can help you better achieve your goals.
- Establish healthy and efficient ways and techniques for reaching your goals.
- Understand your own thoughts, feelings, and responses.
- Understand your loved ones and your relationships with them.
- Develop a safe and friendly listening ear.
- Speak with a skilled professional about your fears and perceptions of the world, and others.
- Feel safe about expressing any personal troubles or private concerns.
- Work towards greater self-fulfillment.

1.10.2. Counseling Techniques Used by Counselors

There are many different techniques that counselors can use with their clients. Let's take a look at some of the techniques that we feel to be most effective during a counseling session:

- *Spheres of Influence*: This assessment tool will get the individual to look at areas of their life and see which areas may be impacting and influencing them. The person's job is to figure out which systems in their life give them strength, and which ones give them stress. Some spheres of influence to consider are: themselves, immediate family, friends, husband or wife, extended family, job or school, community, culture or religion, and any external influences
- *Clarification:* A counselor should often ask their client to clarify what they are telling them to make sure they understand the situation correctly. This will help the counselor avoid any misconceptions or avoid them having to make any assumptions that could hinder their feedback.
- *Client Expectations:* When a person enters therapy, they should voice their opinions about counseling and their beliefs about treatment. In the beginning, they should be able to [communicate with their counselor](#) as to what they expect to get out of counseling. This can help the counselor guide and direct their counseling accordingly.
- *Confrontation:* We do not mean the client confronting the therapist, or vice versa. The confrontation that should happen here is within the client. The client should be able to self-examine themselves during counseling. However, the speed at which they do this should be discussed between the counselor and the client.
- *Congruence:* This has to do with the counselor being genuine with their feedback and beliefs about their client's situation and progress. The more authentic and true they are with their counseling, the more that their client and work to grow and benefit from their help.
- *Core Conditions:* This technique in counseling goes over some essential traits that the counselor needs to integrate for effective counseling, which are: positive regard, empathy, congruence or genuineness, and warmth.
- *Encouraging:* Being encouraging as a counselor for your client is an essential technique that will help facilitate confidence and respect between both parties. This technique asks that the counselor focus on the client's strengths and assets to help them see themselves in a positive light. This will help with the client's progression.
- *Engagement*: As a therapist, having a good, yet professional relationship with your client is essential. However, there are bound to be difficult moments in counseling sessions, which will require influential engagement on the counselor's behalf.
- *Focusing*: This technique involves the counselor demonstrating that they understand what their client is experiencing by using non-judgmental attention without any words. Focusing can help the counselor determine what the client needs to obtain next from their services.
- *Immediacy*: The technique of the counselor speaking openly about something that is occurring in the present moment. This helps the client learn from their real life experiences and apply this to their reactions for other past situations.
- *Listening Skills*: With any relationship, listening skills are needed to show that the counselor understands and interprets the information that their client gives them correctly. The counselor should do this by showing attentiveness in non-verbal ways, such as: summarizing, capping, or matching the body language of their clients.
- *Open-Ended Questions*: Open ended questions encourage people in a counseling session to give more details on their discussion. Therefore, these types of questions are used as a technique by counselors to help their clients answer how, why, and what.

- *Paraphrasing*: This technique will show clients that the counselor is listening to their information and processing what they have been telling them. Paraphrasing is also good to reiterate or clarify any misinformation that might have occurred.
- *Positive Asset Search*: A positive technique used by counselors helps clients think up their positive strengths and attributes to get them into a strong mindset about themselves.
- *Reflection of Feeling*: Counselors use this technique to show their clients that they are fully aware of the feelings that their client is experiencing. They can do this by using exact words and phrases that their client is expressing to them.
- *Miracle Question*: The technique of asking a question of this sort will help the client see the world in a different way or perspective. A miracle question could be something along the lines of: "What would your world look like if a miracle occurred? What would that miracle be and how would it change things?"
- *Stages of Change*: By assessing a client's needs, a counselor can determine the changes that need to occur for their client, and when they should take place. This can be determined by what they believe to be most important.
- *Trustworthiness*: The counselor must create an environment for their client as such that their client feels that they have the capacity to trust their counselor. A therapist must be: congruent, warm, empathetic, and speak with positive regard to their client.
- *Capping*: A lot of counselors use the technique of capping during their sessions. Capping involves changing a conversation's direction from emotional to cognitive if the counselor feels their client's emotions need to be calmed or regulated.
- *Working Alliance*: Creating a working alliance between a counselor and their client is essential for a successful counseling environment that will work to achieve the client's needs. This technique involves the client and therapist being active collaborators during counseling and agreeing upon goals of treatment that are necessary, as well as how to achieve those goals.
- *Proxemics*: This technique has the counselor study the spatial movements and conditions of communication that their client exhibits. By studying their clients body orientation, the counselor can determine mood, feelings, and reactions.
- *Self-Disclosure*: The counselor will make note when personal information is disclosed at certain points of therapy. This technique will help the counselor learn more about the client and use this information only to benefit them.
- *Structuring*: When the individual enters counseling, the counselor should discuss the agenda for the day with their client, the activities, and the processes that they will go through. This technique in counseling will help the client understand their counselor's train of thought into determining how this routine will work for them. Soon enough, the client will get used to the routine, and this establishes comfort and trust in counseling.
- *Hierarchy of Needs*: This technique involves the counselor assessing their client's level of needs as based on the progress that they are making. The needs that they will factor in are: physiological needs, safety needs, love and belonging needs, self esteem needs, and self-actualization needs. All these will determine if change needs to take place in counseling.

1.11. The Myths about Counselling

Although interests in self-development and self-empowerment are steadily growing there are still, unfortunately, many people who have pre-conceived ideas about what Counselling is all about, and what it can and cannot do. These myths and misconceptions are generally enough to stop someone making progress through counselling, because these ideas will influence the potential client in a negative manner. Exploring the subject of Counselling a little further is all that is required to dispel these myths.

Only mad people need counselling?

The vast majority of people, undergoing some form of counselling, do so simply because they are experiencing difficulties and problems with situations that occur in everyday life. Stress caused by these issues can be overwhelming, and may make a person feel that they are unable to cope with the pressures of life.

This type of client seeks help from a counsellor so that they can gradually take back control of their life. Counselling can provide empowerment and can also enable a client to view their problems from a clearer perspective. Those suffering from depression and anxiety will also benefit from counselling.

How can a stranger help?

Most people find it easier to open up to a complete stranger, than to share their most intimate concerns, worries and problems with loved ones. Friends, family members and colleagues generally know us well enough to be able to judge and control us. A counsellor has no vested interest in your plans or life, and can therefore actively listen to whatever issues you feel you want to voice. They will listen, challenge your thinking and help you to identify possible solutions, in a safe, totally confidential environment.

Counsellors just sit there and say nothing?
Counsellors are proactive therapists who will work with you to identify core issues and to clarify perspective. They will mentally challenge a client and encourage the individual to explore their limiting beliefs and ideas.

Counselling takes forever?

Counselling takes as long as it needs to. You cannot put a time limit on the amount of care, thinking space and attention that a client may require. The more complex and severe the issues are, that a client is dealing with, the longer the counselling process may take. Short-term counselling, that lasts a period of weeks or months, may be sufficient for clients who are more goal-focused. Longer-term counselling however, will concentrate on the development of the client's mental well-being and personality.

Everyone will know you are seeing a Counsellor?

Counselling is a confidential experience shared only by the client and the counsellor. Whilst your GP will also know you are attending counselling sessions they will not know what you discuss in the counselling environment. The only people who will know you are seeing a counsellor are those people you decide to tell yourself.

Counselling will change the person you are?

Counselling will allow you to explore core issues from your past, as you identify ways of moving forward with your life. Change is a constant thing, and a client with therefore experience a change in their thinking, from session to session. This is all positive progress that will help the client to free themselves from all the negativity they may be mentally carrying around with them.

1.12. The Relationship Between the Counsellor and the Client

Counselling is not only about exploring core issues and gaining a different perspective on problems and psychological difficulties. It is also about building a rapport and trust with the counsellor, so that a client feels comfortable enough to open up and voice their worries. This relationship is built on trust and confidentiality, and can make all the difference between a positive and negative counselling experience.

Behaviour Pattern

A counsellor will never impose their own values or beliefs on a client, and will remain impartial and non-judgmental. The counselling process is an opportunity for the client to explore their own values and beliefs, and to understand how to challenge him/herself to make positive changes in their life.

All counsellors are bound by a Code of Ethics and Practice, as well as by whichever professional body they belong to. The clauses state that:

- No information is exchanged with a third party, unless with prior client consent.
- The content of the meeting remains private and confidential.
- In extreme circumstances, where the counsellor becomes concerned for the personal safety of client, the client is informed that confidentiality may be broken. A Risk Help Plan can be created to provide additional support for the client.

Developing a Relationship

In order that the client feels comfortable in expressing him/herself in an uninhibited way, the relationship between the client and the counsellor needs to be built on reciprocal trust. It is the counsellor's responsibility to provide a safe, confidential environment, and to offer empathy, understanding and respect.

The counsellor's tone of voice, and the words they choose to greet the client with, will also affect the relationship. Offering the client enough time to collect thoughts and express concerns and

difficulties will encourage the client to relax and talk freely. Allowing sufficient delay in responding also gives the client more opportunity to open up further.

Maintaining a Comfortable Relationship

Some clients may be more reluctant than others, when it comes to explaining their difficulties, and counsellors must be aware that these individuals require a sensitive approach. By offering reassurance, empathy and genuineness, clients will become more comfortable in a counselling environment. Engaging the client is only possible once they are sufficiently relaxed and comfortable.

Using open-ended questions also encourages a response from a client, and should form a major part of the counselling script.

Seeking Advice

The relationship between a counsellor and client is based on a one-sided discussion. It is the counsellor's job to actively listen and gently challenge the client, where appropriate. It is not a counsellor's responsibility to offer advice, unless the client specifically asks for it. Support, understanding and a sympathetic ear is all that a client really wants to receive.

Boundaries

As with any professional relationship the setting of boundaries is important. All relationships should be limited to a therapeutic setting, and all social contact between a counsellor and client should be avoided. A counsellor should also never accept a friend or family member as a client, or enter into a sexual relationship with a current or former client.

These boundaries form part of the contractual agreement between a counsellor and client and must be adhered to at all times.

1.13. The Importance of Self-Counselling

Self-counselling is the process of examining one's own behaviour, using psychoanalytical methods of free-thinking and free association. It may be considered as a poor substitution for a counselling relationship with a counsellor, but self-counselling also provides many useful benefits. Self-counselling can help you take more effective control of everyday situations, and enable you to make continued progress.

How it Works

Self-counselling takes you on a journey of self-discovery. You work at your own pace and in the direction you most feel comfortable with. Some problems may be too deep-seated for self-counselling however, and these may require additional forms of therapy. On the whole though, self-counselling is an effective method of exploring how your mind works and how you behave in situations.

Tools of the Trade

There are a number of useful tools you can use in order to get the most benefit from self-counselling. These include:

- Meditation – using mantra, visualisation, visual aids or similar.
- Relaxation – using deep relaxation techniques and working with the breath.
- Free-association – relating anything that comes to mind, regardless of importance.
- Dream analysis – analysing the images and ideas you explore in your sleep.
- Autogenic Training – relaxation technique that focuses on daily practice, using visualisation to induce a state of deep relaxation.

Whilst this form of therapy may save you money, it is difficult to implement. Self-counselling can be emotionally-draining, time-consuming and frustrating. However, it can also prove to be a very rewarding experience.

Is it For You?

Understanding the importance of self-counselling will help you identify your reasons for undergoing this type of therapeutic treatment. It is a way of positively accessing personal information that provides you with answers, solutions and opportunities to create changes in your behaviour, thoughts and feelings. Rather like applying a maintenance check, self-counselling can keep you confidently ticking over for a lengthy period of time.

Progress may be slow, so it makes sense to be aware of that at the start of the self-counselling journey. Your progress through self-counselling will also be unpredictable, and you may become frustrated by the apparent lack of insight and information you uncover. Patience is the key to working through these slight setbacks, and will reward you in the long-term.

What to Expect

Every individual has the ability to accept responsibility for his/her own behaviour and the consequences of their actions. Self-evaluation provides valuable insight, development, awareness and understanding of an individual's therapeutic characteristics. Self-counselling allows you to do this by enabling you to go beyond the barriers of normal counselling and to take control and full responsibility for your actions, thoughts and behaviour. You have complete control of the process however, so need to remain motivated at all times.

The emotional aftermath can be unpredictable. Whether you discover life goals or new challenges, self-counselling will help you achieve clarity of thought, acceptance, motivation, determination and a series of feelings, thoughts and actions you perhaps didn't think possible. Although self-counselling works well as a method of self-analysis, it may require to be combined with further therapeutic forms of counselling if the process becomes too challenging or draining.

1.14. Are You a Suitable Case for Counselling?

If you have problems, issues or dilemmas that are controlling your enjoyment of life you may want to consider counselling, as an effective form of addressing, clarifying and dealing with these concerns. Counselling is available in many forms and can help people make progress in a variety of ways. Understanding and acknowledging that there is no longer any stigma attached to seeking emotional support will enable you to access the type of therapeutic support that you will most benefit from.

Why Do You Need Counselling?

Do you have difficulty expressing emotional concerns, identifying issues and moving forward with your life? Do you have limiting beliefs, anxiety problems or other dilemmas that stop you from making positive progress?

Perhaps you are experiencing major life changes, dealing with separation or divorce, or loss or grief, and have no-one you can readily confide in? If you have a history of abuse and/or addictions or find it difficult to relate to other people counselling may also provide you with a positive outlet and secure and supportive environment in which to explore your difficulties.

Counselling provides a useful, supportive role in the lives of people from all walks of life, and is no longer looked about suspiciously. Understanding, and accepting, that we all need help from time to time will enable you to assess whether or not you would benefit from counselling support.

1.15. Methods Of Counselling

There are different ways of attaining counselling support, and as long as you are receiving a confidential, supportive and motivational service the method you choose is generally down to personal preference.

Individual Counselling

If you feel comfortable sharing your experiences in a face-to-face setting individual counselling may work well for you. Counselling sessions generally last 50 minutes and are allocated at regular weekly intervals. You will be able to discuss concerns and emotional issues with a counsellor in their place of work – this could be a private practice, local health centre or other applicable location.

Any information you share with the counsellor or therapist is totally confidential, although notes may be kept on record for future reference. Being able to open up to a counsellor in person has many beneficial aspects and can help an individual make steady progress in overcoming problems.

Telephone Counselling

You can experience counselling from the comfort of your home, although this supportive service is not widely available. The same benefits as individual counselling are on offer although you have the added privacy of being in surroundings that are familiar to you. Should you be interested in telephone counselling however, you may have to search for a counsellor who is willing to provide this service.

Group Counselling

This method of counselling requires the individual to share their personal experiences with others who are experiencing similar problems, concerns and issues. The group meets at regular intervals, and sessions can be facilitated by a qualified counsellor or an appointed member of the group. By sharing knowledge and understanding in this way individuals form a supportive network with others, which in turn provides an additional framework of support.

1.16.The Difference Between Counselling and Psychotherapy

Counselling and Psychotherapy are often considered to be interchangeable therapies that overlap in a number of ways. Counselling, in specific situations, is offered as part of the psychotherapy process; whereas a counsellor may work with clients in a psychotherapeutic manner.

The key difference between the two courses of therapeutic communication treatment lies in the recommended time required to see benefits. Counselling usually refers to a brief treatment that centres around behaviour patterns. Psychotherapy focuses on working with clients for a longer-term and draws from insight into emotional problems and difficulties.

Who's Who?

A psychotherapist is a trained individual who is able to offer a form of counselling to clients. Someone with the same qualifications however, may decide to be called a counsellor instead. Generally a practitioner offering short-term treatment is known as a counsellor. An individual with two or more years of training will opt to be known as a psychotherapist.

To the public the title counsellor appears less intrusive and more easily acceptable than the name psychotherapist suggests. A psychotherapist may therefore call him/herself a counsellor, in order to attract potential clients.

A counsellor will offer a more specialised service of communication that concentrates on providing a structure to the counselling experience. So treatment for addiction, for instance, will be offered in progressive stages over a period of time. A psychotherapist however, will focus on a deeper awareness of emotional issues, and looks at the foundation of the problem.

How to Get Your Expectations Met

Entering into any form of counselling requires a firm commitment on the part of the individual in distress, and open communication. In order to get the most out of the therapy it is best to ensure the correct form of counselling is considered. This starts by choosing to visit the type of therapist who is best skilled in the area you most need to focus on. For instance, a psychotherapist is the ideal person to help you deal with deep-seated problems and issues, whilst an addictions counsellor will help you understand dependency issues.

Psychotherapy will allow you to examine feelings, actions and thoughts and to learn how to evaluate and adjust where appropriate. Counselling however will enable you to explore personal development and to create adjustments to your life. Making a distinction between the two forms of therapy allows a better understanding of the process involved throughout the course of therapy. Both methods of counselling therapy provide people with a way of dealing with change psychologically.

Key Differences

Counselling:

- Helps people identify problems and crises and encourages them to take positive steps to resolve these issues.
- It is the best course of therapeutic treatment for anyone who already has an understanding of wellbeing, and who is also able to resolve problems.
- Counselling is a short-term process that encourages the change of behaviour.

Psychotherapy:

- Helps people with psychological problems that have built up over the course of a long period of time.
- It will help you understand your feelings, thoughts and actions more clearly.
- Psychotherapy is a longer-term process of treatment that identifies emotional issues and the background to problems and difficulties.

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Part two

Psychotherapy approaches

1.1. Introduction

Psychotherapy -- also called talk therapy, therapy, or counseling -- is a process focused on helping you heal and learn more constructive ways to deal with the problems or issues within your life. It can also be a supportive process when going through a difficult period or under increased stress, such as starting a new career or going through a divorce.

Generally psychotherapy is recommended whenever a person is grappling with a life, relationship or work issue or a specific mental health concern, and these issues are causing the individual a great deal of pain or upset for longer than a few days. There are exceptions to this general rule, but for the most part, there is no harm in going into therapy even if you're not entirely certain you would benefit from it.

Millions of people visit a psychotherapist every year, and most research shows that people who do so benefit from the interaction. Most therapists will also be honest with you if they believe you won't benefit or, in their opinion, don't need psychotherapy.

Modern psychotherapy differs significantly from the Hollywood version. Typically, most people see their therapist once a week for 50 minutes. For medication-only appointments, sessions will be with a psychiatric nurse or psychiatrist and tend to last only 15 to 20 minutes. These medication appointments tend to be scheduled once per month or once every six weeks.

Psychotherapy is usually time-limited and focuses on specific goals you want to accomplish.

Most psychotherapy tends to focus on problem solving and is goal-oriented. That means at the onset of treatment, you and your therapist decide upon which specific changes you would like to make in your life. These goals will often be broken down into smaller attainable objectives and put into a formal treatment plan. Most psychotherapists today work on and focus on helping you to achieve those goals. This is done simply through talking and discussing techniques that the therapist can suggest that may help you better navigate those difficult areas within your life.

Often psychotherapy will help teach people about their disorder, too, and suggest additional coping mechanisms that the person may find more effective.

Most psychotherapy today is short-term and lasts less than a year. Most common mental disorders can often be successfully treated in this time frame, often with a combination of psychotherapy and medications.

Psychotherapy is most successful when the individual enters therapy on their own and has a strong desire to change. If you don't want to change, change will be slow in coming. Change means altering those aspects of your life that aren't working for you any longer, or are contributing to your problems or ongoing issues. It is also best to keep an open mind while in psychotherapy, and be willing to try out new things that ordinarily you may not do. Psychotherapy is often about challenging one's existing set of beliefs and often, one's very self. It is most successful when a person is able and willing to try to do this in a safe and supportive environment.

1.2. Understanding Different Approaches to Psychotherapy

There are many different approaches to psychotherapy. Use of one method or another depends on the psychologist's or therapist's training, style and personality. Some psychologists use one approach with all patients; others are eclectic, and some tailor their approach based on particular patients' needs, symptoms and personality.

Although the approaches are often seen as distinct, in the implementation and even theoretically there is often overlap. Rigidly adhering to one way of thinking or approaching therapy often limits results and misses the whole picture, and may result in an approach that feels foreign or false to the patient.

The **psychodynamic** approach focuses on understanding where the patient's problems or symptoms came from. The therapist helps the patient recognize how the past is repeated in the present.

Attachment theories have become more popular recently as new research emerges. These approaches use empirically-based and neurobiological research to understand problematic relationship styles. Scientific studies on attachment have found that issues in adult relationships can be reliably predicted from objectively identifiable, early patterns of attachment between parents and children. Therapists using attachment-based approaches aim for healing unconscious psychological and biological processes in the brain and promoting the development of higher-level capacities. Such capacities include the ability to recognize and reflect upon what is happening in one's own mind and the minds of others, and sort out one from the other.

This approach to therapy is also particularly helpful for teaching parents ways to react that optimize children's psychological and brain development and improve parent-child relationships.

Cognitive-behavioral approaches emphasize learning to recognize and change maladaptive thought patterns and behaviors, improve how feelings and worries are handled, and break the

cycle of dysfunctional habitual behaviors. This perspective helps people see the connection between how they think, what they tell themselves, and the feelings and actions that follow.

Interpersonal approaches emphasize identifying and understanding self-defeating patterns in relationships, figuring out why a particular situation is happening in a particular context, changing patterns that don't work and developing healthier ones. In this approach, relationships and the here-and-now are the focus.

Systemic approaches understand problems in a contextual framework and focus on understanding and shifting the current dynamics of relationships, families, and even work settings. The roles and behaviors that people take on in a particular family or context are understood to be determined by the unspoken rules of that system and interaction among its members. Change in any part of the family system or group is the route to changing symptoms and dynamics, whether or not the "identified patient" is specifically involved in those changes. In this type of therapy, the "identified patient" in a family – the one seen by family members as having the problem — is viewed by the therapist as part of a larger system that is creating or sustaining this problem. This approach can be particularly useful when one member of a family seems resistant to therapy or to change; it opens up other avenues for intervention.

Other therapeutic approaches are centered around self-expression, with therapy providing a safe and private place to express feelings, confusion, worries, secrets and ideas.

In general, regardless of the therapist's preferred way of working, people find therapy to be most useful when therapists are responsive, engaged, and offer feedback.

Many people who have been in therapy or have interviewed different therapists report better results when they like and feel comfortable with a therapist experienced in their particular issue. In addition, some of what makes a good match has to do with "chemistry." Chemistry involves more subtle factors such as the therapist's personality and whether he or she is someone in whom the client would want to talk and confide.

1.3. Common types of psychotherapy

1.3.1. Behavior Therapy

Behavior therapy is focused on helping an individual understand how changing their behavior can lead to changes in how they are feeling. The goal of behavior therapy is usually focused on increasing the person's engagement in positive or socially reinforcing activities. Behavior therapy is a structured approach that carefully measures what the person is doing and then seeks to increase chances for positive experience. Common techniques include:

Self-Monitoring — This is the first stage of treatment. The person is asked to keep a detailed log of all of their activities during the day. By examining the list at the next session, the therapist can see exactly what the person is doing.

Example — Bill, who is being seen for [depression](), returns with his self-monitoring list for the past week. His therapist notices that it consists of Bill going to work in the morning, returning home at 5:30 p.m. and watching television uninterrupted until 11 p.m. and then going to bed.

Schedule of Weekly Activities — This is where the patient and therapist work together to develop new activities that will provide the patient with chances for positive experience.

Example — Looking at his self-monitoring sheet, Bill and his therapist determine that watching so much television alone gives little opportunity for positive social interaction. Therefore, they decide that Bill will have dinner out with a friend once a week after work and join a bowling league.

Role Playing — This is used to help the person develop new skills and anticipate issues that may come up in social interactions.

Example — One of the reasons that Bill stays home alone so much is that he is shy around people. He does not know how to start a conversation with strangers. Bill and his therapist work on this by practicing with each other on how to start a conversation.

Behavior Modification — In this technique the patient will receive a reward for engaging in positive behavior.

Example — Bill wants a new fishing rod. He and his therapist set up a behavior modification contract where he will reward himself with a new fishing rod when he reduces his TV watching to one hour a day and becomes involved in three new activities.

1.3.2.   Cognitive Psychotherapy

Cognitive [therapy]() is based on the theory that much of how we feel is determined by what we think. Disorders, such as [depression](), are believed to be the result of faulty thoughts and beliefs. By correcting these inaccurate beliefs, the person's perception of events and emotional state improve.

Research on depression has shown that people with depression often have inaccurate beliefs about themselves, their situation and the world. A list of common cognitive errors and real life examples is listed below:

- **Personalization** — relating negative events to oneself when there is no basis.

  Example — When walking down the hallway at work, John says hello to the company CEO. The CEO does not respond and keeps walking. John interprets this as the CEO's lack of respect for him. He gets demoralized and feels rejected. However, the CEO's behavior may have nothing to do with John. He may have been preoccupied about an upcoming meeting, or had a fight with his wife that morning. If John considered that the CEO's behavior may not be related to him personally, he is likely to avoid this negative mood.

- **Dichotomous Thinking** — seeing things as black and white, all or none. This is usually detected when a person can generate only two choices in a situation.

  Example — Mary is having a problem at work with one of her supervisors who she believes is treating her badly. She convinces herself that she has only two options: tell her boss off or quit. She is unable to consider a host of other possibilities such as talking to her boss in a constructive way, seeking guidance from a higher supervisor, contacting employee relations, etc.

- **Selective Abstraction** — focusing only on certain aspects of a situation, usually the most negative.

  Example — During a staff meeting at work, Susan presents a proposal for solving a problem. Her solution is listened to with great interest and many of her ideas are applauded. However, at one point her supervisor points out that her budget for the project appears to be grossly inadequate. Susan ignores the positive feedback she has received and focuses on this one comment. She interprets it as a lack of support from her boss and a humiliation in front of the group.

- **Magnification-Minimization** — distorting the importance of particular events.

  Example — Robert is a college student who wants to go to medical school. He knows that his college grade point average will be used by schools during the admission process. He receives a D in a class on American History. He becomes demoralized thinking now that his lifelong dream to be a physician is no longer possible.

Cognitive therapists work with the person to challenge thinking errors like those listed above. By pointing out alternative ways of viewing a situation, the person's view of life, and ultimately their mood will improve. Research has shown that cognitive therapy can be as effective as medication in the long-term treatment of depression.

1.3.3. Dialectical Behavior Therapy

Dialectical behavior therapy (DBT) is a specific type of cognitive-behavioral psychotherapy developed in the late 1980s by psychologist Marsha M. Linehan to help better treat borderline personality disorder. Since its development, it has also been used for the treatment of other kinds of mental health disorders.

What is DBT?

Dialectical behavior therapy (DBT) treatment is a cognitive-behavioral approach that emphasizes the psychosocial aspects of treatment. The theory behind the approach is that some people are prone to react in a more intense and out-of-the-ordinary manner toward certain emotional situations, primarily those found in romantic, family and friend relationships. DBT theory suggests that some people's arousal levels in such situations can increase far more quickly than

the average person's, attain a higher level of emotional stimulation, and take a significant amount of time to return to baseline arousal levels.

People who are sometimes diagnosed with <u>borderline personality disorder</u> experience extreme swings in their emotions, see the world in black-and-white shades, and seem to always be jumping from one crisis to another. Because few people understand such reactions — most of all their own family and a <u>childhood</u> that emphasized invalidation — they don't have any methods for coping with these sudden, intense surges of emotion. DBT is a method for teaching skills that will help in this task.

Characteristics of DBT

- Support-oriented: It helps a person identify their strengths and builds on them so that the person can feel better about him/herself and their life.
- Cognitive-based: DBT helps identify thoughts, beliefs, and assumptions that make life harder: "I have to be perfect at everything." "If I get angry, I'm a terrible person" & helps people to learn different ways of thinking that will make life more bearable: "I don't need to be perfect at things for people to care about me", "Everyone gets angry, it's a normal emotion.
- Collaborative: It requires constant attention to relationships between clients and staff. In DBT people are encouraged to work out problems in their relationships with their therapist and the therapists to do the same with them. DBT asks people to complete homework assignments, to role-play new ways of interacting with others, and to practice skills such as soothing yourself when upset. These skills, a crucial part of DBT, are taught in weekly lectures, reviewed in weekly homework groups, and referred to in nearly every group. The individual therapist helps the person to learn, apply and master the DBT skills.

Generally, dialectical behavior therapy (DBT) may be seen as having two main components:

1. **Individual weekly psychotherapy sessions** that emphasize problem-solving behavior for the past week's issues and troubles that arose in the person's life. Self-injurious and suicidal behaviors take first priority, followed by behaviors that may interfere with the therapy process. Quality of life issues and working toward improving life in general may also be discussed. Individual sessions in DBT also focus on decreasing and dealing with <u>post-traumatic stress</u> responses (from previous <u>trauma</u> in the person's life) and helping enhance their own self-respect and self-image.

Both between and during sessions, the therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship. . . The emphasis is on teaching patients how to manage emotional trauma rather than reducing or taking them out of crises. . . . Telephone contact with the individual therapist between sessions is part of DBT procedures.
(Linehan, 1993)

During individual therapy sessions, the therapist and client work toward learning and improving many basic social skills.

> 2. **Weekly group therapy sessions**, generally 2 1/2 hours a session and led by a trained DBT therapist, where people learn skills from one of four different modules: interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught.

1.3.4. Interpersonal Therapy

Interpersonal therapy focuses on the interpersonal relationships of the depressed person. The idea of interpersonal therapy is that depression can be treated by improving the communication patterns and how people relate to others.

Techniques of interpersonal therapy include:

- **Identification of Emotion** — Helping the person identify what their emotion is and where it is coming from.

  Example — Roger is upset and fighting with his wife. Careful analysis in therapy reveals that he has begun to feel neglected and unimportant since his wife started working outside the home. Knowing that the relevant emotion is hurt and not anger, Roger can begin to address the problem.

- **Expression of Emotion** — This involves helping the person express their emotions in a healthy way.

  Example — When Roger feels neglected by his wife he responds with anger and sarcasm. This in turn leads his wife to react negatively. By expressing his hurt and his anxiety at no longer being important in her life in a calm manner, Roger can now make it easier for his wife to react with nurturance and reassurance.

- **Dealing With Emotional Baggage** — Often, people bring unresolved issues from past relationships to their present relationships. By looking at how these past relationships affect their present mood and behavior, they are in a better position to be objective in their present relationships.

  Example — Growing up, Roger's mother was not a nurturing woman. She was very involved in community affairs and often put Roger's needs on the back burner. When choosing a wife, Roger subconsciously chose a woman who was very attentive and nurturing. While he agreed that the family needed the increased income, he did not anticipate how his relationship with his own mother would affect his reaction to his wife working outside the home.

1.3.5.Psychodynamic Therapy

Psychodynamic therapy, also known as insight-oriented therapy, focuses on unconscious processes as they are manifested in a person's present behavior. The goals of psychodynamic therapy are a client's self-awareness and understanding of the influence of the past on present behavior. In its brief form, a psychodynamic approach enables the client to examine unresolved conflicts and symptoms that arise from past dysfunctional relationships and manifest themselves in the need and desire to abuse substances.

Several different approaches to brief psychodynamic psychotherapy have evolved from psychoanalytic theory and have been clinically applied to a wide range of psychological disorders. There is a body of research that generally supports the efficacy of these approaches.

Psychodynamic therapy is the oldest of the modern therapies. (Freud's psychoanalysis is a specific form and subset of psychodymanic therapy.) As such, it is based in a highly developed and multifaceted theory of human development and interaction. This chapter demonstrates how rich it is for adaptation and further evolution by contemporary therapists for specific purposes. The material presented in this chapter provides a quick glance at the usefulness and the complex nature of this type of therapy.

History of Psychodynamic Therapy

The theory supporting psychodynamic therapy originated in and is informed by psychoanalytic theory. There are four major schools of psychoanalytic theory, each of which has influenced psychodynamic therapy. The four schools are: Freudian, Ego Psychology, Object Relations, and Self Psychology.

Freudian psychology is based on the theories first formulated by Sigmund Freud in the early part of this century and is sometimes referred to as the drive or structural model. The essence of Freud's theory is that sexual and aggressive energies originating in the id (or unconscious) are modulated by the ego, which is a set of functions that moderates between the id and external reality. Defense mechanisms are constructions of the ego that operate to minimize pain and to maintain psychic equilibrium. The superego, formed during latency (between age 5 and puberty), operates to control id drives through guilt.

Ego Psychology derives from Freudian psychology. Its proponents focus their work on enhancing and maintaining ego function in accordance with the demands of reality. Ego Psychology stresses the individual's capacity for defense, adaptation, and reality testing.

Object Relations psychology was first articulated by several British analysts, among them Melanie Klein, W.R.D. Fairbairn, D.W. Winnicott, and Harry Guntrip. According to this theory, human beings are always shaped in relation to the significant others surrounding them. Our struggles and goals in life focus on maintaining relations with others, while at the same time differentiating ourselves from others. The internal representations of self and others acquired in childhood are later played out in adult relations. Individuals repeat old object relationships in an effort to master them and become freed from them.

Self Psychology was founded by Heinz Kohut, M.D., in Chicago during the 1950s. Kohut observed that the self refers to a person's perception of his experience of his self, including the presence or lack of a sense of self-esteem. The self is perceived in relation to the establishment of boundaries and the differentiations of self from others (or the lack of boundaries and differentiations).

Each of the four schools of psychoanalytic theory presents discrete theories of personality formation, psychopathology formation, and change; techniques by which to conduct therapy; and indications and contraindications for therapy. Psychodynamic therapy is distinguished from psychoanalysis in several particulars, including the fact that psychodynamic therapy need not include all analytic techniques and is not conducted by psychoanalytically trained analysts. Psychodynamic therapy is also conducted over a shorter period of time and with less frequency than psychoanalysis.

Introduction to Brief Psychodynamic Therapy

The healing and change process envisioned in long-term psychodynamic therapy typically requires at least 2 years of sessions. This is because the goal of therapy is often to change an aspect of one's identity or personality or to integrate key developmental learning missed while the client was stuck at an earlier stage of emotional development.

Practitioners of brief psychodynamic therapy believe that some changes can happen through a more rapid process or that an initial short intervention will start an ongoing process of change that does not need the constant involvement of the therapist. A central concept in brief therapy is that there should be one major focus for the therapy rather than the more traditional psychoanalytic practice of allowing the client to associate freely and discuss unconnected issues. In brief therapy, the central focus is developed during the initial evaluation process, occurring during the first session or two. This focus must be agreed on by the client and therapist. The central focus singles out the most important issues and thus creates a structure and identifies a goal for the treatment. In brief therapy, the therapist is expected to be fairly active in keeping the session focused on the main issue. Having a clear focus makes it possible to do interpretive work in a relatively short time because the therapist only addresses the circumscribed problem area.

The number of professionals who practice an exclusive form of psychodynamic therapy today is a small percentage of psychotherapists. Many psychotherapists use components of psychodynamic theories, however, in their formulation of a client's issues, while employing other types of psychological techniques (most often, cognitive-behavioral techniques) to affect change in the individual.

1.3.6.Family Therapy

Family therapy views a person's symptoms as taking place in the larger context of the family. Without understanding that larger group and the complex, dynamic interactions that take place and how those interactions were formed, it may not be as easy to help the identified patient (the person with the "problem" that everyone else in the family is concerned about).

Just as a particular department in a business organization may suffer because of the problems in another department, a person with depression may be responding to larger family issues. For example, a depressed adolescent's symptoms may be related to her parents' marital problems. But if a therapist only saw the depressed teen, they may not share the greater family problems that could be an important part of their depression.

Family therapy is a psychotherapy style where cognitive, behavior or interpersonal therapy may be employed. However, it is most often used with interpersonal therapy.

Some special techniques of family therapy include:

- **Genogram** — A genogram is a family tree constructed by the therapist. It looks at past relationships and events and what impact these have on the person's current emotional technique.
- **Systemic Interpretation** — Views depression as a symptom of a problem in the larger family.

    For example, 16-year-old Billy's getting into trouble in school and staying out at night are viewed as unconscious attempts to shore up his parents' failing marriage. It is noted in the sessions that the only time his parents get along and work together as a team is when they are dealing with Billy's problems.

- **Communication Training** — Dysfunctional communication patterns within the family are identified and corrected. People are taught how to listen, ask questions and respond non-defensively.

Family therapy takes cooperation and a willingness to participate on the part of all the family members. A single holdout or someone who "doesn't see the point of it" could make family therapy a little less effective. Even if only a part of the family can attend, family therapy can be a very powerful therapeutic modality that can lead to more lasting and quicker changes than individual psychotherapy alone.

While not as often practiced as individual psychotherapy, family therapy can be especially effective with children, as often the problems are inter-related with what is going on in the family at the moment. A child's problems rarely exist in a vacuum, so how the family reacts to the child is important.

Family therapy can seem particularly scary as families don't want to "air their dirty laundry" in front of others. All families keep "family secrets" that aren't generally shared outside the family. Family therapy may shed light on some unwanted areas in the family, which can be threatening to particular family members who may feel vulnerable or attacked.

Family therapy is generally conducted in a safe and supportive environment once a week in a therapist's office. Look for a therapist who has specific family therapy training, specialization, and experience (more than 5 years is preferred, but usually the more, the better). While it's not for everyone, family therapy may be a psychotherapy modality worth trying.

1.3.7.Group Therapy

Group therapy provides psychotherapy treatment in a format where there is typically one therapist and six to twelve participants with related problems. Sometimes a therapist may recommend group therapy over individual psychotherapy for a variety of reasons. It may be that the group format is better suited for the person or the concern they are dealing with, or that the specific type of treatment has a group therapy component (such as dialectical behavior therapy).

People in group therapy improve not only from the interventions of the therapist, but also from observing others in the group and receiving feedback from group members. The group format, while not providing the one-on-one attention of individual formats, has several advantages.

Similar to family therapy, group therapy is a style that can incorporate any of the psychotherapy schools. The advantages of group therapy include:

- **Increased   feedback**
  Group therapy can provide the patient with feedback from other people. Getting different perspectives is often helpful in promoting growth and change.
- **Modeling**
  By seeing how others handle similar problems, the patient can rapidly add new coping

methods to his or her behaviors. This is beneficial in that it can give the patient a variety of perspectives on what seem to work and when.

Example
Mary listens to Joan talk about how telling her husband that he hurt her feelings was more productive than simply getting angry at him and not speaking. As she listens, Mary thinks of how she might try this same strategy with her husband. She can then try out this new behavior by practicing with the men in the group.

- **Less   expensive**
  By treating several patients simultaneously, the therapist can reduce the usual fee. In most cases the cost of group therapy is about one-third that of individual therapy.
- **Improve   social   skills**
  Since so much of our daily interaction is with other people, many people learn to improve their social skills in group therapy (even though such an issue may not be the focus of the group). The group leader, a therapist, often helps people to learn to communicate more clearly and effectively with one another in the group context. This is inevitably leads to people learning new social skills which they can generalize and use in all of their relationships with others.

Unlike individual therapy sessions, group therapy offers participants the opportunity to interact with others with similar issues in a safe, supportive environment. Participants can try out new behaviors, role play, and engage with others in not only receiving valuable feedback and insight from other group members, but also in giving it.

Many people who have never tried group therapy before are frightened by the idea. Sharing intimate information and details about one's life (and problems) can be challenging enough to do with a single therapist. To do so with six other strangers might seem overwhelming. For this reason, for most people group therapy is usually not the first treatment option offered.

Most people who try group therapy do become comfortable and familiar with the process over a short period of time (within a few weeks). There are clinicians and researchers who also claim that the group psychotherapy process produces stronger and longer-lasting results for many people, as compared to individual psychotherapy.

As the group members begin to feel more comfortable, you will be able to speak freely. The psychological safety of the group will allow the expression of those feelings which are often difficult to express outside of group. You will begin to ask for the support you need. You will be encouraged tell people what you expect of them.

In a group, you probably will be most helped and satisfied if you talk about your feelings. It is important to keep in mind that you are the one who determines how much you disclose in a group. You will not be forced to tell you deepest and innermost thoughts.

Groups with greater than 12 participants should usually be avoided, as it becomes increasingly difficult for people to attain sufficient time to make the group process work as effectively as it does with smaller groups.

1.4. Frequently Asked Questions About Psychotherapy

Can an individual and therapist have a relationship outside of therapy?

No. Therapy is a one-way street. The therapist knows a great deal about the patient but the patient does not know intimate details about the therapist. Because of this, the therapist often seems to have a greater power or influence over the individual, which could result in abuse or deception.

This does not mean that one cannot have any contact with the therapist outside of the therapy situation. This is especially true in small towns where social contact may be inevitable. However, it is generally not a good idea to seek therapy from someone you know personally or with whom you may have another relationship (e.g., business interest, friendship). In fact, the ethics of most professions prohibit their members from engaging in these types of relationships.

Does therapy involve physical touch?

The use of touch varies. Some therapists may pat or hug a patient as a sign of support or comfort. However, physical touch is powerful and should never be sexualized. Kissing, excessive touching and sexual activity have no place in therapy. While almost all therapists are ethical, a small minority exploits their patients. Any therapy involving inappropriate sexual behavior should be discontinued and the therapist should be reported to the stateÆs ethics board.

Is it okay for therapists and patients to date?

Dating or any sexual contact between a therapist and patient is inappropriate. This includes seeking therapy from someone with whom you have been involved, with whom you had an intimate relationship with in the past, dating during therapy or starting a relationship after therapy has ended. Many states have specific statutes regarding this behavior.

Will my therapist be angry if I switch to another practitioner?

The answer to this question should be no. Therapists are professionals who should have the best interest of their patient at heart. Any decision to switch therapists should be explored with the therapist. If your therapist gets touchy or angry at your decision, you can take comfort in the fact that you have made the right decision.

Which is better, therapy or medication?

Both medication and therapy have been shown to be effective in treating mental illness. The type of treatment used depends on the nature of the problem. Generally, medication is often

prescribed for conditions known to have strong biological components, such as major [depression](), [schizophrenia](), [bipolar]() disorder or [panic]() disorder.

Research suggests that use of medication and [psychotherapy]() together may be the best approach, especially for more severe conditions. The medication offers relief from symptoms, and psychotherapy enables the individual to gain knowledge about her condition and how to handle it. This combined approach offers the fastest, longest-lasting treatment.

Should I see a male or female therapist?

Individuals often wonder if they would do better with a male or female therapist. Research on therapist traits and therapy outcome has failed to identify any relationship between the two. Factors such as warmth and empathy are much more related to outcome than therapist gender. However, the nature of your particular problem as well as your own preferences may lead you to seek out a male or female therapist. For example, a woman who was sexually abused by her father may feel more comfortable working with a woman therapist.

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