INTERVIEWING STRATEGIES FOR HELPERS

Fundamental Skills and Cognitive Behavioral Interventions

Sherry Cormier

Bill Cormier

EDITION 4

INTERVIEWING STRATEGIES FOR HELPERS

Fundamental Skills and Cognitive Behavioral Interventions

Sherry Cormier
West Virginia University

Bill Cormier
Energy Flux, Inc., Annapolis, MD

Brooks/Cole Publishing Company
I(T)P® *An International Thomson Publishing Company*

Pacific Grove • Albany • Belmont • Bonn • Boston • Cincinnati • Detroit • Johannesburg • London • Madrid • Melbourne
Mexico City • New York • Paris • Singapore • Tokyo • Toronto • Washington

Sponsoring Editor: *Lisa Gebo*
Marketing Team: *Jean Thompson, Margaret Parks, Deanne Brown*
Editorial Assistants: *Lisa Blanton, Susan Carlson*
Production Editor: *Karen Ralling*
Manuscript Editor: *Patterson Lamb*
Permissions Editor: *Fiorella Ljunggren*
Interior Design: *Sharon Kinghan*
Interior Illustration: *John and Judy Waller*
Cover Art: *Sheryl Karas*
Cover Design: *Roy R. Neuhaus*
Art Editor: *Lisa Torri*
Typesetting: *Carlisle Communications*
Cover Printing: *R. R. Donnelley & Sons Company*
Printing and Binding: *R. R. Donnelley & Sons Company*

COPYRIGHT © 1998 by Brooks/Cole Publishing Company
A division of International Thomson Publishing Inc.
I(T)P The ITP logo is a registered trademark under license.

For more information, contact:

BROOKS/COLE PUBLISHING COMPANY
511 Forest Lodge Road
Pacific Grove, CA 93950
USA

International Thomson Publishing Europe
Berkshire House 168-173
High Holborn
London WC1V 7AA
England

Thomas Nelson Australia
102 Dodds Street
South Melbourne, 3205
Victoria, Australia

Nelson Canada
1120 Birchmount Road
Scarborough, Ontario
Canada M1K 5G4

International Thomson Editores
Campos Eliseos 385, Piso 7
Col. Polanco
11560 México D. F. México

International Thomson Publishing GmbH
Königswinterer Strasse 418
53227 Bonn
Germany

International Thomson Publishing Asia
221 Henderson Road
#05-10 Henderson Building
Singapore 0315

International Thomson Publishing Japan
Hirakawacho Kyowa Building, 3F
2-2-1 Hirakawacho
Chiyoda-ku, Tokyo 102
Japan

All rights reserved. No part of this work may be reproduced, stored in a retrieval system, or transcribed, in any form or by any means—electronic, mechanical, photocopying, recording, or otherwise—without the prior written permission of the publisher, Brooks/Cole Publishing Company, Pacific Grove, California 93950.

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

Library of Congress Cataloging-in-Publication Data
Cormier, L. Sherilyn (Louise Sherilyn)
Interviewing strategies for helpers: fundamental skills and cognitive behavioral interventions / Sherry Cormier, Bill Cormier, —4th ed.
p. cm.
Includes bibliographical references and index.
ISBN 0-534-34916-1
1. Counseling. 2. Helping behavior. 3. Interviewing. 4. Cognitive therapy. 5. Behavior therapy. I. Cormier, William H. (William Henry) II. Title.
BF637.C6C584 1998
158'.3—dc21

97-17465
CIP

In honor of
Edith and Bill Keucher
and in memory of
Leona and Doc Cormier
and
Anne B. Drake
with grateful appreciation
and affection.

ABOUT THE AUTHORS

Sherry Cormier is a professor in the Department of Counseling, Rehabilitation Counseling and Counseling Psychology at West Virginia University, Morgantown, West Virginia. She also holds an adjunct appointment in the Department of Family Medicine at the West Virginia University School of Medicine. She is a licensed psychologist in the state of West Virginia. Her current research and practice interests are in counselor training issues and models, and counseling of girls and women. She also works with cognitive-behavioral, object-relations, and body-awareness approaches as well as Jungian and transpersonal psychology. She is the mother of two teenage daughters and a golden retriever dog.

Bill Cormier has been a teacher, clinician, consultant, and scholar for 26 years. He was Professor and Director of Clinical Training of the APA-accredited doctoral program in counseling psychology at West Virginia University. He held an adjunct appointment in Family Practice at the West Virginia University Medical Center. He is a licensed psychologist in West Virginia and Maryland. He was in general private practice from 1991 to 1996 with a specialty in behavioral medicine. His current interests are East/West approaches to psychotherapy and mind/body techniques. He has received extensive training in meditation, breath work, Tai Chi, and is a certified yoga instructor. Bill is currently affiliated with the Energy Flux Corporation that specializes in refocusing corporate energy and developing creative strategies for enhancing aptitudes. His avocational interests include boating, mountain biking, and fiction writing.

试读结束，需要全本PDF请购买 www.ertongbook.com

PREFACE

When we wrote the previous edition in 1991, we relied on the axiom "If it's not broken, don't fix it!" That guidance seemed appropriate in that time and place, but today the world is very different; much has happened in the last seven years in the training for and delivery of counseling and psychological services as well as in the total environment. First, there is an increased awareness of and emphasis on multicultural issues and diversity as we move toward a global view of psychology and human services. Indeed, the review of literature for this edition showed that there has been a real explosion in this area. Integrating the multicultural focus into the book has been our primary emphasis for this edition. We have attempted to do this in a nonadversarial way that avoids stereotyping anyone by particular gender, race, ethnic group, and so on. We have tried to include divergent voices, including feminist and multicultural ones, to help increase awareness of inequities in power and instances of oppression, and how these impact us and our clients. At the same time we have tried not to blame particular groups of people for the oppression that has occurred and is still occurring. The emphasis on a multicultural model reflects our realization during this revision of the paradigm shift we were making in our own process and constructs. As Euro-American practitioners, we have been influenced and in ways constricted by our primary "mainstream" referent groups. Fortunately, in our colleagues, students, and reviewers, we have had models and mentors of increased diversity who have helped us to expand our cultural perspectives! We hope our increased awareness is reflected in this edition; we are, personally and professionally, the better for it and enriched by it.

A second area that has been rapidly changing during the course of this revision has been the transition to managed mental health care by various health maintenance organizations or HMOs. When we first began work on the new edition in 1994, HMOs, which were rapidly proliferating, were being welcomed as bringing a solution to the rising costs of health care services. Now, several years later, as we finish the chapters and ready the book for production, HMOs are increasingly under assault by both consumers and professionals. To some degree, these organizations are affecting how we practice and, therefore, what we write. In this fourth edition, you will find a revised chapter on outcome goals that also incorporates a pragmatic approach to practice evaluation (Chapter 10). You will also find a new chapter on treatment planning—a required activity for providers whose clients have managed care insurance and a critical element in provision of effective mental health services (Chapter 11). We believe that over the next decade there will continue to be great fluctuation in how health care services are provided and reimbursed.

Another trend we have observed over the last few years is the greater use of holistic treatment and health care services. Increasingly, people are recognizing that the mind and body are not two separate entities but are parts of a holistic and synergistic unity that affect the whole. The Public Broadcasting System has aired and published in book form an entire series devoted to Bill Moyers' exploration titled *Healing and the Mind.* Recognizing the mind-body connection, we have included in this edition another new chapter called *Breathing and Hatha Yoga* (Chapter 18).

We are also witnessing a renewed emphasis on the therapeutic relationship and the working alliance between therapist and client as well as increased awareness of the counselor as a person. Attachment issues are at the forefront of all of this. In a newly released book, *The Sibling Society,* Bly (1996) notes that society in the United States is abandoning its children and elders at an alarming pace; the result is that attachment issues abound as people from many diverse groups feel thrown away or disposed of. We have reworked the relationship chapter (Chapter 3), included a new chapter, *Knowing Yourself as a Counselor* (Chapter 2), and added an adult attachment model to our chapter on problem conceptualization (Chapter 8).

As a final change, we have updated many of the old references, including as much recent literature as possible. We have, however, retained old, valuable references for

which there is no newer edition or older articles that are classics and provide an important historical perspective.

Over the years, some have commented on the length and detail of the book and have asked, "What is it like to put together a book like this?" Our first response is always, "It requires a lot of help." For this edition, we are indebted for their library research to Lynn Braun, Jeffrey Dulko, Joseph Kachik, and Paul Sundell, doctoral candidates in the Department of Counseling, Rehabilitation Counseling and Counseling Psychology at West Virginia University, and to Anne B. Drake and Victoria Railing for their word processing and manuscript preparation assistance. We also are grateful to Dr. Cynthia R. Kalodner, associate professor, Department of Counseling, Rehabilitation Counseling and Counseling Psychology at West Virginia University, for her revision of Chapter 19 on systematic desensitization. We also acknowledge the support of Dr. Jeffrey K. Messing, chairperson, Department of Counseling, Rehabilitation Counseling and Counseling Psychology at West Virginia University; and Dr. Jane H. Applegate, former dean of the College of Human Resources and Education at West Virginia University. We are very grateful to all the staff at Brooks/Cole, particularly to our former editor, Claire Verduin, who signed us to write the original edition of this book 20 years ago, and also to our current editor, Lisa Gebo, for her commitment and enthusiasm. We are indeed indebted to both these wonderful women for their "wise ways." We are also thankful for the support of our families and friends; you are too numerous to name, but you know who you are! Finally, the final form of this book as you, the reader, now see it would not have been possible without the superb efforts of the entire Brooks/Cole production team, headed by our production editor, Karen Ralling.

Finally, we wish to acknowledge with gratitude the contribution of our reviewers, who include the following: Kia J. Bentley, Virginia Commonwealth University; Terri Brown, Methodist College; Diane Coursol, Mankato State University; David R. Evans, University of Western Ontario; Ronn Johnson, University of San Diego; Norma S. C. Jones, Howard University; Theodore P. Remley, Jr., University of New Orleans; and Francine Shapiro. They probably do not fully realize the extent of their impact on the final form of this book. To all of you: Thank you. We could not have done this without each of your careful and detailed comments and suggestions.

Sherry Cormier
Bill Cormier

CONTENTS

1 ABOUT THIS BOOK 1

Purposes of the Book 1

An Overview of Helping 2

Format of the Book 6

One Final Thought 10

2 KNOWING YOURSELF AS A COUNSELOR 11

Objectives 11

Characteristics of Effective Helpers: Self-Awareness, Interpersonal Awareness, and Attachment Theory 11

Issues Affecting Helpers: Values, Diversity, and Ethics 18

Summary 30

Suggested Readings 33

3 INGREDIENTS OF AN EFFECTIVE HELPING RELATIONSHIP 35

Objectives 35

Facilitative Conditions 35

Emotional Objectivity: Transference and Countertransference 49

The Working Alliance 50

Summary 52

Suggested Readings 54

4 RELATIONSHIP ENHANCEMENT VARIABLES AND INTERPERSONAL INFLUENCE 56

Objectives 56

Strong's Model of Counseling as Interpersonal Influence 56

The Interactional Nature of the Influence Process 57

Counselor Characteristics or Relationship Enhancers: Expertness, Attractiveness, and Trustworthiness 58

Summary 74

Suggested Readings 76

5 NONVERBAL BEHAVIOR 78

Objectives 79

Client Nonverbal Behavior 79

How to Work with Client Nonverbal Behavior 87

Counselor Nonverbal Behavior 89

Summary 92

Suggested Readings 93

6 LISTENING RESPONSES 96

Objectives 96

Listening to Client Stories 97

What Does Listening Require of Helpers? 97
Four Listening Responses 98
Barriers to Listening 114
Summary 115
Suggested Readings 118

7 ACTION RESPONSES 120
Objectives 120
Action Responses and Timing 120
What Does Action Require of Helpers? 120
Four Action Responses 121
Summary 142
Skill Integration 142
Suggested Readings 148

8 CONCEPTUALIZING AND UNDERSTANDING CLIENT PROBLEMS 151
Objectives 151
What Is Assessment? 151
Methods of Conceptualizing and Understanding Client Problems 151
Our Assumptions About Assessment and Cognitive Behavior Therapy 156
The ABC Model of Behavior 160
Diagnostic Classification of Client Problems 164
Limitations of Diagnosis: Labels and Gender/Multicultural Biases 167
An ABC Model Case 169
Summary 173
Suggested Readings 175

9 DEFINING CLIENT PROBLEMS WITH AN INTERVIEW ASSESSMENT 179
Objectives 179
Direct Assessment Interviewing 179
Intake Interviews and History 180
Mental-Status Examination 183
Eleven Categories for Assessing Client Problems 183
Gender and Multicultural Factors in Interview Assessment 197
Limitations of Interview Leads in Problem Assessment 198
Model Dialogue for Problem Assessment: The Case of Joan 198
Notes and Record Keeping 203
Client Self-Monitoring Assessment 208
When Is "Enough" Assessment Enough? 210
Summary 211
Suggested Readings 220

10 IDENTIFYING, DEFINING, AND EVALUATING OUTCOME GOALS 223
Objectives 223
Treatment Goals and Their Purposes in Counseling 223
Cultural Issues in Counseling Goals 224
What Do Outcome Goals Represent? 225
Interview Leads for Identifying Goals 228
Model Dialogue: The Case of Joan 231
Interview Leads for Defining Goals 235
Evaluation of Outcome Goals 244
Response Dimensions of Outcomes: What to Measure 245
Choosing Outcome Measures: How to Measure Outcomes 246
Model Dialogue: The Case of Joan 253
Summary 257
Suggested Readings 263

11 TREATMENT PLANNING AND SELECTION 266
Objectives 266
Factors Affecting Treatment Selection 266
Decision Rules in Planning for Type, Duration, and Mode of Treatment 274

Gender and Multicultural Issues in Treatment Planning and Selection 282
Case Study: A Puerto Rican Woman Suffering from Ataques de Nervios 286
The Process of Treatment Planning and Empowered Consent 287
Model Dialogue: The Case of Joan 289
Summary and Introduction to the Treatment Strategy Chapters 294
Suggested Readings 296

12 SYMBOLIC MODELING AND PARTICIPANT MODELING 299
Objectives 300
Symbolic Modeling 300
Participant Modeling 303
Multicultural Applications of Social Modeling 306
Model Dialogue: Participant Modeling 308
Summary 311
Suggested Readings 314

13 GUIDED IMAGERY AND COVERT MODELING 317
Objectives 317
Client Imagery: Assessment and Training 317
Multicultural Applications of Imagery 318
Guided Imagery 319
Model Example: Guided Imagery 323
Covert Modeling 324
Model Dialogue: Covert Modeling 330
Summary 335
Suggested Readings 341

14 COGNITIVE MODELING AND PROBLEM SOLVING 344
Objectives 344
Cognitive Modeling with Cognitive Self-Instructional Training 344
Model Dialogue: Cognitive Modeling with Cognitive Self-Instructional Training 348
Problem-Solving Therapy 351
Multicultural Applications of Problem Solving 353
Six Stages of Problem Solving 356
Model Example: Problem-Solving Therapy 360
Summary 361
Suggested Readings 370

15 COGNITIVE THERAPY AND COGNITIVE RESTRUCTURING 372
Objectives 372
Developments in Cognitive Therapy 372
Uses of Cognitive Restructuring 373
Multicultural Applications of Cognitive Therapy and Cognitive Restructuring 373
Six Components of Cognitive Restructuring 379
Model Dialogue: Cognitive Restructuring 386
Summary 389
Suggested Readings 393

16 REFRAMING AND STRESS INOCULATION 395
Objectives 395
The Process of Reframing 395
Multicultural Applications of Reframing 399
Model Case: Reframing 400
Stress Inoculation: Processes and Uses 402
Seven Components of Stress Inoculation 402
Cultural Variations in Stress 412
Model Dialogue: Stress Inoculation 414
Summary 415
Suggested Readings 421

17 MEDITATION AND MUSCLE RELAXATION 424
Objectives 424
Meditation: Processes and Uses 424
Applications of Meditation and Relaxation with Diverse Clients 426
Basic Meditation 426
Steps in Mindfulness Meditation 426
Steps for the Relaxation Response 430
Steps for Lovingkindness 431
Contraindications and Adverse Effects of Meditation 433
Model Example: Mindfulness Meditation 433
Muscle Relaxation: Process and Uses 435
Steps of Muscle Relaxation 437
Contraindications and Adverse Effects of Muscle Relaxation 441
Variations of Muscle Relaxation 442
Model Dialogue: Muscle Relaxation 445
Summary 446
Suggested Readings 456

18 BREATHING AND HATHA YOGA 459
Objectives 460
Breathing: Processes and Uses 460
Physiology of Breathing and Stress 461
Steps for Breathing 462
Contraindications and Adverse Effects of Diaphragmatic Breathing 469
Model Example: Diaphragmatic Breathing 470
Model Example: Alternate-Nostril Breathing 471
Hatha Yoga: Processes and Benefits 472
Yoga and You 474
The Chakras: The Seven Energy Centers of the Body 474
Steps for Hatha Yoga 478
Model Example: Hatha Yoga 480
Summary 492
Suggested Readings 495

19 SYSTEMATIC DESENSITIZATION BY CYNTHIA R. KALODNER 497
Objectives 497
Reported Uses of Desensitization 498
Multicultural Applications of Desensitization 499
Explanations of Desensitization 500
Components of Desensitization 501
Model Dialogue: Rationale for Desensitization 501
Model Dialogue: Identifying Emotion-Provoking Situations 502
Model Dialogue: Hierarchy Construction Using Sud Scale 506
Model Dialogue: Selection of and Training in Counterconditioning Response 509
Model Dialogue: Imagery Assessment 510
Model Dialogue: Scene Presentation 512
Model Dialogue: Homework and Follow-Up 513
Problems Encountered During Desensitization 513
Variations of Systematic Desensitization: In Vivo Desensitization and Eye Movement Desensitization and Reprocessing 516
Summary 519
Suggested Readings 522

20 SELF-MANAGEMENT STRATEGIES: SELF-MONITORING, STIMULUS CONTROL, SELF-REWARD, SELF-AS-A-MODEL, AND SELF-EFFICACY 530
Objectives 531
Clinical Uses of Self-Management Strategies 531

试读结束，需要全本PDF请购买 www.ertongbook.com

Multicultural Applications of Self-Management 531
Characteristics of an Effective Self-Management Program 535
Steps in Developing a Client Self-Management Program 536
Self-Monitoring: Purposes, Uses, and Processes 538
Steps of Self-Monitoring 541
Model Example: Self-Monitoring 548
Stimulus Control 549
Model Example: Stimulus Control 553
Self-Reward: Processes and Uses 554
Components of Self-Reward 555
Model Example: Self-Reward 559
Self-as-a-Model 560
Model Dialogue: Self-as-a-Model 562
Self-Efficacy 565
Multicultural Applications of Self-Efficacy 569
Model Example: Self-Efficacy 572
Summary 572
A Final Note 573
Suggested Readings 575

APPENDIX A OPERATIONALIZATION OF THE MULTICULTURAL COUNSELING COMPETENCIES 579

APPENDIX B CODE OF ETHICS, AMERICAN COUNSELING ASSOCIATION 598

APPENDIX C ETHICAL PRINCIPLES OF PSYCHOLOGISTS, AMERICAN PSYCHOLOGICAL ASSOCIATION 612

APPENDIX D CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS 627

APPENDIX E MANUALS FOR EMPIRICALLY VALIDATED TREATMENTS 640

REFERENCES 644

AUTHOR INDEX 667

SUBJECT INDEX 677

CHAPTER 1

ABOUT THIS BOOK

Imagine yourself as the helper in the following four situations. Try to see, hear, and sense what is happening to you.

A 14-year-old boy who is accused of setting fire to his family home walks in defiantly to see you. He has been "mandated" to see you by the judge. He sits down, crosses his arms and legs in front of him, and stares at the ceiling. He is silent after your initial greeting.

A young woman in her 20s walks in and can't hold back the tears and sobs. After a while, she talks about how upset she is feeling. In the last year, three of her close friends have died of acquired immune deficiency syndrome (AIDS); she has also lost her parents' support because she has told them she is a lesbian.

A Latino father and his teenage son come in together, but they are so at odds with each other that initially they refuse to be seen by you in the same room. According to the telephone intake report, they have repeatedly fought about the amount of freedom the son wants and the father is willing to give.

A middle-aged woman comes in. She has been escorted to your facility by her husband. She is so afraid to go out of her house that she does not drive anymore. In talking with her, you discover that she has confined herself to her home almost exclusively for the last year because of incapacitating anxiety attacks. Her husband has recently turned down a lucrative job offer to avoid having to move her into a new environment.

Now try to process exactly what it is like for you to imagine helping or counseling each of these four clients. How were you feeling? What thoughts were running through your head? How did you see or hear yourself responding? What things about yourself were you aware of that helped you in the interaction; what things hindered you? What skills did you utilize to deal with the client? What skills were you lacking? What did you observe about the client, and how did your observations affect your help giving? How did you know whether what you were doing was helpful?

Although responding to these kinds of questions may be difficult for you now, it will probably become easier as you go through the book and as you also acquire greater experience and more feedback. Specific purposes of the book are described in the following section.

PURPOSES OF THE BOOK

We hope that, in this book, you will find training experiences that facilitate personal growth, develop your counseling skills, and provide ways for you to evaluate your effectiveness. Personal growth is the most elusive and the most difficult to define of these three areas. Although it is beyond the scope of this book to focus primarily on self-development, you may engage in self-exploration as you go through certain parts of the book, particularly Chapters 2 and 3. We also encourage you to seek out additional experiences in which you can receive feedback from others about yourself, your strengths, and some behaviors that may interfere with counseling. These experiences might consist of individual or classroom activities and feedback, growth groups, and personal counseling. It is well documented that a counselor's warmth, empathy, and positive regard can contribute to client change. We feel that your demonstration of these relationship conditions will enhance the way you use the skills and strategies presented in this book.

We created the book with four specific purposes. First, we think it will help you acquire a repertory of counseling interview skills and strategies. The book focuses on *interview* skills and strategies as used in a helping relationship. It is directed (but not restricted) to applying skills within a counselor/client dyadic relationship. Although some of the skills and strategies may be used appropriately in group counseling, organizational interventions, or marriage and family counseling, the major focus of this book is on the application of these skills with individuals. However, we would hope that you would develop proficiency in these

other areas as well because ultimately your clients are affected by the context in which they live. The context includes family, neighborhood, work, regional environments, and countries.

In the first seven chapters of this book, we present what we call "fundamental skills." These include relationship conditions, nonverbal behavior, and verbal responses that are useful for practitioners of varying theoretical orientations. In the remaining chapters, our selection of models and strategies reflects a cognitive-behavioral framework. The intervention strategies we have chosen to include have some supporting database, although many of the existing research studies are analog ones (that is, conducted in simulated counseling settings) and the results may not always generalize to actual counseling situations.

In addition to the cognitive-behavioral "flavor" of the strategies, reference to skills and strategies based on other theoretical orientations is often mentioned throughout the book. This is because cognitive-behavioral therapies are increasingly broad-based in nature and focus (Goldfried, 1983) and also because of our own belief that skilled counselors are at least knowledgeable about, if not proficient in, more than one approach to working with client problems. For your benefit if you are not yet familiar with the concepts associated with various theoretical approaches to counseling and therapy, Table 1-1 presents a synopsis of four major forces in counseling theories.

Our second purpose is to assist you in identifying the potential applicability of many counseling strategies for different client problems. As Krumboltz and Thoresen (1976) point out, a variety of useful counseling methods are available for different problem areas. After you have finished the book, we hope you will be able to select and use appropriate counseling strategies when confronted with a depressed client, an anxious client, a nonassertive client, and so forth. We also hope you will be aware of cases in which approaches and strategies included in this book may not be very useful.

In addition to being able to identify appropriate counseling strategies for diverse client problems, you should also be able to apply counseling skills and strategies carefully and sensitively to a diverse group of clients. Helping you accomplish this is the third purpose of the book. Our world and therefore our range of clients is increasingly diverse and pluralistic. While you yourself may be a gay, Jewish man of middle socioeconomic level or an African American, straight, Protestant woman of upper socioeconomic level, your clients will invariably be somewhat different from you in terms of cultural background—*cultural* referring to factors such as age, culture, ethnicity, gender, language, disability, race, gender expression, sexual orientation, and socioeconomic level. And even if you and your client share many similarities of background, he or she will still have unique characteristics that you must consider. Therefore, it is impossible to say that all persons who belong to a particular religious group or who hold a particular sexual orientation or are of a particular gender or ethnic origin will behave the same or will respond in the same way to counselors. Still, however, there are some general issues to consider about culture in working with clients from diverse backgrounds. For example, clients from Asian cultures often place less emphasis on the individual's needs and welfare and more emphasis on those of the group or family. As a result, counseling approaches such as assertion training that focus on the pursuit of individual rights may not be consistent with the values of *some* Asian clients. (We say *some,* because within the Asian American culture, as in any culture, there are areas of difference.) Similarly, counseling interventions that emphasize autonomy and objectivity rather than connectedness and subjectivity are reinforcing traditionally held *masculine* rather than *feminine* values. Although we cannot be prescriptive about the best way to work with all these cultural factors, it is important for us to recognize that they exist and that many of the counseling skills and strategies described in this book have been developed by Euro-American men in Western culture and may not be applicable to all clients. For these reasons, in the client descriptions used throughout the text as both model examples and practice ones, we often include cultural referent characteristics of the client such as race, ethnicity, sexual orientation, gender, age, physical/mental status, and so on.

Fourth, we hope to provide you with some ways to monitor and evaluate your behavior and the client's behavior during counseling. The recent emphasis on accountability requires each of us to explore the results of our helping activities more closely. Evaluation of counseling also assesses the extent to which the therapeutic goals are achieved.

Above all, we want to convey that the book is about *practical application* of selected skills and strategies. Our coverage of theoretical and research concepts is very limited because they are covered adequately in other texts.

AN OVERVIEW OF HELPING

A helping professional is someone who facilitates the exploration and resolution of issues and problems presented by a client, or the person seeking help. Helping interactions have four recognized components: (1) someone seeking help, (2) someone willing to give help who is also (3) capable of or

TABLE 1-1. Overview of four major forces in counseling and psychotherapy theory

	Theoretical system and relationship to foundational theories and family theory	Worldview	Major concepts and techniques
Multicultural counseling and therapy (the fourth force)	Foundational theories (empathic dimensions, microskills, decisional counseling, developmental counseling and therapy) explicitly and implicitly utilized as part of overall theoretical conception, but modified with cultural frames of reference. Family therapy concepts considered essential. Attneave's network therapy often an essential ingredient.	Counseling and therapy have been culturally encapsulated. The individual and family are based in the culture. The counselor or therapist needs to approach counseling with multicultural awareness. Many authors stress issues of development in the family and society. Seeks to integrate first-, second-, and third-force theories as part of worldview and counseling and therapy theory and case conceptualization.	As a newly evolving major theoretical group, the main point of agreement is that issues of culture, gender, and other multicultural issues need to take a central place in the helping process. Collaboration and network treatment planning are essential. Consciousness raising about ethnicity/race and gender issues often critical in the helping process.
Psychodynamic (the first force)	Foundational theories not explicitly considered, but post hoc examination shows that these concepts help explain the value of these orientations and makes their implementation more explicit. Family concepts not prominent, although attachment theory and the family unconscious are adding this emphasis. Bowen's intergenerational theory especially compatible. Historically, minimal attention to gender and multicultural issues.	The past is prelude to the present, and much of the past is held in the unconscious. Individuals are deeply influenced by the past, and we must understand this past if we are to facilitate individual growth. Sigmund Freud is major philosopher. The pragmatic and optimistic Bowlby stressed that we can facilitate growth through understanding and action. Taub-Bynum focused on family and cultural history playing themselves out in the individual.	These are the most complex set of theories available. The development of the person rests on early life experience. The interaction of person and environment is largely played out in the unconscious. Traditional Freudian theory emphasizes the Oedipal complex as central to development, whereas object relations and attachment theories focus on early infant and child experience as more important. Free association, dream analysis, and awareness of transference, countertransference, and projective identification are important.
Cognitive-behavioral: behavioral foundations (the second force)	Foundational theories often integrated into understanding and planning treatment. Decisional counseling and social skills portion of microskills a standard part of counseling and therapy.	Deeply rooted in the idea of progress and faith in science to solve human problems. B. F. Skinner often seen as major philosopher.	Through functional analysis, it is possible to understand the antecedents, resultant behavior, and consequences of the behavior. Many highly specific and proven techniques of

(continued)

TABLE 1-1. (continued)

	Theoretical system and relationship to foundational theories and family theory	Worldview	Major concepts and techniques
	Family concepts historically have not been important, but behavioral family approach illustrates how theory can be integrated.	Meichenbaum's more recent construction is more humanistic in orientation and provides a new integration of behaviorism with other theories. Cheek supplies a culturally-relevant view.	behavioral change available. Has had profound influence on popular cognitive-behavioral movement, particularly the work of Meichenbaum in social skills training.
Cognitive-behavioral: cognitive foundations (the second force)	Foundational theories tend to be implicit rather than explicit. Cognitive aspects of developmental counseling and therapy may help integrate this framework more closely with MCT, particularly action at the sensorimotor and systemic level, which is often missing in CBT. Family concepts historically have not been important, but are compatible.	Roots lie in stoic philosopher Epictetus—"We are disturbed not by events, but by the views we take of them." Attempt to integrate ideas about the world with action in the world. Ellis's rational-emotive therapy. Beck's cognitive therapy. Glasser's reality therapy.	Currently a popular theoretical orientation, as the system allows integration of many ideas from seemingly competing theories. Major focus is on thinking patterns and their modification, but maintains a constant emphasis on homework and taking new ideas out into the world and acting on them. Glasser's work is similar, but focuses very effectively on schools and youth in institutions.
Existential/humanistic (the third force)	The foundational concepts of empathy and the listening portion of microskills have been derived from this orientation. Family concepts historically have not been important, but are compatible. Whitaker's experiential family orientation is especially compatible. Has not consciously embraced MCT but is compatible.	The human task is to find meaning in a sometimes meaningless world. Rogers stresses the ability of the person to direct one's own life; Frankl, the importance of positive meanings; and Perls, that people are wholes, not parts, and can take direction of their own lives. Heidegger, Husserl, Binswanger, and Boss have been most influential at a basic philosophical level. Rogers's person-centered theory. Frankl's logotherapy. Perls's Gestalt therapy.	Each individual constructs the world uniquely. Rogers stresses the importance of self-actualization and careful listening to the client. Frankl emphasizes spirituality and a variety of specific techniques to facilitate the growth of meaning. Perls, with his many powerful techniques, may be described as the action therapist.

SOURCE: From *Counseling and Psychotherapy: A Multicultural Perspective*, 3rd. Ed., by A. E. Ivey, M. B. Ivey, and L. Simek-Morgan. Copyright © 1993 by Allyn and Bacon. Reprinted by permission.

trained to help (4) in a setting that permits help to be given and received (Hackney & Cormier, 1994, p. 2).

By some estimates, over 300 different forms of psychotherapy exist (Rossi, 1987). In all these therapies, the helpers have the following functions:

1. They initiate communication.
2. They engage in therapeutic work.
3. They have some general or specific criteria for solving the client's problem so they know when to end the therapy (Rossi, 1987, p. 100).

In this book, we describe skills and strategies associated with these three processes, and we conceptualize the processes as four primary stages of helping:

1. Relationship
2. Assessment and goal setting
3. Strategy selection and implementation
4. Evaluation and termination

The first stage of the helping process involves *establishing an effective therapeutic relationship* with the client. This part of the process is based primarily on client- or person-centered therapy (Rogers, 1951) and more recently on social influence theory (Strong & Claiborn, 1982) and psychoanalytic theory (Greenson, 1967; Gelso & Carter, 1994). The potential value of a sound relationship base cannot be overlooked, because the relationship is the specific part of the process that conveys the counselor's interest in and acceptance of the client as a unique and worthwhile person and builds sufficient trust for eventual self-disclosure and self-revelation to occur. For some clients, working with a counselor who stays primarily in this stage may be useful and sufficient. For other clients, the relationship part of therapy is necessary but not sufficient to help them with the kinds of choices and changes they seek to make. These clients need additional kinds of action or intervention strategies.

The second phase of helping, assessment and goal setting, often begins concurrently with or shortly after relationship building. In both stages, the counselor is interested mainly in helping clients *explore* themselves and their concerns. Assessment is designed to help both the counselor and the client obtain a better picture, idea, or grasp of what is happening with the client and what prompted the client to seek the services of a helper at this time. The information gleaned during the assessment phase is extremely valuable in planning strategies and also can be used to manage resistance. As the problems and issues are identified and defined, the counselor and client also work through the process of developing outcome goals. Outcome goals are the specific results the client would like to occur as a result of counseling. Outcome goals also provide useful information for planning action strategies.

In the third phase of helping, strategy selection and implementation, the counselor's task is to facilitate client *understanding and related action.* Insight can be useful, but insight alone is far less useful than insight accompanied by a supporting plan that helps the client translate new or different understandings into observable and specific actions or behaviors. Toward this end, the counselor and client select and sequence a plan of action or intervention strategies that are based on the assessment data and are designed to help the client achieve the designated goals. In developing action plans, it is important to select plans that relate to the identified problems and goals and that also are not in conflict with the client's primary beliefs and values.

The last major phase of helping, evaluation, involves *assessing the effectiveness* of your interventions and the progress the client has made toward the desired goals. This kind of evaluation assists you in knowing when to terminate or when your action plans need revamping. Additionally, observable and concrete signs of progress are often quite reinforcing to clients, who can easily become discouraged during the change process.

Note that there is some flow and interrelationship among these four stages. In other words, all parts of these stages are present throughout the counseling process, although not with the same degree of emphasis. As Waehler and Lenox (1994) point out, "Counseling participants do not go through a discrete state of relationship building and then 'graduate' to undertaking assessment as stage models imply" (p. 19). Each stage is interconnected to the others so that even during the intervention phase the relationship process is still attended to. Similarly, evaluation and termination may be discussed early in the relationship.

Just as there are stages and processes associated with helping, there are also stages and themes of helpers as they enter the helping profession, seek training, encounter clients, and gain supervised experience. In an award-winning study now summarized in a book, Skovholt and Ronnestad (1995) explored the development of therapists and counselors over the life span of their careers as helpers. They found that helpers progress through a series of eight stages from the time they select counseling as a career to the point where they are experienced practitioners. These eight stages can be described as follows:

1. Conventional Stage
2. Transition to Professional Training Stage

试读结束，需要全本PDF请购买 www.ertongbook.com