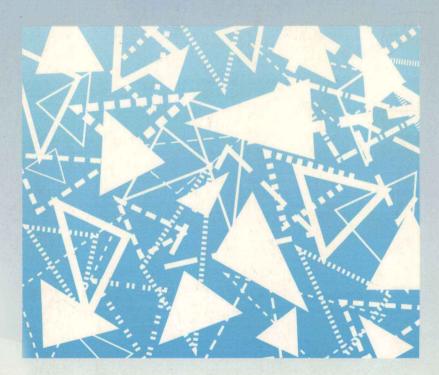
Counseling Strategies and Interventions

Fourth Edition



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Counseling Strategies and Interventions

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This book is lovingly dedicated to our children: Kirsten, Jason, and Curtis Christiane and Lisanne

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Preface

Since the third edition of *Counseling Strategies and Interventions*, the counseling profession has continued to expand and evolve. An increasing number of training programs have been recognized by various accrediting bodies. For example, professional counseling programs are now accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP); counseling and clinical psychology programs are accredited by the American Psychological Association (APA); marriage and family counseling programs are accredited by the American Association of Marriage and Family Therapists (AAMFT); and social work programs are accredited by the Council on Social Work Education (CSWE). All of these organizations monitor the type, duration, and quality of training that helpers receive throughout their training and educational processes.

In writing this fourth edition, we have kept several features from the previous editions. First, we have tried to be comprehensive yet concise. Second, the book has been written with upper-class undergraduates or beginning-level graduate students in mind. Also, we have included a variety of learning exercises to help students apply and review what they have learned.

At the same time, we have made some changes, including deletions and additions. We have eliminated out-of-date material and added content that reflects new sources and new thinking about the field. Many recently published sources are included. There is also an increased emphasis on the impact of gender and cultural issues in counseling.

A great number of introductory-level texts are now published in the counseling field—many more than existed when we published our first edition. What we believe makes this book unique is the emphasis on and integration of the person of the counselor and the counselor's skills, strate-

gies, and objectives. We believe that the two are interrelated. An effective counselor is one who has both the necessary personal qualities as well as certain skills and strategies to offer in dealing with various clients and their issues. We have continued to emphasize this sort of interrelation in the fourth edition.

Chapter 1 identifies the context of professional counseling—who the professional counselor is and what kinds of activities he or she enters. This context includes a wide variety of roles and functions. It might even seem to the untrained eye that the differences among helpers are greater than the similarities. We attempt to dispel that impression in Chapter 2, where we discuss the helping relationship. It is this helping relationship that proves to be the unifying force for disparate roles and functions.

Although the helping relationship connotes a sense of shared purpose, there is an added expectation for the counselor—the expectation that he or she be both responsible and responsive in exploring the client's needs and concerns. In Chapters 3 through 10, we identify the skills and interventions expected of a beginning professional counselor. Some of these skills are rudimentary; others are more advanced and require coaching and practice. Chapters 3 and 4 define the counselor's responsibility to be aware of and responsive to the client's communication patterns. Effective attending skills place the counselor in a responsible role in the counseling relationship. This responsibility is examined in Chapter 5, which deals with session management.

Chapters 6 through 8 delineate the basic counseling strategies designed to elicit, support, or direct client change. Whether the focus be the client's thoughts, attitudes, or feelings, or more likely a combination of all three, the counselor has certain tools or skills that facilitate the client's growth. Often these skills enable the counselor to understand the client's problem or the client's world.

Chapter 9 is a pivotal point in the book. It builds on the fundamentals of the early chapters and is the foundation for the remaining chapters of the book. Although the counselor is instrumental in conceptualizing problems (usually with the assistance of a particular theoretical orientation), the goal-setting process is inherently dependent on *mutual* discussion and agreement between counselor and client. Drawing on mutually accepted counseling goals, the counselor begins the most crucial portion of the relationship—the focus on overt change. This calls for more than relationship skills and more than active listening. There are many counseling interventions—derived both from theory and practice and supported by research—that are synonymous with effective counseling. In Chapters 9 and 10, we explain and suggest classroom activities that will help the reader to understand and begin practicing these interventions.

Finally, Chapter 11 focuses on the process of clinical supervision and how beginning counselors may use it to advance their skills. Counselor educators have long used clinical supervision skills in the training of counselors, but the specificity of those skills and the inclusion of the trainee as a participant in successful clinical supervision has not been dealt with in most professional texts. This chapter was authored by Janine Bernard.

As you begin the process of understanding the role of helper and as you acquire the necessary skills required for effective helping, you will come to realize that the ultimate goal is to develop your abilities to the point that they are a natural extension of your existing interpersonal skills. But this will not be the case in the beginning. The interventions and even the conceptualizations may seem unnatural, inconsistent with your existing behaviors, or inappropriate. As you become more accomplished in the craft of counseling, these counseling skills will begin to feel more comfortable, appropriate, and effective. Ultimately, they will become a natural part of your professional practice.

H. H. S. C.

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The Helping Profession

The helping profession includes a broadly knit collection of professionals and paraprofessionals, each fitting a particular need or segment of society. Some are directly identified as helping professionals, such as psychiatrists, psychologists, professional counselors, marriage and family therapists, and social workers. Others are professionals from other disciplines who enter the helping network for temporary periods of time. Most notable among these are ministers, physicians, nurses, and teachers. When discussing the helping profession, it is important to keep this fluid interplay between career helpers and peripheral helpers in mind. The bond they share is a desire, a need, or even a mission to be of help. This helping activity has both a subjective and an objective quality and can be studied from both perspectives.

Most counseling textbooks devote at least a portion of one chapter to the subject of helping. You might think that a process so inherent to human nature as this act of extending oneself to another person should be self-evident. And yet people continue to belabor the subject in ways not unlike the poet who talks about love. In a psychotherapeutic context, the process has carried many labels, among which are *treatment*, *analysis*, *facilitation*, and *modification*. In the company of such terms, the label *helping* seems innocently harmless, if not simplistic. In fact, the act of helping proves not to be so simple or clear to the participant or observer.

WHAT IS HELPING?

The process of helping has several dimensions, each of which contributes to the definition of *helping*. One dimension specifies the conditions under which helping occurs. Another dimension specifies the preconditions that lead one person to seek help and another to provide help. Yet a third dimension relates to the results of the interaction between these two persons.

Helping Conditions

The conditions under which helping occurs are quite complex, but in their simplest terms may be described as involving "(a) someone seeking help, (b) someone willing to give help who is (c) capable of, or trained to help (d) in a setting that permits help to be given and received" (Cormier & Hackney, 1992, p. 2).

The first of these conditions is obvious; one cannot help without the presence of someone seeking help. If I don't want to be helped, nothing you can do will be helpful. If I'm not sure I want to be helped, then perhaps you will be helpful, provided you can enjoin me to make a commitment to accept help.

Many clients experience pain, rage, and frustration because from an early age their needs have been thwarted or blocked (Teyber, 1992). This is particularly true for persons who grew up in families where there was a great deal of conflict, stress, and/or impaired boundaries (i.e., explicit or implicit rules that serve to separate parts of a family system). In an effort to adapt and survive within this family unit, such persons usually adopt one or more roles that are in some way more protective of the family than of oneself as an individual (Miller, 1981). The individual's own needs are often lost in an effort by the entire family to keep the family system in balance. Such persons as clients are highly adept at noting and responding to the needs of others, including their counselors. At one level they may consciously even wish to focus some of their attention on the counselor's needs because this feels familiar to them. For example, some clients may be very solicitous about a therapist's well-being. However, at another level, these clients might be enraged if the counseling process simply repeats what has happened to them in their own families, and that is that their needs become secondary or overlooked. In the helping process, it is critical for the counselor to be aware of and to monitor his or her own needs as the helper.

The second condition requires the willingness or intention to be helpful. Here it would be good to differentiate between the *intention* to be helpful and the *need* to be helpful. Many would-be helpers are driven by the need to

be helpful and use the helping relationship for their own ends. This is rarely a conscious act. Neediness has a way of camouflaging itself in more respectable attire. But when the relationship is dictated by the helper's needs, the possibilities for helping are minimal.

It is important to recognize and accept your needs. All people have needs for such things as intimacy, power, esteem, admiration, and so on. It is also important to be certain that you are not dependent on your interactions with clients for fulfilling these needs in a primary way. One of the best ways to ensure that you do not depend on clients inappropriately to meet your needs is to take care of yourself and to live a balanced life in which your needs are met through relationships with a partner, family, friends, or even a support group of other helpers. If you are living your own life in a healthy and balanced way, then your clients will not have to provide you with intimacy, approval, and admiration and will be free to receive from you the kinds of things that *they* need.

The third condition reflects the counselor's skills, either learned or natural. It is not enough to be well intentioned if your awareness and behaviors drive people away. The fourth condition, a setting in which help may occur, refers to the physical surroundings in which the helper and client meet. Conditions such as privacy, comfort, aesthetic character of the room, and timing of the encounter all contribute to the setting in which helping transpires.

Carl Rogers (1957) has discussed the "necessary and sufficient conditions" for helping to occur. His description included conditions similar to those listed above. But he also added some personal qualities of the counselor (accurate empathy, unconditional positive regard) and a communication issue—that the client be able to perceive the counselor's understanding and respect for the client. We discuss these relationship conditions in greater detail in Chapter 2.

SETTINGS IN WHICH COUNSELORS WORK

If one takes into account the nonprofessional helper, then helping can occur wherever two or more people might meet. But with our focus on paraprofessional and professional helpers, the locations tend to be institutionalized; that is, they tend to be in settings that reflect continuing and ongoing service delivery. Furthermore, they tend to be located close to specific target populations for which they are intended. The following discussion of representative settings and the services they perform will provide some sense of the helping spectrum.

Counseling in School Settings

School counselors are found in elementary, middle or junior high schools, and high schools. Elementary school counselors do provide some individual counseling with children, but they are more likely to work with the total school environment. Much of the elementary school counselor's focus is on working with the teaching staff to construct a healthy psychological environment in the school for young children. This is accomplished through teacher conferences, classroom presentations, parent conferences, and talking to the children (Ohlsen, 1983).

Middle school and junior high school counselors share this total school perspective but tend to spend more time with students, individually and in groups, and somewhat less time with teachers and parents. This slight shift in focus reflects the developmental changes that occur with preteens, who find themselves involved in self-exploration and identity crises.

Counseling in the high school reflects a noticeable shift to the student as an individual. Career and college planning, interpersonal concerns, family matters, and personal identity issues tend to dominate the student's awareness, and the counseling process attempts to provide an environment in which these issues may be addressed. The counselor's day is therefore much more task oriented. Some students are referred by teachers, but many students are self-referrals. The high school counselor often works with student groups on career and college issues, but individual contact is the main medium for other concerns.

Counseling in College Settings

Most college counseling occurs in counseling centers or psychological services centers. A wide variety of problems are addressed, including career counseling, personal adjustment counseling, crisis counseling, and substance abuse counseling. College counselors also see students with mild to severe pathological problems ranging from depression to suicide gestures to eating disorders. In addition to individual counseling, much reliance is placed on group counseling and on training paraprofessionals to run crisis telephone services and peer counseling programs. In writing about this population, Utz has noted that many of the problems of adult life have their beginnings at the college age. As a result, "the college counselor has an opportunity to help students when problems would seem more manageable and subject to change" (1983, p. 169).

Counseling in Community Settings

Counselors working in community settings usually are master's degree–level social workers (M.S.W.) or mental health counselors (M.A.). Their

places of employment are the most diverse of all counseling settings. They "may be in private practice or they may be employed in one of a variety of community agencies, ranging from the large community mental health center with a staff of specialists trained to deal with many types of situations, to the small one- or two-person office which has limitations to the types of clients it serves" (Ohlsen, 1983, p. 297).

Family service agencies, youth service bureaus, satellite mental health centers, YWCA counseling services, and substance abuse centers are examples of what one finds in community settings. Much of what is done is psychotherapy, whether with individuals, families, or groups. In addition, the community counselor may become involved in community advocacy efforts and direct community intervention. The types of problems seen by community counselors encompass the spectrum of mental health issues. Clients include children, adolescents, adults, couples, families, and the elderly. In other words, community counselors see an enormous variety of clients and problems in a typical month. The work demands are often heavy, with case loads ranging from 20 to 40 clients per week.

Counseling in Religious Settings

Counseling in religious settings is in many ways similar and in some ways different from that in other counseling settings. The religious counseling center often is associated with a particular denomination (for example, Catholic Family Services, Methodist Family Counseling Center, Jewish Family Services). The similarities include the range of individual and family problems seen, the types and quality of therapy provided, and the counselors' professional qualifications. The differences reflect the reasons why some religious groups establish their own counseling services. There is at least some acknowledgment of the role of religion or God in the individual's life problems. Many religious counselors believe that human problems must be examined and changes introduced within a context of religious beliefs and values. The religious counseling center is undeniably attractive for many clients who, because of their backgrounds, place greater trust in the counselor who works within a religious affiliation.

Counselors in religious settings often are ordained ministers who have obtained postgraduate training in counseling. But increasing numbers of the laity are also entering religious counseling settings. Their training may be similar to that of the community mental health counselor or the marriage and family therapist.

Counseling in Industrial Settings

Many professionals consider the private sector to be the new frontier for counseling services. Forrest (1983) described this movement as a response