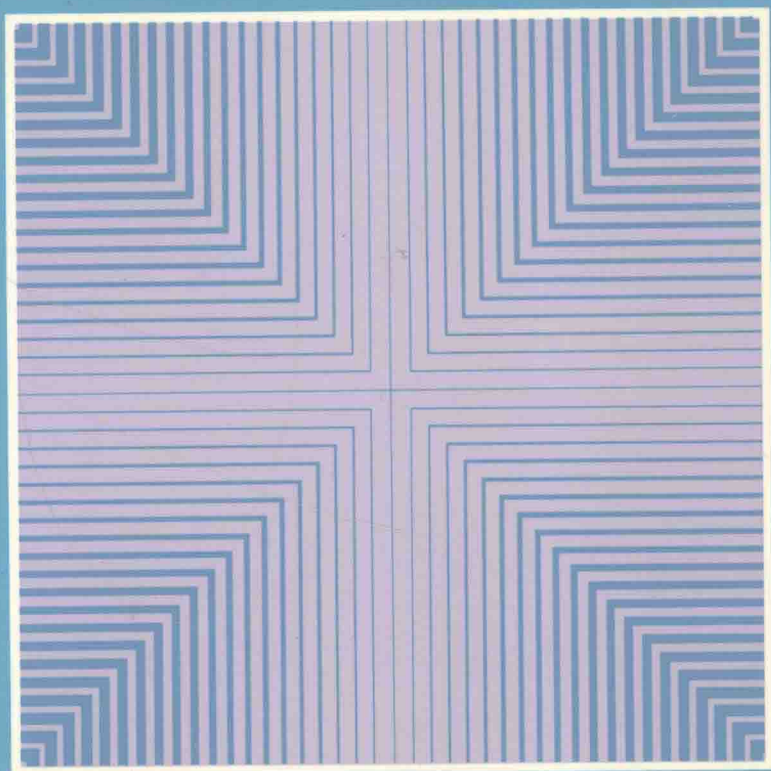


THIRD EDITION

# *Counseling Strategies and Interventions*



HAROLD HACKNEY  
L. SHERILYN CORMIER

THIRD EDITION

COUNSELING  
STRATEGIES  
AND  
INTERVENTIONS

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# *Preface*

In the hiatus since the second edition of this book, the counseling profession has shown remarkable signs of life, strength, and growth. Emergence of the “professional counselor” identity is particularly apparent, both in the literature and in professional organizations. This identity has undoubtedly been accelerated by the establishment of training standards that have come from the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and by the increased number of training programs accredited by the American Psychological Association. These standards have identified the complex array of skills that are expected of a professional counselor, and they call for the inclusion of a supervised training experience in the form of an on-site counseling internship, in addition to the more traditional practicum experience. This emphasis on direct experience draws attention to yet another dimension of professional training, that of clinical supervision. The Association for Counselor Education and Supervision has focused upon this activity, with the result that increasing numbers of training institutions are incorporating supervisor training in their programs.

Despite all these changes, we also acknowledge that there is much that has not changed during the past few years. The relationship between counselor and client, the communication process, the cognitive, affective, and behavioral nature of client problems, the counselor’s influence in the helping process, the client’s influence, and the palette of counseling interventions from which the counselor selects—all of these remain as enduring aspects of the counseling process.

An adequate textbook must attempt to blend the old with the new, to illustrate how counseling has evolved while maintaining its essential character. We have set this blending as our goal in this edition. The reader will note a number of additions and changes that reflect the evolving complexity of the counseling profession. Chapter One identifies the context of professional counseling: who the professional counselor is and what kinds of activities the professional counselor 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 dispell that impression in Chapter Two, 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 the counselor be both responsible and responsive in exploring the

client's needs and concerns. In Chapters Three through Eleven 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 Three and Four 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 Five, dealing with session management.

Chapters Six through Eight 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 Nine is a pivotal point in the book. Titled *Conceptualizing Problems and Setting Goals*, it builds upon 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 upon *mutual* discussion and agreement between counselor and client. Drawing upon mutually accepted counseling goals, the counselor begins the most crucial portion of the relationship, the focus upon overt change. This calls for more than relationship skills, 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 Nine through Eleven, we explain and suggest classroom activities that will help the reader to understand and begin practicing these interventions.

Finally, we have included a chapter on the process of clinical supervision and how beginning counselors may use it to advance their skills. The content of this chapter is entirely new. 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.

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.

Harold Hackney  
L. Sherilyn Cormier

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## CHAPTER ONE

# *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 we talk about the helping profession, we must keep this fluid interplay between career helpers and peripheral helpers in mind. The bond they share in common 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 we 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.”<sup>1</sup>

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.

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.

The third condition reflects the counselor’s skills, either learned or natural. It is not enough to be well intentioned if my awareness and my behaviors drive people away. The fourth condition, a setting in which help may occur, refers to the physical surroundings in which the helper and help seeker 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 has discussed the “necessary and sufficient conditions” for helping to occur.<sup>2</sup> His description includes conditions similar to those listed above. But he also adds 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.

### Preconditions to Helping

Of course, the helping process doesn’t occur in a vacuum. Both the helper and the person seeking help bring a history to the relationship. For the client, that history includes coping skills, problem-solving abilities,

<sup>1</sup> L. Sherilyn Cormier, and Harold L. Hackney, *The Professional Counselor: A Process Guide to Helping* (Englewood Cliffs, N.J.: Prentice-Hall, 1987), p. 1.

<sup>2</sup> Carl Rogers, “The Necessary and Sufficient Conditions of Therapeutic Personality Change,” *Journal of Counseling Psychology* 21 (1957): 95–103.

self-concept issues, temperament, and interpersonal experiences. A deficiency in any one of these areas can produce obstacles to the helping process. Similarly, the helper's experience in the helping role, and his or her personal self-concept, professional demeanor, interpersonal experiences, and self-awareness affect the development of the relationship. A deficiency in any of these helper areas can also produce obstacles to the helping process.

There is more to the issue of preconditions than just the characteristics of the helper and client. The client's intentions in seeking help, the types of change the client wishes to accomplish, the level of commitment to working and change are preconditions as well. Some clients come to counseling with the expectation that others must change. For other clients, change is a means to an end, and the end may conflict with the helper's values. In other words, the type of change sought by the client is one that the helper cannot endorse. There are also clients who view the helping relationship as an alternative to change. For them, the relationship may extend over months or even years with very little movement from the original complaints. Yet the periodic contact with a helper provides a sense of dealing with their problems, while at the same time ensuring minimal commitment to growth.

When we take both the conditions and the preconditions of helping into account, we can begin to construct a definition of what the helping process is. Clearly it must include personal qualities of both the helper and the client, relationship qualities that influence the interaction between the two, professional qualities that relate to the competencies of the helper, situational qualities that affect the progress of the relationship, and client objectives. Each of these qualities will be examined in greater detail in future chapters.

### **Results or Outcomes**

It seems almost pointless to say that helping has not transpired if neither the helper nor the client see the experience as helpful. It is true that the two may have differing views of the outcome. If the helper views the experience as helpful but the client does not, then one has to raise serious questions about the efficacy of the event. On the other hand, if the client views the experience as helpful but the helper does not, then the experience may be termed helpful. It is at this point that we must acknowledge the relativity of the helping relationship. Some relationships are extraordinarily helpful, while others are almost totally unhelpful. Most helping relationships fall somewhere between these two extremes. A specific helper may have a variety of helping experiences with different clients that range from minimally to significantly helpful. This variation is explained by all of the factors we have discussed thus far. Certain combinations of factors produce minimal outcomes even for the best of helpers. Because of this, it becomes apparent that the more a helper knows about past successes with certain client patterns and problems, the better that helper may serve a particular client.

## WHO ARE HELPERS?

To this point, we have not used the label *counselor*. That is because not all helpers are counselors, and not all counselors are helpers. But, for the remainder of this book, we shall refer to the helper as a counselor, having qualified the term, and with the acknowledgement that there are many other job labels that also identify the helper, such as *psychiatrist, psychologist, social worker, priest, minister, rabbi*.

There are also different strata of counselors. These strata might be labeled the *nonprofessional*, the *paraprofessional*, and the *professional*. Nonprofessional helpers are all around us. They are acquaintances who come to wakes, neighbors who show up to help when conditions become overwhelming, friends who call to see why we haven't been seen lately, and even strangers who listen and give a moment of understanding when problems become oppressive. Nonprofessional counselors are also members of the local Weight Watchers Club, Alcoholics Anonymous, and other self-help groups. The common ingredients among nonprofessional helpers are compassion, an ability to extend themselves beyond their own needs, and communication/listening skills.

Paraprofessional counselors possess these same qualities of the nonprofessional counselor. But in addition, they have received formal training, usually directed toward a specific type of problem or specific type of setting in which clients may be seen. While they do not possess certificates or licenses, they are recognized in the helping professions and perform valuable services. Examples of paraprofessional counselors include psychiatric aides, mental health technicians, crisis center hotline volunteers, and church youth workers.

Professionals include the psychiatrist, who has combined a medical school background with a residency in psychiatry; the psychologist, who has combined doctoral-level training in psychotherapy with an internship in psychotherapy; the professional counselor, who has combined a master's or doctoral degree with practicum/internship experiences in a counseling setting; and the social worker, who has combined a Master of Social Work (M.S.W.) degree with internship training. We also include the school guidance counselor, the family therapist, the mental health counselor, the agency counselor, the rehabilitation counselor, the substance abuse counselor, the career counselor, and the corrections counselor, all of whom have received postgraduate training and have met certain certification standards.

Yet another way professional counselors may be distinguished from paraprofessionals is by their affiliation with certification boards or commissions. Some are licensed or certified by state boards of health service providers, state psychology boards, or state counselor boards. Some are certified by national commissions such as the Academy of Certified Social Workers, the National Board of Certified Counselors, the American Association for Marriage and Family Therapy, or the American Association of Pastoral Counseling. In each of these examples, certain criteria have been met, examinations passed, interviews held, and credentials scrutinized before the person is admitted to membership.

## WHERE DOES HELPING OCCUR?

If we take into account the nonprofessional helper, then helping can occur wherever two or more people might meet. But for our purposes, with focus on the paraprofessional and professional helper, 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.

### School Counselors

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.<sup>3</sup>

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 are occurring 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 individual. Career and college planning, interpersonal concerns, family concerns, 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 sessions often are no more than thirty minutes long, and the typical relationship is intermittent rather than continuous.

### College Counselors

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

<sup>3</sup> Merle M. Ohlson, ed., *Introduction to Counseling* (Itasca, Ill.: F. E. Peacock, 1983), pp. 133–44.



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."<sup>4</sup>

College counselors require considerably more training in individual and group therapy than do high school counselors. Many college counselors have a doctorate in psychology. Those who do not are likely to be skilled in specific areas of psychotherapy.

### **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."<sup>5</sup>

Family service agencies, youth service bureaus, satellite mental health centers, YWCA counseling services, substance abuse centers, and a variety of religious counseling 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. The 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 twenty to forty 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 counse-

<sup>4</sup> Patrick W. Utz, "Counseling College Students," in *Introduction to Counseling*, ed. Merle M. Ohlsen (Itasca, Ill.: F. E. Peacock, 1983), p. 169.

<sup>5</sup> Ohlsen, *Introduction to Counseling*, p. 297.