

The Merrill Counseling Series

8TH EDITION

THE PROFESSIONAL COUNSELOR

A Process Guide to Helping

HAROLD L. HACKNEY JANINE M. BERNARD



The following chart will assist counseling program instructors in determining where current (2016) CACREP Accreditation Standards are covered in this text. Although much of the text content relates to a variety of Standards, only content that explicitly addresses Standards as they are written by CACREP is included here.

CACREP (2016) Standard	Chapter 1	Chapter 2	Chapter 3	Chapter 4	Chapter 5	Chapter 6	Chapter 7	Chapter 8	Chapter 9	Chapter 10	Chapter 11	Chapter 12	Appendices
COUNSELING AND HELPING RELATIONSHIPS													
2.F.5.b—Systems approach to conceptualizing					☺		☺				☺		
2.F.5.d—Ethical and culturally relevant strategies		☺		☺		☺	☺	☺	☺	☺	☺	☺	
2.F.5.f—Counselor characteristics and behaviors	☺			☺									
2.F.5.g—Essential interviewing and conceptual skills		☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	
2.F.5.i—Development of measureable outcomes						☺	☺			☺			B1 B2 B9
2.F.7.e—Use of assessment for intervention planning			☺		☺	☺	☺						
SPECIALTY AREAS													
CMHC 5.C.2.j—Cultural factors relevant to CMHC	☺	☺			☺	☺	☺	☺	☺	☺	☺		
CMHC 5.C.3.a—Intake interview, history, and assessment for treatment planning			☺		☺	☺	☺						B1 B2 B4
CMHC 5.C.3.b—Techniques and interventions for treatment		☺		☺				☺	☺	☺	☺	☺	
CC&SA 5.E.3.c—Interventions related to broad range of mental health issues								☺	☺	☺	☺		
MCFC 5.F.3.a—Assessment from system perspective					☺		☺				☺		
MCFC 5.F.3.c—Techniques and interventions for MCFC		☺		☺							☺		
SC 5.G.3.f—Techniques of personal/social counseling		☺		☺	☺	☺	☺	☺	☺	☺			
SC 5.G.3.h—Skills to examine connections between social, familial, and emotional problems and academic achievement					☺	☺	☺						

This page intentionally left blank

Eighth Edition

PROFESSIONAL COUNSELING

A PROCESS GUIDE TO HELPING

Harold L. Hackney

Syracuse University

Janine M. Bernard

Syracuse University

PEARSON

Boston Columbus Indianapolis New York San Francisco
Amsterdam Cape Town Dubai London Madrid Milan Munich Paris Montreal Toronto
Delhi Mexico City São Paulo Sydney Hong Kong Seoul Singapore Taipei Tokyo

Vice President and Editorial Director: Jeffery W. Johnston
Vice President and Publisher: Kevin M. Davis
Editorial Assistant: Marisia Styles
Executive Field Marketing Manager: Krista Clark
Senior Product Marketing Manager: Christopher Barry
Project Manager: Lauren Carlson
Program Manager: Janelle Criner
Operations Specialist: Deidra Skahill
Cover Design Director: Diane Ernsberger
Cover Photo: Shutterstock, © Photo Love
Full-Service Project Management: Garima Khosla, iEnergizer Aptara®, Inc.
Composition: iEnergizer Aptara®, Inc.
Printer/Binder: Edwards Brothers Malloy
Cover Printer: Phoenix Color/Hagerstown
Text Font: 10/12 Times

Copyright © 2017, 2013, 2009 by Pearson Education, Inc. or its affiliates. All Rights Reserved. Printed in the United States of America. This publication is protected by copyright, and permission should be obtained from the publisher prior to any prohibited reproduction, storage in a retrieval system, or transmission in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise. For information regarding permissions, request forms and the appropriate contacts within the Pearson Education Global Rights & Permissions department, please visit www.pearsoned.com/permissions/.

Acknowledgments of third-party content appear on page within text, which constitute an extension of this copyright.

Unless otherwise indicated herein, any third-party trademarks that may appear in this work are the property of their respective owners and any references to third-party trademarks, logos or other trade dress are for demonstrative or descriptive purposes only. Such references are not intended to imply any sponsorship, endorsement, authorization, or promotion of Pearson's products by the owners of such marks, or any relationship between the owner and Pearson Education, Inc. or its affiliates, authors, licensees or distributors.

Library of Congress Cataloging-in-Publication Data

Hackney, Harold

Professional counseling : a process guide to helping / Harold L. Hackney, Syracuse University
Janine M. Bernard, Syracuse University. — Eighth edition.

pages cm

Revision of: The professional counselor / Harold L. Hackney, Sherry Cormier. 2013. 7th ed.

Includes bibliographical references and index.

ISBN 978-0-13-416577-6 — ISBN 0-13-416577-2

1. Mental health counseling. 2. Counseling. I. Bernard, Janine M. II. Title.

RC466.C67 2017

616.89—dc23

2015021938

10 9 8 7 6 5 4 3 2 1

PEARSON

ISBN 10: 0-13-416577-2
ISBN 13: 978-0-13-416577-6

PREFACE

NEW TO THIS EDITION

The eighth edition of *Professional Counseling* introduces a slightly new title and a new coauthor. Our new title (from *The Professional Counselor*) stresses the *process* of counseling as the crux of the text, which, of course, is what it has always been. With this edition, Dr. Janine M. Bernard brings her expertise in the supervision of counselors as an important lens through which to look at the fundamentals of how the counseling process is explained to counselors-in-training. As with other new editions, we set out to enhance and broaden the concepts inherent in the process of helping others. Professional counseling is a vibrant and evolving entity. It grows through the practice of skilled counselors, explorations of researchers, and musings of thoughtful scholars. This text, therefore, continues to evolve to reflect the current nuances we see in our beloved profession. Those nuances also reflect our experiences with our students as we observe their challenges, hear their questions, and see what seems to resonate with them. There is no question that our students, most of whom now represent the Millennial Generation, inform us about the counseling process, sometimes in ways we didn't see coming! Therefore, with the helpful suggestions of independent reviewers, dedicated students and colleagues, new areas for improvement emerge. New to this edition are the following:

- A revision of the 5-stage model of counseling to a 4-stage model that carries working relationship skills across all stages
- Adding new case examples and revising older ones to illustrate how skills and competencies are applied to clients more likely seen in mental health agencies and those who present in educational settings
- Updating how culture is infused into the counseling process
- More than 40 new end-of-chapter web-based video samples that illustrate skills and procedures discussed in each chapter
- A new section on how to evaluate your counseling
- Many new sections within chapters, including the introduction of “second-order” interventions
- A new section in each intervention chapter concerning how interventions are used in Dialectical Behavior Therapy and, where appropriate, Motivational Interviewing
- The addition of new forms in Appendix B

FEATURES OF THIS BOOK

This edition maintains a number of features that have long set this book apart from most other introductory counseling textbooks and include the following:

- A four-stage model that provides students with a roadmap for assessing client progress, helps students plan for interventions, and encourages students to view counseling as an intentional process with an end in sight.
- Clear guidelines for assessing cases using four orientations—*affective, cognitive, behavioral, and systemic*—that help students apply what they have learned in counseling theory courses to the actual practice of counseling.
- The application of the four orientations for interventions to two popular therapy approaches, Dialectical Behavior Therapy and Motivational Interviewing.

- Cultural dimensions of counseling viewed as positionality versus an emphasis on demographics, as well as a more nuanced treatment of culture throughout the text. Examples include the addition of what might be considered “lesser” cultural identities (e.g., urban culture, military culture) but may play significant roles in the development of problems (Chapter 1); the use of assessment tools, such as the genogram to track cultural dimensions for individuals and families (Chapter 6); references to culture throughout all interventions chapters so as to remind the reader of the role of cultural identities and realities in counseling, but in a manner that does not reinforce stereotypes (Chapters 8 through 11).
- Sections throughout the text that apply chapter content to working with children.
- Identification of “meaning” as a counseling issue and how it is addressed for both spiritual and nonspiritual clients.
- Sections in each chapter that discuss how clients react to the stages of counseling and to different intervention orientations.
- Separate chapters on client assessment (Chapter 5) and treatment planning (Chapter 7) that help students incorporate specific counseling interventions as they are learning them.
- Discussion of treatment planning that reflects the influence of third-party payors and the necessity of knowing how to plan treatments that meet third-party criteria.
- Helpful boxed material throughout the chapters that summarizes and illustrates skills.
- A series of forms and guides (Appendix B) that illustrate the management of counseling cases.
- A chart that identifies those Council for the Accreditation of Counseling and Related Educational Programs Standards (CACREP, 2016) that are addressed in each of the chapters.

HOW THE BOOK IS ORGANIZED

Beginning with Chapter 1, *Conceptualizing Professional Counseling*, we provide a context for counseling, including how to think about the profession and the process. We discuss the counseling relationship, conditions that facilitate positive relationships, considerations of what successful counseling is like, characteristics of effective counselors, and a case illustration for how to measure counseling outcomes.

In Chapter 2, we explore the *Language of Counseling*. What is it that counselors say that sets them apart from other caregivers? What special ways do counselors use language? What is their purpose in using this language? How does this language affect the client? And how does the counselor’s language change, depending on a client’s goals? We address this professional communication through basic nonverbal and verbal helping skills, as well as advanced verbal skills.

Chapter 3, *The Essential Structure of Counseling*, sets the format for the remainder of the book by discussing the counseling process as a passage through four stages of development. We give students a way to conceptualize the process, beginning with establishing the relationship while simultaneously assessing (understanding) the client’s presenting problem, helping the client recognize what can be achieved (goals), structuring the sessions (using a variety of interventions) with the problem definition and goals firmly in mind, and helping the client complete the counseling relationship successfully.

Chapter 4, *Initiating and Maintaining a Working Relationship*, highlights the importance of the counseling relationship in all of counseling. We do not consider establishing a working relationship with a client as a “stage” of counseling because it permeates *all* stages. This chapter gives the reader a “place to go” regardless of what stage of counseling he or she is in to review the essential ingredients of a positive working relationship.

Chapters 5 through 7 are best viewed as a unit. Chapter 5, *Assessing Client Problems*, centers on how clients present their issues and how the counselor can facilitate this process. Topics such as

intake interviews and genograms are included as these help structure what the counselor is hearing. Although the focus at this point is how the client understands his or her problem and how this problem is experienced, the counselor is beginning to conceptualize what is presented by utilizing theory-based filters. These are presented briefly in Chapter 5 as components of the problem: feelings, cognitions, behaviors, and interpersonal relationships. These components become more dominant later in the book and drive the full discussion of interventions in Chapters 8 through 11.

Chapter 6, *Developing Counseling Goals*, grounds the reader in the important topic of goal setting. Goals derive from the careful assessment that has been completed in the prior stage although the very act of setting goals can open up new areas for assessment as well. It is at this stage that many counselors begin to appreciate how fluid is the process of counseling.

Chapter 7, *Defining Strategies and Selecting Interventions*, serves as a transition chapter from what has come before and the intervention chapters that follow. The chapter focuses on treatment planning that uses the information gleaned from assessment and goal setting. What were described as components of the problem in Chapter 5 are now framed in a way that will lead to the selection of interventions: problems as complicated by feeling states, problems as errors in thought processes, problems as behavior patterns, and problems as interpersonal or systemic conditions.

Up to this point in the text, we have been talking about skills and stages that are generic to all counseling. They could be called core skills and processes. Some authors refer to them as common factors. In Chapters 8 through 11, we move into areas that are more specific to working from a particular orientation or domain. Although we believe that good counselors have some level of expertise in all of the interventions that are presented in these chapters, we also accept that each counselor will veer more toward some clusters of interventions than others.

The change to the word *intervention* at this point in the text is deliberate and it should be defined as different from *skill* or *technique*. As noted earlier, we view skills as core to all counseling. Regardless of one's orientation, asking good open-ended questions, reflecting well, summarizing what the client has said, and so forth, are all endemic to the counseling process. A technique comes closer to an intervention and some authors may even use the two terms interchangeably. Still, techniques can be used for a very specific process goal and not be tied to outcome goals. For example, a counselor might use a relaxation exercise at the beginning of each counseling session because the client tends to arrive to sessions anxious. This is an excellent use of a technique, but does not fit our definition of an intervention.

By contrast, interventions are chosen only after an assessment process has been completed and outcome goals have been set. Interventions, then, are integrally connected to how the counselor views the issues being discussed and are chosen as part of a plan to address (and hopefully alleviate) these issues. Although interventions may look like and feel like advanced skills (and to some extent they are), they are used with more sense of where the counselor is headed than are the core skills. Said differently, interventions are chosen specifically because the counselor believes they will assist the client in resolving the issues that have been presented in as efficient and meaningful a way as possible.

Chapters 8 through 11 are divided into the four principal categories of interventions that counselors use: *Affective Interventions*, *Cognitive Interventions*, *Behavioral Interventions*, and *Systemic Interventions*. In each chapter, we attempt to help the reader see counseling from that particular orientation and give examples of how this is done. Prior to reading about these different categories of interventions, consider these three introductory points about them.

First, these chapters do not present a full review of the possibilities within each category. The professional literature and now the Internet offer a plethora of possibilities for either fine-tuning interventions for specific populations or expanding one's personal collection of interventions. What we offer here is a sample and some of the most common interventions in the profession. We

hope that the reader will use these chapters as a place to begin, not as an authoritative collection of what is available.

Second, although the chapters are divided by major orientations or domains, we view interventions as more flexible than they might appear. Just as a counselor can reflect affect or reflect thought, some of the interventions could be revised easily to attend to another domain. We encourage the reader to consider such possibilities as they gain experience as counselors.

Third, we repeat this point on occasion in the chapters themselves, but here we introduce the idea that a client's dominant method of communicating is not necessarily the best orientation for intervention selection for that client. For example, a client might present with a great deal of emotion. It might be tempting, therefore, for a counselor to stay in the affective realm in working with that client. We believe that this could be an error. Because the client already has access to his or her emotions, it may be other areas that need exploration for feelings to get "under control." Similarly, the highly cognitive client probably needs more than cognitive interventions. Our point is that the client's "strong suit" is not the primary criterion for how counselors choose interventions.

We have ended each of the four intervention chapters with some attention to two popular therapy approaches: Motivational Interviewing (MI; Chapters 8 and 9) and Dialectical Behavior Therapy (DBT; Chapters 10 and 11). Of course, it is not our intent nor is it realistic for us to offer any sort of comprehensive explanation of either of these approaches. Rather, we are attempting to demonstrate the ways that different therapies use interventions and, in the case of DBT, how interventions from all four orientations can be used at different times as therapy proceeds.

Finally, in Chapter 12, *Termination and Evaluation*, we return to the final stage of counseling, termination, as a process in itself rather than an event. What are the ingredients of a successful termination? What ethical issues are raised in the termination process? Who decides when termination is appropriate? How is referral to another helping source part of the termination process? We also discuss the evaluation of counseling as an important task for counselors during this stage so that they can continue to improve.

Each chapter includes exercises and discussion questions that help individual students to integrate the information they have just read. Discussion questions have also been provided to aid in group discussions. At the end of each chapter, we provide video illustrations of the skills that are available at MyCounselingLab, along with suggestions for viewing these videos.

Appendix A offers students more comprehensive practice exercises, along with a Counseling Skills Checklist that can be copied and used for feedback purposes.

Students will find a variety of forms commonly used in counseling practice in Appendix B. These forms may be copied and used by students as they practice their craft.

Also available with MyCounselingLab®

This title is also available with MyCounselingLab—an online homework, tutorial, and assessment program designed to work with the text to engage students and improve results. Within its structured environment, students see key concepts demonstrated through video clips, practice what they learn, test their understanding, and receive feedback to guide their learning and ensure they master key learning outcomes.

- **Learning Outcomes and Standards measure student results.** MyCounselingLab organizes all assignments around essential learning outcomes and national standards for counselors.
- **Video- and Case-Based Assignments develop decision-making skills.** Video- and Case-based Assignments introduce students to a broader range of clients, and therefore a broader

range of presenting problems, than they will encounter in their own pre-professional clinical experiences. Students watch videos of actual client-therapist sessions or high-quality role-play scenarios featuring expert counselors. They are then guided in their analysis of the videos through a series of short-answer questions. These exercises help students develop the techniques and decision-making skills they need to be effective counselors before they are in a critical situation with a real client.

- **Licensure Quizzes help students prepare for certification.** Automatically graded, multiple-choice Licensure Quizzes help students prepare for their certification examinations, master foundational course content, and improve their performance in the course.
- **Video Library offers a wealth of observation opportunities.** The Video Library provides more than 400 video clips of actual client-therapist sessions and high-quality role plays in a database organized by topic and searchable by keyword. The Video Library includes every video clip from the MyCounselingLab courses plus additional videos from Pearson's extensive library of footage. Instructors can create additional assignments around the videos or use them for in-class activities. Students can expand their observation experiences to include other course areas and increase the amount of time they spend watching expert counselors in action.
- **Comprehensive online course content.** Filled with a wealth of content that is tightly integrated with your textbook, MyLab lets you easily add, remove, or modify existing instructional material. You can also add your own course materials to suit the needs of your students or department. In short, MyLab lets you teach exactly as you'd like.
- **Robust gradebook tracking.** The online gradebook automatically tracks your students' results on tests, homework, and practice exercises and gives you control over managing results and calculating grades. The gradebook provides a number of flexible grading options, including exporting grades to a spreadsheet program such as Microsoft Excel. And, it lets you measure and document your students' learning outcomes.

ACKNOWLEDGMENTS

Thinking about a new edition begins with the opinions of others—specifically, the persons who serve as reviewers provide invaluable insights into how the user views a text, both its strengths and its weaknesses. Insightful reviewers provide enormous value in this renewal process. We thank Jori Berger-Greenstein, Boston University School of Medicine; Vanessa D. Johnson, Northeastern University; Gulsah Kemer, Arizona State University; Yu-Fen Lin, University of North Texas, Dallas; and Oscar Sida, University of Nevada, Las Vegas, for their generous and serious attention to this responsibility. Their comments have given us a real advantage in our effort. We also wish to thank Kevin Davis, our editor, for his support in how this edition was to take shape, and to Lauren Carlson, project manager, for her expert choreography of the eighth edition. Special thanks to Mercedes Heston for her careful review of the manuscript and her good humor throughout. Finally, we wish to thank our students, past and present, who consistently give us new insights into the process of learning to become a counselor. Without their help and the help of scholars who continue to wrestle with understanding the counseling process in modern times, no new edition could be in fact *new*.

*H.H.
J.M.B.*

ABOUT THE AUTHORS



Harold (Dick) Hackney, Professor Emeritus of counseling at Syracuse University, is a nationally certified counselor and a Fellow of the American Counseling Association. Dick is past-president of the Association for Counselor Education and Supervision and former member of the ACA Governing Council, and a past-president of the Center for Credentialing and Education, an affiliate of NBCC. His areas of expertise include counselor training, training of future counseling professors, research methodology, counseling processes, and counseling theory. Hackney's writings draw from his experiences as a school counselor, a marriage and family counselor, and his research on counseling processes. Prior to his appointment at Syracuse University, Hackney was a professor at Purdue University and at Fairfield University.



Janine M. Bernard, Professor Emeritus of counseling and counselor education at Syracuse University, is a nationally certified counselor, an approved clinical supervisor, and licensed as a mental health counselor in New York. Bernard is a Fellow of the American Counseling Association and a long-term member of the American Psychological Association. She is a past-chair of the National Board for Certified Counselors. Her areas of expertise include clinical supervision, counselor training, multicultural aspects of supervision, and life-span human development. Prior to her appointment as department chair at Syracuse University, Bernard held faculty appointments at Purdue University and at Fairfield University.

BRIEF CONTENTS

Chapter 1	Conceptualizing Professional Counseling	1
Chapter 2	The Language of Counseling	20
Chapter 3	The Essential Structure of Counseling	36
Chapter 4	Initiating and Maintaining a Working Relationship	54
Chapter 5	Assessing Client Problems	75
Chapter 6	Developing Counseling Goals	98
Chapter 7	Defining Strategies and Selecting Interventions	116
Chapter 8	Affective Interventions	131
Chapter 9	Cognitive Interventions	157
Chapter 10	Behavioral Interventions	183
Chapter 11	Systemic Interventions	212
Chapter 12	Termination and Evaluation	240
Appendix A	Integrative Practice Exercises	259
Appendix B	Forms and Guides for Use in Counseling Practice	266
<i>References</i>		284
<i>Index</i>		291

CONTENTS

Preface iii

About the Authors viii

Chapter 1 CONCEPTUALIZING PROFESSIONAL COUNSELING 1

What Is Counseling? 2

The Parameters of Counseling 3

Counseling Conditions and Their Effects 8

▶ **Case Illustration of Possible Counseling Outcomes** 11

Characteristics of Effective Helpers 12

The Developmental Nature of Learning to Counsel 16

Summary 18

Exercises 18

Discussion Questions 19

MyCounselingLab Assignment 19

Chapter 2 THE LANGUAGE OF COUNSELING 20

Communication in Counseling 21

Nonverbal Skills of Counseling 21

Basic Verbal Skills of Counseling 23

Advanced Verbal Skills of Counseling 26

Summary 31

Exercises 34

Feedback for Exercise III, Recognizing Different Counselor Responses 34

Discussion Questions 35

MyCounselingLab Assignment 35

Chapter 3 THE ESSENTIAL STRUCTURE OF COUNSELING 36

The Counseling Process 37

The Client's Experience in Counseling 48

Summary 51

Exercises 52

Discussion Questions 52

MyCounselingLab Assignment 53

Chapter 4 INITIATING AND MAINTAINING A WORKING RELATIONSHIP 54

Characteristics of a Therapeutic Relationship 55

Communicating Empathy 59

Relationship-Building Skills 60

Conditions That Convey Genuineness	65
Conditions That Convey Positive Regard	67
Functions of a Therapeutic Relationship	68
Effects of Therapeutic Relationships on Clients	69

► Case Illustration of Relationship Building 70

Children and the Counseling Relationship 71

Summary 72

Exercises 73

Discussion Questions 74

MyCounselingLab Assignment 74

Chapter 5 ASSESSING CLIENT PROBLEMS 75

Purposes of Assessment 76

Dimensions of Assessment 77

Clinical Assessment with Children 81

Clinical Assessment with Couples and Families 83

Using Assessment Information 85

Skills Associated with Assessment 85

Effects of Assessment on Clients 90

► Case Illustration of the Intake Interview 91

Crisis Assessment 94

Integration of Problem-Definition Information with Treatment Planning 95

Summary 95

Exercises 96

Discussion Questions 97

MyCounselingLab Assignment 97

Chapter 6 DEVELOPING COUNSELING GOALS 98

Functions of Counseling Goals 99

Parameters of Goal Setting: Process and Outcome Goals 100

Three Elements of Good Outcome Goals 101

Obstacles in Developing Specific Goals 102

Skills Associated with Goal Setting 102

Effects of Goal Setting on Clients 107

Goal Setting with Children 107

Crises and Goal Setting 108

Goal Setting and Culture 108

Client Participation in Goal Setting 109

Resistance to Goal Setting 110

Assessing Counseling Goals 111

► **Case Illustration of Goal Setting 111**

Summary 114

Exercises 114

Discussion Questions 115

MyCounselingLab Assignment 115

Chapter 7 DEFINING STRATEGIES AND SELECTING INTERVENTIONS 116

Case Conceptualization Skills 117

Theory and Case Conceptualization 117

Worldview and Case Conceptualization 118

Conceptualizing Presenting Problems 119

Diagnosis and Case Conceptualization 121

Time Orientation and Case Conceptualization 121

Goals and Treatment Planning 122

Strategy Selection 123

Categories of Counseling Interventions 123

► **Case Illustration of Strategy and Interventions Selection: Angela 125**

Defining a Counseling Strategy 126

Strategies for Working with Children 128

Summary 128

Exercises 129

Discussion Questions 130

MyCounselingLab Assignment 130

Chapter 8 AFFECTIVE INTERVENTIONS 131

Theories That Stress the Importance of Feelings 132

Affective Interventions 133

Helping Clients Express Affect 134

Nonverbal Affect Cues 135

Verbal Affect Cues 136

Helping Clients Sort Feelings 140

Focusing Intervention 143

► **Case Illustration of Focusing 144**

Helping Clients Integrate or Change Feeling States 145

► **Case Illustration of Integrating Feelings 146**

Role Reversal 147

► **Case Illustration of Role Reversal 147**

Alter Ego 148

- ▶ Case Illustration of the Alter Ego 149

The Empty Chair 150

- ▶ Case Illustration of the Empty Chair 151

Client Reactions to Affective Interventions 152**Applying Interventions to Dialectical Behavior Therapy and
Motivational Interviewing 152**

Summary 155

Exercises 155

Discussion Questions 156

MyCounselingLab Assignment 156

Chapter 9 COGNITIVE INTERVENTIONS 157**Theories That Stress the Importance of Cognitive Processes 158****Goals of Cognitive Interventions 158****Assessment of Cognitive Problems 159****Eliciting Thoughts 160****Cognitive Interventions 161**

- ▶ Case Illustration of A-B-C-D Analysis 163
- ▶ Case Illustration of Injunctions and Redecision Work 168

Second-Order Interventions 173**Meaning-Making Interventions 175**

- ▶ Case Illustration of Meaning Making 177

Client Reactions to Interventions 177**Applying Interventions to Dialectical Behavior Therapy and
Motivational Interviewing 179**

Summary 180

Exercises 180

Discussion Questions 182

MyCounselingLab Assignment 182

Chapter 10 BEHAVIORAL INTERVENTIONS 183**Behavioral Interventions and Theory 184****Goals of Behavioral Interventions 186****Basic Behavioral Skills 187****Using Behavioral Interventions 188**

- ▶ Case Illustration of Skill Training 195
- ▶ Case Illustration of Anxiety Reduction 201
- ▶ Case Illustration of Self-Management 206

Client Reactions to Behavioral Interventions	209
Applying Interventions to Dialectical Behavior Therapy	209
<i>Summary</i>	209
<i>Exercises</i>	210
<i>Discussion Questions</i>	211
<i>MyCounselingLab Assignment</i>	211

Chapter 11 SYSTEMIC INTERVENTIONS 212

System Properties	213
Therapies That Stress the Importance of Systems	214
Systemic Skills and Interventions	215
Establishing a Therapeutic Relationship and Assessing System Issues	216
Goal Setting	220
▶ Case Illustration of Reframing for Goal Setting	221
Systemic Interventions	223
Communication Skill Building	223
Altering System Properties	229
▶ Case Illustration of Altering Hierarchy and Boundary Making	231
▶ Case Illustration of Enactment	233
Second-Order Interventions	235
▶ Case Illustration of Prescribing the Symptom	235
Client Reactions to Systemic Interventions	237
<i>Summary</i>	238
<i>Exercises</i>	238
<i>Discussion Questions</i>	238
<i>MyCounselingLab Assignment</i>	239

Chapter 12 TERMINATION AND EVALUATION 240

The Termination Stage	241
Termination as a Process	244
The Referral Process	246
Blocks to Termination	249
▶ Case Illustration of Termination	250
Evaluation of Counseling	254
<i>Summary</i>	256
<i>Exercises</i>	256
<i>Discussion Questions</i>	257

Appendix A INTEGRATIVE PRACTICE EXERCISES 259

**Appendix B FORMS AND GUIDES FOR USE IN COUNSELING
PRACTICE 266**

References 284

Index 291

This page intentionally left blank

Conceptualizing Professional Counseling

CHAPTER

1

INTRODUCTION TO PROFESSIONAL COUNSELING

We have an ambitious goal for the reader of this text. We hope to provide you with the tools to move you from someone who knows little about the actual process of providing professional counseling to someone who is ready to see her or his first client under supervision. Therefore, this book includes discussion of basic skills of counseling but goes beyond this to give you frames of reference that will assist you in knowing *what* skills to use *when* and for *what purpose*. However, before we begin this exciting (and occasionally intimidating) journey, it is important to spend some time trying to deconstruct the term *professional counseling* and to understand a number of concepts and conditions that are fundamental to the counseling process.

PURPOSE OF THIS CHAPTER

In this chapter, we consider some important topics that should be contemplated before you begin to learn specific skills for the process of counseling. Foremost to our discussion is that counseling must be viewed in context. The factors that contribute to that context include philosophy, theoretical premises, and cultural realities—in other words, the intellectual and social milieu. In addition, we address different ways client problems can be assessed and counselor qualities that are universal, crossing theoretical approaches, cultures, and time. Our ultimate objective is to help you, the reader, begin to identify yourself within these parameters and to do some introspection regarding how your thinking and your personal qualities match those of the professional counselor.

Considerations as You Read This Chapter

- How do you view life? Do you believe that most things that happen to people are unplanned and coincidental, or do you believe that life events tend to fit a “larger plan”?
- Is life’s challenge a matter of analyzing situations and developing successful responses to those situations? Or is it to become the best person one can be, given the circumstances life presents?
- How do you describe yourself culturally? From whom have you learned the most about yourself as a cultural being? What do you believe is most misunderstood about you culturally?
- As you read about each of the personal qualities required of professional counselors, how does the explanation describe you? How would you edit the explanation to be a better fit to how you see yourself?

This is a text about the process of counseling. In the hands of a skilled and sensitive person, this process can be used to enhance the lives of people who are seeking to cope with difficult life challenges, to change their relationships, or to develop self-understanding. Although it is almost impossible to define precisely what the experience of providing counseling will be for you, some general parameters of the counseling process will certainly be part of your experience. There are several ways to consider the counseling process, beginning with a clear sense of what the process is, how counseling is applied to human problems, how the client and the client's circumstances influence the process, and what constitutes successful counseling. In this chapter, we examine these and other fundamental issues as they relate to the practice of counseling.

WHAT IS COUNSELING?

At its core, *counseling* is the process of offering assistance. It is for this reason that we hear of credit counselors, investment counselors, camp counselors, and retirement counselors, to name just a few. This book is about professional counseling as used by mental health professionals in general and specifically those whose professional home is with the American Counseling Association and its affiliates. In this text, we use the terms *professional counseling* and *counseling* interchangeably. Often, mental health agency settings refer to *therapy*, short for *psychotherapy*. Again, these terms refer to the same processes that we address in this text.

Counseling is a combination of having specialized knowledge, interpersonal skills, and personal dispositions that are required to assist clients in facing or understanding successfully what is interfering with their lives, assisting clients in identifying attainable goals to improve their situation, and offering interventions that assist clients in goal attainment. You might be asking, “What knowledge? What skills? What dispositions?”; we begin addressing each of these questions in this chapter. But we could also include, “What clients?” because clients can be individuals, groups, families, or institutions. As an example of having an institution as a client, when a mental health counselor convinces agency staff to provide service at times more convenient to clients in a community or when a school counselor offers a new psychoeducational program, he or she is using counseling skills to intervene at an institutional level to arrive at a goal the counselor has assessed as worthy. Most counseling, however, is confined to persons in a room where a professional is listening intently, checking in to be sure that the client(s) is understood in both a cultural and psychological sense, and moving toward some outcome that enhances the client's well-being.

The content of professional counseling tends to include both internal and relational concerns. *Internal (intrapersonal) concerns* can range from issues of self-concept or self-defeating habits to severe mental impairment. *Relational (interpersonal) concerns* can range from communication and perceptual problems between the client and others to issues of hostility, aggression, and criminal activity toward others. These problems cross all age groups and developmental stages. It is important to note that these issues, even the “lesser” ones, are diagnostic in nature—that is, the problems must be understood both in their expression (as behaviors, feelings, or thoughts) and in the context in which they are supported (what keeps the problem alive).

Finally, although our definition is generic in nature, this is not to suggest that a professional counselor might be a provider of services for any type of problem. Within the counseling profession are many specialties, including mental health counselors, marriage and family counselors, school counselors, rehabilitation counselors, pastoral counselors, creative arts counselors, and career counselors. Each specialty is based on knowledge that is specific to working within

certain institutions or with particular populations. Still, despite differences, the actual process of counseling shares the common elements of relationship, communication, conceptualization, and intervention skills that are covered in this text.

Why Counseling?

It may be necessary to remind some aspiring counselors that the problems of life can be solved in many ways, counseling being only one of those ways. The vast majority of the human race has never experienced professional counseling. Does that mean that they are functioning at some sublevel of life? Of course not. Many people adapt to life's challenges by using personal resources, friends and family, or religious faith. But even with these resources, challenges can sometimes accumulate to the point that an unencumbered and skilled helper can facilitate the process of growth and adaptation to such challenges.

Viewed in this way, counseling can assume the function of change, prevention, or life enhancement. As change, counseling is concerned with situations that, for whatever reason, have become so disruptive that people are unable to continue through the normal passage of life without excess stress, dissatisfaction, or unhappiness. As prevention, counseling is able to take into account those predictable life events that produce stress, cause people to draw on their psychological resources, and, ultimately, demand adaptation to changing life forces. Finally, a third form of counseling, *enhancement counseling*, goes beyond life's challenges and predictabilities. As a counseling goal, enhancement attempts to open clients' experiences to new and deeper levels of understanding, appreciation, and wisdom about life's many potentialities.

THE PARAMETERS OF COUNSELING

Counselors can talk about counseling as change or growth, or they can talk about counseling as a process or product. If counselors go very deeply into an examination of these alternatives, it also becomes apparent that they are beginning to talk about philosophical, cultural, and even spiritual issues as well as psychological or interpersonal concerns. How counselors view these issues and concerns determines at least part of what they do in the counseling interview. If I happen to hold an optimistic view of human beings and how they adapt to life's ups and downs, my view of what should happen in counseling will be quite different from that of the person who holds a cautious, or even pessimistic, view of human beings and how they function. If I have experienced life only in a sheltered or encapsulated environment, then I may view counseling as not involving cultural dimensions, including the extreme conditions when all some clients have known is a culture of little opportunity, survival of the fittest, and violence. If I solve my problems by careful examination and analysis of issues, decisions to be made, appropriateness of outcomes, and so on, then I might naturally assume that others should approach life problems in a similar fashion, especially if I have been fortunate enough to have the resources to make this happen. Or if I see life as a multifaceted adventure, then I might feel less urgency to identify, prescribe and, thus, control the outcomes of counseling. If I am fearful of things going in a negative direction if I make an error, then I may seek "solutions" for my clients and attempt to push these to conclusion. These are just some of the possibilities of how the counselor's worldview can affect counseling when she or he enters the process.

Occurring simultaneously with the counselor's worldview is the presentation of the client's concerns by the client. These concerns may have a strong basis in reality, or they may be self-generated by the client's discomfort or skewed by the client's faulty perceptions. And it is

also obvious that clients come as optimists or pessimists, bold or cautious, with personal or environmental resources, or without them. Whatever the case, the counselor must have a healthy appreciation of the very broad range of behaviors, attitudes, self-concepts, histories, cultural contexts, resources, and feelings that their clients represent. In other words, the term *normal* may not be very useful apart from understanding the client's context. For any given client, it may be normal for a child to live with more criticism than love; it may be normal for a woman to live with men who are volatile and occasionally violent; it may be normal for substances to be abused to block out feelings of hopelessness. Regardless of whether something is normal to a particular client, it may not be functional, and this is where counseling can be helpful. *Functional behavior* is that which thwarts dysfunction and opens up new possibilities, including the possibility of growth, problem solving, and an increased ability to cope with life's inevitable stressors. When listening to the personal concerns of clients, counselors must seek to understand life (i.e., what has been normal for them) as clients see it and the reasons they see life as they do. Only then can counselors begin to participate as helpers in the counseling relationship. Only then can clients begin to move toward more functional behavior.

Although we alluded to it earlier, it is important to stress once more that there is no way to understand human existence by separating it from the setting or environment in which existence occurs. Children cannot be fully understood separate from their families of origin, their neighborhoods, or their peer groups; adults cannot be understood separate from their families, ethnicities, social class, belief systems, or careers; and individuals cannot be dissected into intellectual selves, occupational selves, affective selves, or whatever. Each individual is an ecological existence within a cultural context, living with others in an ecological system. One's intrapersonal dimensions are interdependent with others who share one's life space. A keen understanding and appreciation of this interdependence will facilitate your understanding of yourself as a counselor, and of your clients as people seeking to become healthier, to make better choices, to grow, or to enhance their lives.

Counseling and Philosophy

Before we move on to more specific aspects of counseling, including the interface between theory and counseling process, let's step back for a moment and consider philosophical viewpoints. Few people consider themselves to be philosophers, and yet everyone has a philosophical outlook on life. Some people see life as a sequence of events and experiences over which they have little or no control; others view life as a challenge to be analyzed, controlled, and directed. Some see achievement and self-improvement as the purpose of life; others view life as a process to be experienced. Who is right? Everyone. Philosophical outlooks on life are varied, allowing each individual to choose or to identify with that outlook that seems to fit him or her best.

Counseling theory has drawn primarily from four philosophical positions (Hansen, 2004; Wilks, 2003). The first of these, *essentialism*, assumes that human beings are rational by nature, that reason is the natural goal of education, and that the classical thinkers are the chief repository of reason. From this orientation come the problem solvers, the analyzers, those who search for patterns in life.

The second philosophical position, *progressivism*, is concerned with the fundamental question, "What will work?" Knowledge is based on experimental results, truth is identified through consequences, and values are relative rather than absolute. From this orientation come the persons who rely on data and research for their truths, who believe that pragmatic solutions do exist for human problems, and who are committed to the pursuit of logical and lawful relationships in life.

The third philosophical position, *existentialism*, holds that life's meaning is to be found in the individual, not in the environment or the event. Lawfulness (progressivism) and rational thinking (essentialism) are meaningless unless the individual gives them meaning. People who align with this view of life believe that values are real and individually determined, and that experiences are subjective rather than lawful or predictable. Individual responsibility is emphasized; human reactions are the result of choice or potential choice.

Finally, the fourth philosophical position, *postmodernism*, raises the fundamental question, "What is real?" This question is particularly relevant in terms of the client's experience versus an external reality—or more specifically, which reality is more important—the client's reality, or an outside reality to which the client should adapt? Although there are some similarities between postmodernism and existentialism in this regard, the important point is that one can never know a reality outside oneself and, therefore, must focus on personal reality. From this orientation come persons who believe that reality can have only a personal meaning, that reality gains meaning through one's personal perceptions or explanations of experiences.

Obviously, all counselors enter the profession with some variation of these viewpoints. Each counselor's philosophical view is reflected in how he or she reacts to client problems and how those problems are addressed. Similarly, clients enter counseling with some variation of these viewpoints that are reflected in how they view their problems and what they consider to be viable solutions. Keeping these variations in mind, both for yourself and for your relationship with clients, will help you to choose interventions that are relevant to the people you are trying to assist.

Counseling and Theory

Whether you are studying theories of counseling concurrently to learning about the counseling process or at a different time, at some point, you will be asked to consider how theory will inform your work. Stated simply, a *theory* attempts to explain how something came to be or how it works. *Personality theory*, from which numerous counseling theories spring, is an effort to explain the various ways that the psyche emerges, evolves, and matures, both in terms of normal development and in terms of dysfunction. *Counseling theories* move beyond an explanation of dysfunction in relation to normal development, and offer ideas of how corrections to this dysfunction can be accomplished. Said differently, counseling theory not only hypothesizes about how humans operate, but also how to intervene when things appear to be unraveling. What confuses many students of counseling is how differently some theories conceptualize human existence from others. It would be convenient, perhaps, if the mental health disciplines had only one theory, like relativity; however, that is not the case, and every counselor must study the extant theories available and determine which theory or combination of theories resonates with him or her.

Within the context of counseling therapies, more than 400 approaches have been identified. Most of these approaches would be better labeled as *variations* on a much smaller number of theoretical themes. Among the dominant theoretical approaches are *psychodynamic*, *cognitive/behavioral*, *humanistic*, *systemic*, and *postmodern* approaches, each of which offers a type of map of the counseling process and the route its participants should take to achieve certain goals. Rarely does a counseling theory prescribe what the specific goals of counseling should be. Because there is much room for alternative viewpoints on matters such as normal human functioning, how people change, and what is a desirable outcome, different theories have emerged to reflect these various viewpoints. On a more practical level, counselors use theories to organize information and observations, to explain or conceptualize client problems, and to order and implement particular interventions with clients.

Counselors tend to identify with particular theories for a variety of reasons. Some counselors look for a theory that provides the most utilitarian explanation of the counseling process. Their quest is for a theory that provides concrete guidelines. Other counselors look for a theory that is compatible with their life perspective—that is, a theory that makes similar assumptions about human nature as their own private assumptions. Still other counselors seek a theory that best explains or conceptualizes the types of problems their clients present. Of course, it is possible for a counselor to obtain all three objectives with the same theory, but this realization tends to emerge only as the counselor gains experience.

Over the years, the counseling profession has witnessed an increased convergence among theorists and a growing realization that no single theory can explain or fit all client challenges. The result is an emerging view that theory is meant to serve the user, and when no single theory totally fits the counselor's needs, then a blending of compatible theories is an acceptable practice. This is known as either an *eclectic* or an *integrative* approach. An *eclectic* approach is one where a counselor chooses a theory depending on each client's needs. Hoffman (2006) noted that the challenge with this approach is that it requires that the counselor become expert in applying many theories, a feat that could take many years. Rather, Hoffman suggests that many practitioners adopt an *integrative* approach, where they claim a central theoretical position but pull from other theories as needed, such as a counselor who claimed to be cognitive-behavioral-integrative. Prochaska and Norcross (2014) report that a sizable number of practicing counselors prefer an integrative or eclectic approach.

Despite a variety of theories to draw from, there are common factors that are present across all counseling. The following list presents seven elements about counseling that are operative for all of the major theoretical approaches:

1. Counseling involves responding to the feelings, thoughts, actions, and contexts of the client. Existing theoretical approaches tend to emphasize one of these over the others. However, all counselors must be excellent observers and skilled in their ability to engage clients, to elicit the client's thoughts and feelings, and to respond to these in ways that are helpful.
2. Counseling involves a basic acceptance of the client's perceptions and feelings, regardless of outside evaluative standards. In other words, you must first acknowledge who the client is before you can begin to consider who the client might become. Clients need your understanding of their current reality and concerns before they can anticipate growth and change in a new direction.
3. Counseling is a multicultural experience. This realization affects all aspects of the process, including assessment, goal setting, and intervention selection.
4. Ethical mandates of the profession are relevant across all counseling, and include confidentiality, receiving adequate supervision, avoiding multiple relationships with clients, informed consent, and so forth. All counselors must be familiar with the ethical codes to which they are subject.
5. Counseling must include client buy-in. This is especially important when clients are mandated, but is also true of many clients who come voluntarily but have not yet made a commitment to work toward change. Therefore, counselors must be skilled in "marketing" what it is they have to offer as a first step with some clients. This can take the form of showing respect and interest in the client, even if the client appears to be disengaged; or it can take the form of frank talk of consequences for the client if no change occurs in his or her life. Whatever is the decided approach, buy-in must be accomplished if counseling is to have positive outcomes. Otherwise, the counselor learns that counseling can be a weak intervention with a client who is unable to make a commitment to the process. This, of course, is the client's right, and coercion is never appropriate as a means to continue with a client.

6. Generally speaking, the counselor operates with a conservative bias against communicating to the client detailed information about his or her own life. Although there are times when counselor self-disclosure is appropriate, counselors generally do not complicate the relationship by focusing attention on themselves.

7. One cluster of skills underlying all approaches to counseling is that which makes up communication. Counselors and clients alike continually transmit and receive verbal and non-verbal messages during the interview process. Therefore, awareness of and sensitivity to the kinds of messages being communicated is an important prerequisite for counselor effectiveness.

Counseling and Culture

Increasingly, society is becoming aware of the complex role that culture plays in interpersonal relationships. Furthermore, cultural awareness is endemic to the discussion of theory and philosophy already introduced. As you listen to how clients see the world (often reflecting how their families taught them to see the world and how the world taught them to see themselves), you may begin to see some similarities within cultural groups. As a result, one of your challenges as a counselor is to find a theory (or theories) that reflects your own view of the world but is not inconsistent with how your clients view the world. One of the rewarding parts of counseling is that if you listen intently to how other cultural groups think and feel, you may find that your own views about things evolve.

If you were to look up the word *culture* in a variety of resources, some of the words and phrases that would keep coming up are *beliefs, values, way of life, shared attitudes, morals, and characteristics*. For this reason, counseling is best viewed as *multicultural*, because most individuals are members of more than one cultural group. For example, you may be a White, Irish-American, Catholic, working-class, heterosexual woman. Each of these cultural identities includes some shared attitudes and beliefs with many (certainly not all) of other persons of the same profile. And this is only the beginning. You may also be a member of the Alcoholics Anonymous culture as a recovering alcoholic, and you may identify as a feminist. You most certainly find some of your cultural identities more central to how you view yourself than others, and these identities change depending on the context. For example, you may not find yourself focusing on your working-class background (which includes a strong work ethic) much, until you are working with a client who doesn't seem interested in helping him- or herself. Suddenly, you are experiencing a cultural "moment" that you must work through if you are to be helpful to your client. In this example, it's quite possible that you never considered that part of your adopting a strong work ethic is the embedded privilege that was part of your upbringing—that is, it paid off to work hard because you were rewarded for doing so. What if this was not the case? What if you were viewed negatively even when you thought you were doing things correctly? Might this be your client's cultural reality? If so, your awareness of this cultural difference may lead you to implementing appropriate interventions.

In short, the implications for counseling and for the counselor are quite clear: If understanding and acceptance of the client are to occur, then the counselor must understand the cultural factors that have shaped and continue to influence the client's worldview. Even before that can happen, the counselor must understand his or her own worldview and how it is shaped in ways similar to how this occurred for the client, even when the two worldviews are substantially different from one another. To do less is to flirt with what Wrenn (1962) initially termed *cultural encapsulation*: defining reality according to one set of cultural assumptions and stereotypes,

being insensitive to cultural variations among individuals, and assuming that one's personal view is the only real or legitimate one. Clearly, counseling cannot go far when the counselor is handicapped by cultural encapsulation.

Finally, the greater the value of a cultural identity to the client, the more important it is to be understood by the counselor. Therefore, race, gender, sexual orientation, religious identity, ability/disability, and social class may be key cultural variables to communicating accurately and empathically with a client. That said, we should also be aware of what may be "lesser" cultural variables and how they help us to understand our clients. Urban culture, corporate culture, Y generation, "geek" culture, athlete culture—all of these may include embedded values and beliefs that enhance the counseling relationship if you take time to learn about them. Furthermore, in attending to what appeared a "lesser" identity, you may learn that it is, by contrast, quite central to how the client views him- or herself.

COUNSELING CONDITIONS AND THEIR EFFECTS

Some clients find seeking counseling to be a major life decision. Apart from the fact that pockets of society continue to associate personal problems with weakness or inadequacy, the process of finding a person who is trustworthy, confidence inspiring, and competent is a daunting challenge. Other clients have a longer history of participating in counseling because of chronic mental health conditions, spiraling consequences of faulty decision making, living in an abusive situation, or any number of other reasons. Many clients are ill informed about counseling. If the experience is new, they may be unprepared to appraise the situation, determine the counselor's ability to be of help, and make the judgment to commit to the process. The counselor must also make an initial assessment of the situation, determine that his or her skills are adequate for the client's presenting concerns, and also determine that counseling holds some promise for improving the client's situation. What conditions or events provide signals to both clients and counselors that the prospective relationship and the counseling process hold promise for success?

Clients are likely to be encouraged by factors such as feeling support and understanding from another person, beginning to see a different and more hopeful perspective, or experiencing a more desirable level of relating to others. Similarly, counselors feel reinforced as they are able to establish those conditions that lead to successful counseling outcomes. Although different theoretical orientations emphasize somewhat different counseling outcomes, most practitioners agree on some rather basic outcomes. When counseling has been successful, clients often experience a combination of the following four types of outcomes:

1. ***Clients develop a more useful understanding of problems and issues.*** Once clients begin to view the sources of their problems more appropriately, they frequently develop greater understanding or insight into the problem and some of the ways that the problem manifests itself. Although understanding a problem differently is rarely an end in itself, it is an important beginning. There are four avenues for problem understanding that can increase client awareness: feelings and somatic reactions (affect) associated with the problem, thoughts (cognitions) related to how clients perceive or explain their problems, behavior patterns that may be associated or attributed to experiencing the problem, and interpersonal relationships that affect or are affected by the problem occurrence. Understanding these different dimensions of a problem helps clients perceive their reality more clearly and gain or experience more control over their reactions to an issue.

Example: Joseph, a Korean-American college student, was mandated to receive three counseling sessions at the college counseling center as a result of public drunkenness on campus. Joseph noted that he doesn't typically abuse alcohol but decided to get "wasted" when his girlfriend ended their relationship. He reported feeling down, hurt, lonely, and unlovable since the breakup a week ago. He showed no clinical signs of depression (e.g., sleeplessness, weight loss, isolation); rather, his behavior appeared to be more about letting the world (and his former girlfriend) know that he was in crisis. Through counseling, Joseph began to realize that his reaction is similar to how he would respond as a child when his mother would get on his case. Then, he reports, she would start to feel sorry for her effect on him and try to repair the obviously damaged relationship. In other words, Joseph began to understand that his style of dealing with stressful relationship events was to manipulate the other person into repairing the damage. In so doing, Joseph never had to assume any responsibility either for the initial issue or for the solution to the relationship problem. Thus, his reaction involved feelings, how he explained the problem to himself (as someone else's doing), his irresponsible behavior (in this case, getting drunk on campus), and how he would manipulate relationships. Through counseling, Joseph also began to understand the relationship between his problem-resolution style and his resulting behaviors that reflected passivity and inertia. Finally, Joseph came to understand that his interactional patterns with his mother were intruding and controlling his relationships with women. Now that Joseph has a clearer understanding of his issues, he is in a better position to commit to a goal of changing this pattern.

2. Clients acquire new responses to old issues. Many counseling theorists now agree that, for most clients, insight or understanding of problems is not a sufficient counseling outcome. In addition to developing greater understanding of issues, clients must also acquire more effective ways of responding, verbally and/or behaviorally, to problematic situations. Otherwise, they tend to repeat their ineffective coping methods, and fail to make any connection between how they understand their problem and what they do when experiencing their problem.

Example: Maria and Juan see a counselor because of "poor communication" in their marriage. Gradually, they are realizing that part of the problem is that Juan is at work all day in a very intense environment and wants to come home to relax, to sit down with the TV or his iPad, and to be left alone. Maria, however, has been at home alone all day with a young child. She seeks out Juan for some adult conversation until he pushes her away. Maria retreats in tearful anger. Although an understanding of the dynamics of this scenario may be useful to both Maria (she might be able to understand that it is not she, personally, whom Juan was rejecting) and to Juan (he, in turn, might realize that Maria had reasonable and understandable needs), it is unlikely that they will be able to alter or interrupt their reentry behavior patterns through understanding alone. They must also develop new behavioral patterns or interactions that meet each person's unique end-of-the-day needs.

3. Clients begin to perceive their problems and issues contextually. Many times, clients have formulated a set of explanations for their problems. Such explanations may reflect cultural factors, societal factors, or familial factors. From an upper-middle-class privileged perspective, the issue might be one of helping clients to “own” their problems. *Owning* means that clients begin to accept responsibility for themselves, their problems, and solutions. However, there are other ways of viewing the source of client problems. Clients who have experienced systematic discrimination because of disability, race, or religion—to name only a few—may not feel empowered to affect change in their lives. Some clients can appear beaten down by their experience as they view it, and muster little energy for counseling; others are angry at life in general for giving them such an unfair hand; still others tend to be in denial and present unrealistic (and often simplistic) views of how easy it will be for things to change. An important goal for the counselor, therefore, is to help clients understand the contextual factors that contribute to their issues, to fairly assess contextual restrictions and opportunities, and to offer clients both support and respect (i.e., to acknowledge discrimination and limited resources when they are apparent, and yet speak to clients’ strengths) within the counseling process.

Example: Diane is a 30-year-old White woman who is being interviewed at a community domestic violence center. Diane’s cousin convinced her to come; it is clear that Diane is not convinced that she belongs there. Diane’s husband, Rick, hit her during a recent argument. Diane tells her counselor that he has never hit her before. When encouraged to tell their history, Diane reveals that Rick is under a lot of stress at work and is very impatient with her. But this has been restricted to verbal insults and once shoving her as he left the room, but never striking her until this recent event. Diane shares that they have a 6-month-old baby and that Rick has been less affectionate since she became pregnant. She also tells the counselor that she understands Rick’s reaction as she is still carrying pregnancy weight and feels fat and ugly. In this case, it is clear that Diane has viewed Rick’s abuse only in personal and interpersonal contexts. She does not yet appear to be aware of the role that sexism and society’s tolerance of violence against woman has played in her relationship with Rick. Between these divergent contexts, the counselor must also learn more about what Diane learned from her family of origin about the role that women play in families and their relative status to the men in the family. Without any appreciation of these broader contexts, Diane is likely to continue to blame herself and Rick’s work stress for the situation.

4. Clients learn how to develop effective relationships. For a significant number of people who end up in a counselor’s office, adults and young people alike, effective and satisfying interpersonal interactions are nonexistent or rare. Because change is often created and enhanced by a social support network, it is essential for clients to begin to develop more adequate relationships with other people. Occasionally, the counseling relationship is the initial vehicle by which this occurs.

Example: Renee, a 17-year-old African-American high school junior was referred to her school counselor after an altercation with another girl. Renee is significantly obese and says that everyone is “nasty” with her because

of her weight. Renee also says that, even though she'd like to lose weight because her mother has diabetes, she doesn't care about kids in the school liking her because the school is full of "losers." In talking more to Renee, it becomes clear that her aggressive veneer is a thin shield covering feelings of isolation and rejection. The school counselor has a dual challenge in this case, and may call on the help of other professionals as well. Part of the issue harks back to multiple contexts as Renee's weight may be at least in part due to poor nutrition and unhealthy eating habits in her family and her community. In addition, the counselor must assist Renee in forming relationships that allow her to discard her veneer and be more authentic. Renee and her counselor have their work cut out for them, but it is unlikely that much will change without attention to these issues.

To summarize, counseling usually results in more than one single and all-inclusive outcome for clients. Effective change is multifaceted and comprehensive, and includes keener understanding of the dynamics of problem sources and maintenance, new insights, different and more facilitative behavioral responses, and more effective interpersonal relationships.

CASE ILLUSTRATION OF POSSIBLE COUNSELING OUTCOMES

The Case of Janet

Janet is a 35-year-old, White, single parent of two teenage girls. She has been employed as a bookkeeper for a local auto parts company for 12 years and is considered to be "the glue that holds the operation together" by her colleagues. Within her work context, Janet feels competent and comfortable. At home, her self-confidence disappears and she has overwhelming doubts about her parenting role and her relationship with neighbors "who see what a bad job I am doing." These doubts also invade her relationship with her parents, her ex-husband and in-laws, her church, and her social relationships. The result is that she has been spending increasing amounts of time in her job, thus accentuating her feelings toward her non-work world. These feelings seem locked into a downward spiral from which she cannot escape. Lately, she has been experiencing some physical symptoms involving her digestive system, inability to sleep more than four to five hours, and a nagging sense of despair.

Given an effective counseling experience, Janet might realistically expect to see some of the following kinds of change:

- Development of a more positive perception of herself away from work.
- Increased awareness of the relationship between her satisfying work setting and her overcommitment to time at work rather than at home.
- A more objective (and possibly enhanced) personal view of herself as a mother.
- A more realistic view of how others see her as a single parent and adult.
- Awareness that her physical symptoms might be related to her emotional reactions.
- Awareness of societal gender stereotypes that feed her reduced self-concept.
- A plan that would help her extract herself from the various "traps" she is experiencing at work, at home, in her neighborhood, in her church, and in her social relationships.
- Interactions with her daughters that reinforce their relationship and her view of herself as a mother.

CHARACTERISTICS OF EFFECTIVE HELPERS

Research on the effectiveness of counseling does not provide clear evidence of the relative contributions of factors that influence counseling (Sexton, Whiston, Bleuer, & Walz, 1997). Nevertheless, the professional literature is consistent in its emphasis on counselor characteristics as important to the success of counseling, including the following:

- Self-awareness and understanding
- Good psychological health
- Sensitivity to and understanding of culture as well as the role of “positionality”
- Open-mindedness
- Tolerance for ambiguity
- Clear boundaries
- Competence
- Trustworthiness
- Interpersonal attractiveness
- Ethical behavior

Other characteristics that have been identified include the ability to be empathic, genuine, and accepting (Neukrug, 2007); belief in the personal meaning of another person (Combs, 1986); and power or comfort with having influence with another (Cormier, Nurius, & Osborn, 2013).

Self-Awareness and Understanding

On the road to becoming an effective counselor, a good starting place for most counselors is a healthy degree of introspection and self-exploration. We suggest you might examine and seek to understand the following four specific areas:

1. Awareness of your needs (e.g., need to give or to nurture, need to judge others, need to be loved, need to be respected, need to be liked, need to please others, need to receive approval from others, need to be right, need for control)
2. Awareness of your motivation for helping (e.g., What do you get or take from helping others? How does helping make you feel good?)
3. Awareness of your feelings (e.g., happiness, satisfaction, hurt, anger, sadness, disappointment, confusion, fear)
4. Awareness of your personal strengths, limitations, and coping skills (e.g., things you do well or things about yourself that you like, things about yourself you need to work on, how you handle difficulties and stress)

Self-awareness and understanding are important in counseling for a variety of reasons. First, they help you see things more objectively and avoid “blind spots”—that is, difficulties that may arise because you do not understand some aspects of yourself, particularly in interpersonal interactions. One such difficulty is *projection*. Counselors who do not understand their needs and feelings may be more likely to project their feelings onto the client and not recognize their real source (e.g., “I had a very angry client today” instead of “I felt angry today with my client”). Projection is one example of a process we discuss later in this chapter called *countertransference*, or the emotional reactions of the counselor to the client.

Self-awareness and understanding also contribute to greater security and safety for both counselor and client. Lack of self-awareness and understanding may cause some counselors to personalize or overreact to client messages and respond with defensiveness. For example, a client questions whether counseling “will do her any good.” The counselor’s need to be respected and affirmed are jeopardized or threatened, but the counselor is not aware of this. Instead of responding to the client’s feelings of uncertainty, the counselor is likely to respond with personal feelings of insecurity and portray defensiveness in his or her voice or to portray other nonverbal behavior. In summary, self-awareness and understanding is having a keen knowledge of one’s triggers; for counselors, it also means having the ability to moderate one’s reactions to triggers so they do not hamper your client’s progress.

Good Psychological Health

Although no one expects counselors to be perfect, it stands to reason that counselors will be more helpful to clients when they are psychologically intact and not distracted by their own overwhelming problems. In a classic study of the psychological health of mental health providers, White and Franzoni (1990) report that studies of the psychological health of psychiatrists, psychologists, and psychotherapists in general revealed higher rates of depression, anxiety, and relationship problems than the general population. Even those counselors-in-training at the master’s degree level showed evidence of higher levels of psychological disturbance than did the general public (White & Franzoni, 1990).

Unfortunately, some counselors do not recognize when their own psychological health is compromised. It is for this reason that it is generally viewed as good practice for counselors to seek counseling if there is any question of their own issues making it difficult for them to be fully present to their clients. And because we are all sometimes the last to know if we are in trouble, it is also best practice to have supervision available to us, at least at the front end of our careers, and potentially throughout our careers.

Sensitivity to and Understanding of Culture as Well as the Role of “Positionality”

As stated earlier, all clients live in multicultural worlds, as do we. Although psychotherapy began as a profession to examine the intrapersonal, it has evolved to include cultural realities as relevant to achieving psychological health and to functioning and developing as individuals, families, and communities. We have already noted that good psychological health allows the counselor to be more helpful to clients. It is just as true that awareness of one’s own multiple cultural identities and how these shape one’s worldview contributes to one’s effectiveness as a counselor. And as also noted earlier, counselors must afford their clients the space for their cultural identities to emerge.

In addition, it is essential that counselors are aware of how power and privilege play out in counseling. Alcott (1988) was one of the first scholars to use the term *positionality*, a term that has influenced the mental health professions. By *positionality*, we mean that cultural identities are indications of relative positions rather than descriptors of particular characteristics. Therefore, being lesbian or a Muslim or an amputee is *descriptive* largely in relationship to the position it places you in the many contexts of your life. For example, a Muslim may experience his or her position differently in their mosque than at an airport. Frequent experiences of positions, whether they are privileged or put one at a disadvantage, eventually become mingled with one’s identity.

The important concepts of culture, power, privilege, and positionality are endemic to most counseling programs at this point in our evolution as a profession, and are embedded in many discussions on many topics. For our purposes here, it is sufficient to say that counselors must become students of the implications of cultural identities and positionality in relationship building, assessment, and all other aspects of the counseling process. This is an inherently challenging aspect of counseling but necessary for its success.

Open-Mindedness

Open-mindedness suggests freedom from fixed or preconceived ideas that, if allowed expression, could affect clients and counseling outcomes. Open-mindedness must include enlightenment and knowledge of the world outside the counselor's world; it must also include an acute understanding of one's inner world and how those internal standards, values, assumptions, perceptions, and myths can be projected on clients if the counselor is not vigilant.

Open-mindedness serves a number of significant functions in counseling. First, it allows counselors to accommodate clients' feelings, attitudes, and behaviors that may be different from their own. Second, it allows counselors to interact effectively with a wide range of clients, even those regarded by society at large as unacceptable or offensive. Finally, open-mindedness is a prerequisite for honest communication.

Tolerance for Ambiguity

Conducting a counseling session is not like balancing your checkbook. No matter how many times you do it, you will never have the feeling that things have been wrapped up in a neat package (and even if you were to feel that way, you would also learn how quickly a package can unravel). This doesn't mean that counseling is a total mystery, because it is not. But it does mean that successful counselors have a healthy tolerance for not knowing what may be around the corner even as they fully engage in a process that is intentional. Said differently, successful counselors are fascinated by the complexity of people and are fully committed to the process of counseling even if the outcome is unclear.

Clear Boundaries

Having a clear boundary between you and the client allows you to be involved with a client and, at the same time, stand back and see accurately what is happening with the client and in the relationship. Carl Rogers' description of empathy alluded to this when he explained that *empathy* is the ability to experience the client's problem as if it were your own while never losing the "as if" aspect (Rogers, 1957). It is extremely important to maintain clear boundaries for the client's benefit. Most clients are bombarded with views and advice from many well-meaning persons, such as friends and family, who are sometimes part of the problem or perceive being helpful as seeing things as the client does. Counselors, however, give the client an additional set of eyes and ears that are needed to develop a greater understanding without the complication of a personal relationship.

When counselors have clear boundaries, they also avoid getting caught up in certain client behaviors or dysfunctional communication patterns. For example, clients sometimes try to manipulate the counselor to "rescue" them, using a variety of well-learned and sophisticated ploys. Counselors who have a clear sense of themselves are more likely to recognize client manipulation for what it is and respond with therapeutic appropriateness.

Also, boundary clarity acts as a safeguard against developing inappropriate or even dysfunctional emotional feelings about or toward a client. Counselors must learn to recognize when countertransference develops in the relationship. *Countertransference* involves either a counterproductive emotional reaction to a client (often based on projection) or the entanglement of the counselor's needs in the therapeutic relationship. Some of the more common ways in which countertransference may manifest itself include the need to please one's clients, overidentification with certain client problems, development of romantic or sexual feelings toward clients, need to give constant advice, and a desire to form friendships with clients (Corey, 2011). Astute counselors gradually learn to identify certain kinds of clients who consistently elicit strong positive or negative feelings on their part, and also certain kinds of communication patterns that entice the counselor into giving a less helpful response.

Competence

Ethical standards of all mental health professions call for maintaining high standards of competence. According to Egan (2014), *competence* refers to whether the counselor has the necessary information, knowledge, and skills to be of help, and is determined not by behaviors but by outcomes. The profession generally agrees that counseling competency includes knowledge in areas such as psychological processes, assessment, ethics, and other areas relevant to professional work, as well as clinical skills, technical skills, judgment, multicultural competence, and personal effectiveness.

Counselor competence is necessary to transmit and build confidence and hope in clients. Clients must develop positive expectations about the potential usefulness to them of the counseling experience. Competent counselors are able to work with a greater variety of clients and a wider range of problems. They are more likely to be of benefit to their clients and to make inroads more quickly and efficiently. Sometimes referred to as *expertness*, competence is often associated with a model of counseling known as the *social influence model*, the two basic assumptions of which are as follows:

1. The helper must establish power or a base of influence with the client through a relationship composed of three characteristics or relationship enhancers: competence (expertness), trustworthiness (credibility), and attractiveness (liking).
2. The helper must actively use this base of influence to effect opinion and behavior changes in the client.

An increasing amount of evidence on this model suggests that clients' respect for the counselor increases in direct proportion to their perceptions of the counselor's expertness or competence.

Trustworthiness

Most of us like to think that we are trustworthy. Within professional counseling, *trustworthiness* includes such qualities as reliability, responsibility, following ethical standards, and predictability. Counselors who are trustworthy safeguard their clients' communications, respond with energy and caring to client concerns, and never let their clients regret having shared information. This last point is key—trustworthiness includes providing a client with a safe space to share their true thoughts and feelings. Safety includes not only a promise to honor confidentiality, but also working hard to understand the client's world in as many contexts as possible.

We ask a lot of clients in asking them to trust us, especially because many clients have had their trust violated in the past. Trust can be hard to establish, and it can be ruptured relatively easily. For this reason, if any rupture of the therapeutic alliance occurs, we must stop the process and attempt to make repairs by reviewing what happened to diminish the client's trust in us, sharing perspectives and motives on both sides, and (hopefully) inching toward a new working relationship with reinforcements where the break occurred. Another essential component of trustworthiness can be summarized in one sentence: Do not promise more than you can do, and be sure you do exactly as you have promised. Trustworthiness is essential, not only in establishing a base of influence with clients, but also in encouraging clients to self-disclose and reveal often very private parts of their lives. Counselors cannot *act* trustworthy; they must *be* trustworthy.

Interpersonal Attractiveness

We are all familiar with the adage that attractiveness is in the eye of the beholder. This is true in counseling as well, with a caveat or two. Clients perceive counselors as interpersonally attractive when they see them as similar to or compatible with themselves. Clients often make this assessment intuitively, although it is probably based on selected dimensions of counselors' demeanor and attitude, particularly their likability and friendliness. In other words, it is helpful for counselors to be down to earth, friendly, and warm, rather than formal, stuffy, aloof, or reserved. Yet, here we add the caveat that counselors must take into account what knowledge they have of the history and cultural contexts of their clients. For a family used to formality, being too "down to earth" would run the risk of being seen as less professional. Male counselors must learn how to appear warm with female clients without appearing to be flirting. Supervision as one begins to work with a variety of clients is most helpful for learning how to strike the right balance. This is an important goal because counselors who are perceived as interpersonally attractive become a positive source of influence for clients and may also inspire greater confidence and trust in the counseling process.

Ethical Behavior

How the counselor performs under conflicting or challenging conditions affects all of the other conditions. But what determines ethical behavior? The American Counseling Association (ACA) has established guidelines for ethical counselor performance in a variety of settings and under a broad spectrum of problem situations. *Ethical behavior* is primarily a self-determined adherence to these standards. However, there are conditions in which failure to perform ethically could lead to malpractice and lawsuits. The ACA Ethical Standards may be found and downloaded at their website: www.counseling.org. For counselors who belong to counseling divisions or affiliates (e.g., American School Counselor Association, American Mental Health Counseling Association), their ethical standards must also be followed. Finally, those counselors certified by the National Board for Certified Counselors must follow its code. All ethical standards for counselors are very similar; still, it is good practice to read all of those that are relevant to your practice and to be aware of those for which you are held responsible.

THE DEVELOPMENTAL NATURE OF LEARNING TO COUNSEL

Over the years, counselor educators have participated in a recurring debate regarding the experience of learning to counsel. The two poles of this debate are (1) that potential counselors already possess the "skills" of counseling but must learn how to differentiate these skills and

use them selectively with clients; and (2) that the skills of counseling have been rather specifically defined and can be taught to potential counselors with a reasonably high degree of success, regardless of whether they possessed the skills initially. Obviously, most counselor preparation programs fall somewhere between these two poles. Regardless of the source of those skills, whether they are inherent in the candidate's personhood or are embedded in the curriculum of the preparation program (or both), the process of bringing them into dominance is worthy of attention.

Almost everyone has known someone who was untrained and yet was a "natural" counselor. In getting to know such people, one often finds that they assumed the helper role as children. They may even have been identified by their families as the peacemaker, the facilitator, the understanding one, or the one to whom other family members could turn. Such a role emerges both from temperament and from expectations. Such helpers evolve into the role as their sensitivities, skills, and confidence grow over time. (We should note that some of these helpers have also adopted the role of *hero* or *overachiever* in their families, and these roles are not always conducive to professional counseling.) Similarly, students entering counselor preparation programs find that the process is a developmental experience. That is to say, early in the training, the focus tends to be on professional issues external to the person and the context for helping. Gradually, the focus of preparation turns to the personal qualities of helpers, and the process then becomes more personal. From this, attention turns to the skills of counseling—what effective counselors are doing and thinking as they work with clients. Finally, preparation begins to integrate these skills with the practical experience of counseling clients in professionally supervised settings.

In a seminal contribution to the professional literature, Loganbill, Hardy, and Delworth (1982) suggest that the developmental process for counselors included stagnation, confusion, and integration. *Stagnation* is typically seen as reliance on established social responses when learning to counsel (e.g., trying to make the client feel better rather than listening deeply to what the client is saying). *Confusion* follows as counselors learn professional counseling skills but do not yet feel comfortable directing the counseling process. Once counselors begin to feel more sure of themselves and to see the counseling process benefit their clients, they begin to experience some *integration*. This learning curve is not a speedy one; it is our experience that success occurs for students of counseling who are patient with themselves, are open to feedback, and are willing to take risks (i.e., make mistakes from which they can learn).

In summary, few beginning helpers feel prepared, either technically or personally, to begin working with clients. In part, this is a matter of developing self-confidence in the new skills that have been learned, but it is also associated with their personal growth as human beings. Experienced counselors find that they learn much about themselves and about the process of living through their work with clients. We have certainly found that to be true in our own experience. Each new client introduces us to ourselves in another way. Each client also expands our world in a new way. Very often, the experience reveals aspects of our own life views and adjustment that merit attention and exploration. When this happens, we become increasingly aware of both our strengths and our limitations. It is around those personal strengths that effective counselors build their approach to helping, and it is around those personal limitations that effective counselors attempt to structure growth experiences.

Summary

In this chapter, our aim has been to describe the various parameters of the counseling process; to relate the process to philosophy, counseling theory, and culture; to illustrate the purposes of effective counseling; to highlight the major personal characteristics of effective counselors; and to underscore the developmental nature of learning to be a counselor. The counseling relationship has certain features that set it apart from other professional or social relationships or even friendships. One of the most significant features of the counseling relationship is that the counselor is a trained professional capable of providing assistance in a competent and trustworthy manner.

In Chapter 2 we examine the skills of counseling, including the basic skills of communication

that occur intentionally or unintentionally between counselor and client, and the more advanced verbal and nonverbal skills that the counselor uses as interventions into the process and the client's experience.

Then, in Chapter 3, we take a more focused look at the landscape of the counseling process. Subsequent chapters examine portions of this landscape in greater detail. The larger intentions of this text are to provide the skills dimension of the learning process and to offer some structure for the implicit and explicit interactional nature of these skills. Each chapter concludes with suggested exercises as well as discussion questions to assist your integration of the content.

Exercises

I. Cultural factors and countertransference

Two client case descriptions are presented in this activity, and you have two tasks: First, based on the case description for each client, identify as many cultural factors as you can speculate may be operating for each case. Second, does either case stimulate a more personal reaction in you than the other? To what do you attribute your reaction? You may wish to share your responses with your instructor or another student.

- A. Ben is in his early fifties. He has been fairly happily married for 25 years and has two grown children. Ben ran a successful business for 20 years; however, his business recently took a nosedive. He has had to lay off several employees and take a 50% reduction in his own salary. Going to work each morning has become a punishing experience, because each day seems to bring only more bad news. Ben is very nervous about his ability to hold on to the company and his marriage during this stressful time.
- B. Margaret is an older woman (in her late seventies). Her hearing has begun to deteriorate and she finds that often she must ask people to repeat themselves when they speak to her. She has also had a couple of bad falls in the past year, one of which resulted in a severe back sprain. Margaret lives alone in a two-room apartment and receives only a Social Security

check. Public transportation is her only means of getting around. She often complains of loneliness and boredom.

II. Qualities of effective counselors

Listed next are the nine qualities of effective counselors described in this chapter. With a partner or in a small group, discuss what you believe is your present status with respect to each quality. For example, how open-minded are you? What makes it easy (or difficult) for you to be open-minded and relatively tolerant of different values and ideas? Then identify several areas that you may need to work on during your development as a counselor. Refer to the case description about Margaret in Exercise I.B. Which factors do you believe would have the greatest impact on Margaret's psychological health?

1. Self-awareness and understanding
2. Good psychological health
3. Sensitivity to and understanding of culture as well as the role of "positionality"
4. Open-mindedness
5. Tolerance for ambiguity
6. Clear boundaries
7. Competence
8. Trustworthiness
9. Interpersonal attractiveness

Discussion Questions

1. Counseling has been described by some as a *purchase of friendship*. Do you agree with this statement? How do you believe counseling differs from a close friendship?
2. Do you know someone who possesses the qualities to be an effective counselor? What are some of this person's qualities? How do you suppose these qualities were acquired?
3. Considering your age, background, and life experiences, what do you think you have to offer to clients that is different from what they would receive from their friends or family members?
4. What are the most important reasons why you want to be a counselor? How might a typical client react to your reasons for choosing counseling as a career?
5. How likely are you to see a counselor yourself? In what ways do you think counseling could help you in your own development as a person and as a counselor? For which reasons might you resist getting involved in this experience?

MyCounselingLab® Assignment

Go to the Video Library under Video Resources on the MyCounselingLab site for your text and search for the following clips:

- **Video Example: What is a Counselor?** In this exchange between a counselor and a client, the counselor attempts to explain how she is different from a psychiatrist or a psychologist. How would you describe your professional identity to someone new to receiving counseling?
- For the following clips, two with adults and one with a child, identify characteristics of that counselor that

make him or her “attractive” as mental health professionals? Would you want to be this person's client? Why or why not? Would you be comfortable recommending this counselor to another? Why or why not?

Video Example: Attending, Joining, and Active Listening

Video Example: Goal-Setting Skills: Dayle

Video Example: Helping Client “Construct Their Own Story”

CHAPTER

2

The Language of Counseling

PURPOSE OF THIS CHAPTER

What do counselors do? How do they do it? We listen. And we talk. And then we listen some more. The simplicity of that answer belies the complexity of the process—otherwise, why would so many beginning counselors panic at the thought of meeting that first real client? And why would national standards for training exist?

Although we could argue that the most essential element of counseling is how counselors think, the focus in this chapter is on the more observable aspects of counseling—that is, verbal and nonverbal communication. There is a way of using language that counselors acquire as they learn how to counsel. To some extent, the media has given us a stereotype of that language, including head nods, “Uh-huh,” “I see,” “How do you feel?” “What I hear you saying is . . .,” and other minimally representative expressions. In fact, the language of counseling is both broad and effective when used intentionally. In this chapter, we introduce a range of verbal and nonverbal skills that have demonstrated their importance and usefulness with clients.

Considerations as You Read This Chapter

- How do different counselor responses change the discussion?
- How does silence affect the client? How does silence affect you?
- What is it that you are doing when you listen to someone? (“Just sitting there” is *not* the right answer!)
- What communication challenges might exist among persons of different ethnicities, genders, and age groups?

Counseling is not for everyone who might want to be a helper. Not everyone is a good listener. Not everyone can help people share their private thoughts and feelings. Not everyone can keep the discussion going for 30 minutes, or 40 minutes, or (heaven forbid!) 50 minutes. And it isn’t because some people are “born” counselors, although a few are. Rather, the skilled counselor has learned helping skills that lead clients to explore and take risks, and to confront old beliefs and generate new ones. Helping skills incorporate basic communication skills and advanced therapeutic skills, all within the context of a positive relationship with the counselor and safety for the client. These skills have been part of the counselor’s repertoire for decades and have been studied for their effect on client behavior.

COMMUNICATION IN COUNSELING

Before going further, we must attempt to define communication and how it occurs. In human discourse, *communication* occurs when messages are encoded (by communicators) and decoded (by receivers). The skill of encoding and the accuracy of decoding are obvious concerns. Both you and your clients encode and decode continuously. Not all encoded messages are intentional. For example, our body language may communicate more loudly than our words, and this might be what others “hear.” Even if our message is consistent, that does not ensure that the receiver hears what we intend. Consequently, miscommunication can occur, either as a result of inaccurately composed messages or by unrecognized or misperceived messages. Cultural differences can contribute significantly to errors in encoding and decoding. It is for this reason that counselors must keep cultural factors in mind from the very beginning of counseling.

Communication in counseling is both verbal and nonverbal. From the moment you and your client first meet, messages are sent and meanings are inferred. Counselors communicate self to others through physical appearance, initial behaviors or gestures, the comfort or awkwardness of the first moments, the use of verbal expressions, and the appearance of nervousness or comfort. In the early moments of a first meeting, a journey begins, often vague and of uncertain meaning, but significant and to be remembered by both. At this point, you begin to work by deciphering (decoding) the client’s messages, by facilitating the client’s comfort, and by encouraging the client to enter into a “helping world.”

From your client’s perspective, this entry is somewhat different. The client’s focus is twofold: How to read and interpret your meanings and how to monitor his or her own. It is too early to trust and maybe too soon to hope, and your client is too vulnerable to discard caution. Your sensitivity to what messages you are sending, the messages your client is sending, and how both are being received and decoded is critical in this initial period of the relationship.

NONVERBAL SKILLS OF COUNSELING

Much research has been conducted on how our nonverbal behavior affects communication, particularly in intimate settings. Early studies examined the impact of space and distance (e.g., how near or distant two persons are), arrangement of furniture (e.g., seating around a table in a restaurant, at a bar, or in a living room), appearance of the room (professional or casual), psychological warmth, cultural effects, physical appearance (how one is dressed), and conversational distance. One pioneer in the field of communication concludes that nearly two thirds of the meaning in any social situation is derived from nonverbal cues (Birdwhistell, 1970).

So what aspects of nonverbal communication are particularly important in the counseling office? Research suggests that we should be sensitive to placement and comfort of furniture, including its movability; whether the room suggests confidentiality and professionalism; facial expressions and eye contact; and vocal cues (paralanguage) such as verbal rhythm and tempo, loudness or softness, and use of minimal verbalizations such as “umm,” “uh-huh,” “huh-uh,” or “oh.” That said, some of these recommendations belie work conditions for many counselors (“Comfort of furniture? Yeah, that would be nice.”) Still, regardless of work environment, the counselor’s role is to maximize the potential for meaningful interactions with clients at whatever level is possible.

Physical Conditions

Space matters; physical barriers also matter. If you have a choice, we recommend that you sit close enough to your clients to encourage a sense of professional intimacy but at enough distance

that ensures psychological safety as well. The age of your client(s), gender, and certain cultural characteristics may influence how close is too close and how far is too far. If you have an office with a desk, you shouldn't use your desk as a barrier. Clients shouldn't feel like they've been sent to the principal's office. If your conditions for conducting counseling are far from ideal, we suggest that you speak to the obvious. "It's louder in the corridor than I'd like, but you'll notice that I have a white noise machine going. That ensures that even though we can hear them, they can't hear what we're saying." "It's a little tight in here for all of us. Is it getting in the way for anyone? If so, I'll do what I can to find us another meeting place." "I know it's hot in here. I wish we could regulate the heat better. Please feel free to get a cold drink before we begin."

Body Language

How we sit or stand communicates our comfort with the setting. Our physical movements, head nods, and facial expressions all have a place and convey a meaning in the counseling room. For example, sitting back in one's chair and leaning away from the client can imply escape, whereas sitting forward and leaning toward the client can imply intensity. Sitting with arms or legs crossed can imply guardedness or disengagement. Visible tension in the counselor's body can suggest nervousness, self-doubt, and discomfort with the process, but sitting with an open and relaxed posture communicates comfort with the process.

One of the more common nonverbal behaviors of counseling is the head nod. When used selectively, it communicates an acceptance or understanding of the client's message. Like most counseling skills, however, it can be overused and can thus lose its power to communicate; its overuse can even cross the line from effective to annoying. Similarly, an appropriate smile (not a grin) can communicate warmth and acceptance, but this can also be overused.

As individuals we fall somewhere on a continuum of very nonverbally expressive on one end to very hard to read on the other end. Unlike some behaviors, this characteristic appears to be less likely to change with training. If you are told that you are easy to read, you may want to be sure that what your clients are reading is what you intend. For those who are difficult to read, clients are more likely to "read in" something to explain what they see (and what they don't see). In either case, it is probably wise to check in on occasion and use words to supplement nonverbal behaviors so that misunderstandings are kept to a minimum.

Silence

Intentional silence is one of the most important skills a counselor can use. It goes without saying that without silence, your client won't have space to talk; however, silence is more than a convenience that provides the client with talk time—it is also a tool in the counselor's repertoire. Used judiciously, silence can communicate counselor expectation to the client; the message is, "I want you to talk." Silence can also induce mild anxiety in the client, and overly long silences can have the undesirable effect of inducing extreme self-consciousness, anxiety, or even resentment in a client. It is probably better to think of silences as 5- to 10-second pauses in conversation. Pauses have several potential effects, such as:

1. They can give the client an opportunity to think about and integrate a newly discovered insight or awareness.
2. They can be an invitation to continue a line of discussion or exploration.
3. They can communicate to the client the importance of taking some responsibility in the counseling relationship.

4. They can encourage the client to focus on self-exploration. (See Exercise I, Exploring Silence, at the end of this chapter.)

Cultural Factors

Researchers have also been interested in the multiple effects of nonverbal communication across cultures. The contribution that culture makes to nonverbal behavior is mixed. In the 1970s, much research was conducted on the meaning of nonverbal communication across cultures. Ekman (1973) concludes that there is a universality of facial expressions across cultures, but later work by Knapp (1978) reports that the meanings attached to specific nonverbal gestures was, in fact, culturally determined and not universal in nature. Counselors, then, must be aware that some of their nonverbal behaviors may be misunderstood and learn to check in with clients if they pick up any dissonance from their clients. It is also important for counselors to take responsibility and learn what they can about cultural nonverbal norms.

How different cultures respond to space and touch is another matter that has been widely studied. Research has found that cultural differences tend to be defined by comfort levels related to physical closeness and touch when communicating. Generally speaking, North American, northern European, and Australian communicators prefer greater interaction distances (3–5 feet) and less touch than many Latino, Middle Eastern, southern European, and Asian cultures, who are more comfortable with closer physical distances and physical touch (Barnland, 1975; Klopf, Thompson, Ishii, & Sallinen-Kuparinen, 1991; Sussman & Rosenfeld, 1982). Although research like this is somewhat helpful, we advise caution in applying these findings because of individual differences among cultural group members. (See Exercise II, Personal Space/Personal Comfort, at the end of this chapter.)

Summary

Now that we may have made you completely self-conscious, let's look at how all of this nonverbal insight plays out in the counseling session. First, awareness of and insight into the effect of nonverbal communication is crucial. Much is at play in those early moments of a counseling relationship, when silence, gestures, postures, and facial expressions are part of the client's hypersensitive awareness. Much that is communicated risks misinterpretation or miscommunication; consequently, the counselor's messages must be intentional and clear. Second, it is important to realize that nonverbal communication is your friend, not your enemy. It is a useful component in your creation of a comfortable, safe, and workable environment.

BASIC VERBAL SKILLS OF COUNSELING

Verbal behavior of counselors was an important area of study during the 1960s and 1970s. Using a variety of methodologies, researchers identified some 15 different types of counselor responses that were present in therapy sessions across different counseling theories (Hackney, 1974; Tepper & Haase, 1978; Zimmer & Anderson, 1968; Zimmer & Park, 1967; Zimmer, Wightman, & McArthur, 1970). Their effect was measured for impact on client verbal participation, degree of perceived counselor empathy, level of topic exploration, and other relevant counseling effects. Today, these counselor responses are still seen as essential counselor communication skills (Cormier & Hackney, 2012; Hill, 2014; Ivey, Ivey, & Zalaquett, 2014; Okun, 2015; Young, 2012). Each counselor response has an intended outcome in the interaction between counselor and client. A number of counselor verbal responses—minimal response, restatement, paraphrase,

and clarification—can be classified as facilitating and act to return the topic focus to the client, much as the tennis player returns the ball to the opponent’s side of the court. The result is to keep the focus on clients, their concerns, and their reactions.

Minimal Responses

Counselors communicate their involvement in a client’s story in many ways, ranging from attentive expressions to brief statements, including the familiar “OK,” “mmm,” and similar minimal expressions. All serve to communicate the counselor’s attentiveness or interest in what the client is saying. When used intermittently, they encourage the client to continue talking, but if they are overused, they become distracters. For example, in the following excerpt from a counseling session, the client is describing a discussion he had with his employer. The counselor listens and occasionally responds with a minimal response (noted in bold).

CLIENT: I guess Mike was just having a bad day yesterday. As soon as I got to work he started in on me, **[mmm-hmm]** how I hadn’t finished the material the day before, and how I was slowing up the project. **[Oh?]** Yeah, and I had done everything he had told me to do. I don’t know what was going on, but he got over it later and apologized to me.

Restatement

The *restatement*, or repeating a phrase or thought uttered by the client, is the simplest response to the content of a client’s message.

CLIENT: I don’t know what I would do if he stopped trying.

COUNSELOR: You don’t know what you would do.

Restating serves to emphasize a thought, to bring the client’s attention to the statement, and perhaps even to challenge the client to reconsider what was just said. The restatement is particularly effective in response to an exaggerated or foreclosing statement by the client.

Consider the following statement:

CLIENT: No matter how hard I try, I will never be happy with him.

What are some possible restatements you could make that would either mirror the client’s hopelessness or would challenge the client’s conclusion?

Restatement 1: No matter how hard you try.

Restatement 2: You’ll never be happy.

Restatement 1 encourages the client to continue talking about her effort; restatement 2 invites the client to consider her predetermined future unhappiness.

Paraphrase

Rephrasing the client’s response using the counselor’s own choice of words is called a *paraphrase*. This rephrasing of the client’s message neither adds to nor detracts from the client’s meaning. Its effect is quite similar to the restatement, except that it uses the counselor’s vocabulary rather than the client’s. As a result, it communicates that the message has been (accurately) received, but avoids parroting what the client said. For example:

CLIENT: It's going to be a little tricky to leave work early tomorrow in order to go to the interview.

COUNSELOR: You're not sure about leaving work in order to try to get a new job.

Unlike the restatement, a paraphrase allows the client to modify the message if the counselor misunderstood the original statement, an equally important outcome. However, it also allows the client to hear his or her own message as someone else has heard it, and that often adds to the client's perspective.

The Question

The *question* is a statement beginning with "Who," "What," "How," "When," or "Where." There are two types of questions in the counselor's repertoire: the closed question and the open question. Questions (sometimes referred to as *probes*) achieve different results and are used in different situations.

CLOSED QUESTIONS. *Closed questions* ask the client to respond with a minimal statement, usually yes or no, or a bit of information. It is the most overused and underproductive of all responses made by beginning counselors and is the primary reason why they can't get their clients to talk freely. After all, a closed question, such as, "Do you abuse drugs?" doesn't require elaboration. Consequently, when clients are peppered with closed questions, their tendency is to give a minimal response and wait for the counselor to come up with another question. This shifts complete responsibility to the counselor to make the session flow. However, the closed question is valuable in an intake interview, where specific information about the client is required. And occasionally, the counselor needs a specific bit of information to understand the client's narrative, in which case the closed question is also appropriate. (See Exercise III, "Recognizing Different Counselor Responses," at the end of this chapter.) Following are examples of closed questions typically used in a counseling session or intake interview (note the boldface probe in each question).

- **How long** have you been married?
- **When** did you and your husband separate?
- **Who** was your other counselor?
- **What** would be a good time to meet next week?
- **Do you** have difficulty sleeping?

OPEN QUESTIONS. *Open or open-ended questions* seek elaboration without specifying precisely what information is being sought. These questions cannot be answered with a simple yes or no response. Counselors use open-ended questions to understand how the client perceives the problem, relationships, conditions, and so on. Examples of open-ended questions include

- What happens when you say that to her?
- How would you like your classmates to react to you?
- What are you doing when you get this feeling?
- How are things different when you get to work on time?

In addition to giving the counselor different kinds of information and insight into how the client perceives the world, the open question also teaches the client how to observe, how to process reactions, how behaviors are connected to feelings and thoughts . . . all important skills for clients to accrue.

Interjecting

Some clients appear to need someone to listen and that's all—or, at least, that's all that happens if the counselor doesn't know how to interrupt the client by interjecting oneself into the flow of the session. Although some counselors find this difficult to do because it appears “rude,” we list it as a basic skill because without doing so, the session will be the client talking to the counselor's nonverbal expressions and mmm-hmm's. Please note that when interjecting is called for, it usually is because the client thinks he or she is doing what is expected. It's up to the counselor to teach the client what the counseling process is like.

There is no one way to interrupt. We've all developed some cues that we give out when we want our turn to speak. It is when these do not work with clients that we must learn how to stop the flow of words and interject. Comments such as, “I really want to be sure that I'm catching all that's important, so let me summarize what I've heard thus far,” or, “I can understand how you are feeling overwhelmed; I'm feeling a bit overwhelmed right now too. Can we review highlights, and can I ask you some questions around some of what you've said?” Still, these only work if you can manage to get the client's attention. If that's a bigger task than you expected, share this with such clients and ask them to tell you how to interrupt them. It may be as obvious as a hand gesture. Although perhaps not what you are comfortable doing, this is still better than doing nothing and having your counseling time be little more than clients getting things off their chests.

Clarification

As already noted, communication occurs only when the message has been accurately perceived; otherwise, it is *miscommunication*. Consequently, the counselor must sometimes seek confirmation from the client that what the counselor is hearing (decoding) is what the client is trying to communicate (encoding).

Clarifications seem like restatements, but their intention is more than communication of understanding and interest. Instead, they are phrased to solicit a confirmation or correction. The clarification often is initiated with a statement of the counselor's intent. For example, the counselor might say, “Let me see if I am following you accurately,” “If I'm hearing you correctly, . . .,” or “I want to be sure I understand.” Notice that the counselor is being careful not to assume the client's intent and is offering the response tentatively so the client is comfortable making a correction if necessary.

COUNSELOR: Before we go further, let me just be sure I'm understanding you. You want to say to Danielle that she should back off and give you some space, but if you do that, she may take it wrong, and you'd rather not say anything than to risk damaging the relationship. Is that right?

SUMMARY. Basic verbal skills are frequently used components of the counselor's repertoire, especially at the beginning of the counseling relationship. Although very important, they must eventually be combined with more advanced skills to fully establish rapport, communicate empathy and positive regard, and begin building a working alliance with the client.

ADVANCED VERBAL SKILLS OF COUNSELING

Although we refer to these skills as *advanced*, we do not see them as difficult to learn. They are only advanced because they have more potential to move the counseling process forward. Advanced skills involve intentionality beyond that of facilitating discussion or soliciting

information. These skills nudge the client toward self-exploration, gaining new insights, considering alternative perspectives, setting goals, and planning for change. In other words, they reflect the counselor's counseling plan as well as the client's immediate issues. The first of these counselor responses is the summary statement.

The Summary Statement

The *summary statement* typically follows a client discussion of events or circumstances. It may include content that the client has been discussing for 5 minutes or for an entire session. The obvious effect of the summary statement is confirmation that the counselor is following the client's narrative, but it also has more subtle effects. It can pull together aspects of the client's statements that reveal contradictions in the client's thinking, feelings, or assessments, or it can wrap up a discussion, permitting a transition to a new topic or concern. The summary is always selective—that is, the counselor is not trying to collect all details of the discussion. Rather, it focuses on, or highlights, aspects of the client's narrative.

COUNSELOR: You've been describing a lot of reactions to your meeting with your probation officer. At first, you resented having to check in with him. But while you were waiting to see him, you talked yourself into a positive attitude that this was part of getting your life back on track. When you met, I think you're telling me that it was a major downer because, from your perspective, he didn't even seem mildly interested in you. Finally, after the meeting, you were mad at yourself for hoping that things could be better and that people would give you a second chance. [At this point, the counselor stops to let the client consider the implications of the emotional trip the client has put herself through.]

Reflections

Reflections are different from either restatements or paraphrases because they attempt to capture the essence of what the client is saying. Carl Rogers was a master at reflection. Although many of his responses to his clients appeared simple enough, they almost always reflected meaning that moved the client just a bit closer to the goal of self-actualization. It is because of the apparent simplicity of his approach that many beginning counselors mistakenly believe that it is the "easiest" of counseling approaches, not realizing how expert Rogers was at this technique.

No one expects you to demonstrate reflections in a manner that reminds anyone of Rogers—at least, not at first! Learning how to reflect either feeling or thought, however, is essential for counseling, because it assists clients in understanding themselves at a deeper level and perhaps how others may be experiencing them.

REFLECTION OF FEELING. A *reflection of feeling* is an attempt to help the client get in touch with affect that is often right below the surface. Even when the client is using emotional language, there may be other feelings that the counselor senses have not been explicit in the session. If the counselor reflects accurately, a deeper or clearer exploration of feeling may follow; however, if the counselor reflects inaccurately, the client can correct the counselor or the counselor often can sense that their comment is not resonating with the client. Rogers often used metaphor in his reflections, such as, "I get the sense of someone who is trapped in a dark room and can't find the door." Although no "feeling words" are used in this reflection, it conjures up someone who is feeling fear or even panic. Indeed, the picture of this reflection may be more powerful than the counselor saying, "You feel some panic in this situation."

CLIENT: I am just sick to death of their fighting. I get home from work and it's always chaos. It's not like I have anyone else to help me. I've told them that I can't take it anymore and they don't seem to care. Well, maybe the little one does, but not the others. I just can't take it anymore.

COUNSELOR: You sound pretty discouraged, even desperate. I get the picture of someone drowning with no lifeguard in sight.

REFLECTION OF CONTENT. *Reflection of content* is different only in focus. The purpose of the content reflection is to uncover meaning that may be slightly beyond the reach of the client, but is embedded in what the client has been saying. Using the same client comment that we used for reflection of feeling, a reflection of content could be as follows:

COUNSELOR: You're a single parent and you have your limits. The kids just don't offer you the support that you expect.

We find that beginning counselors sometimes conflate reflections with interpretations. For this reason, we address interpretation next.

The Interpretation Response

Whereas the intention of a reflection is to offer the client a slightly different view (and hopefully one that adds clarity) to what they have said, the *interpretation* goes beyond what has been said and proposes additional meaning. The meaning might be suggested by the counselor or the counselor can ask the client to interpret the meaning. In using interpretation responses or requests, the counselor's intent is to take the client's awareness or understanding of a situation, person, or process and move it in a different direction or beyond the current level. This is considered an advanced communication response because it requires the counselor to reconceptualize the condition while at the same time remaining consistent with the details of the client's narrative—a demanding task. When the interpretation is counselor-initiated, it is framed as a possible meaning or a speculation that the client can accept, modify, or reject. Interpretation responses can be framed as questions or statements—for example:

CLIENT: When I try to talk to Nancy [daughter], she immediately flares up and pushes me away. It's so frustrating.

Possible Counselor-Initiated Interpretations:

- Is it possible that Nancy thinks it's time to become more independent?
- Perhaps Nancy is trying to be responsible and figure it out herself.
- Is it possible that you are coming on too strong because you are anticipating Nancy's reaction?

When the counselor asks the client to assign meaning, it is made in the form of a question.

COUNSELOR: What do you think is going on with Nancy when you initiate and she pushes away? What does it mean?

Clients may not be able to assign meaning at first, but as the topic is explored further, the counselor can again ask what meaning the client might read into the interaction.

Generally speaking, the interpretation response has four qualities or conditions that must be met:

1. It must be as logical an explanation as one that the client has rendered.
2. It must be potentially true.

3. It must change the perspective from a negative valence to a positive valence.
4. It must provide the client with a way of responding to the problem in a manner that effectively eliminates the problem.

It is our belief that interpretations should be used conservatively by new counselors; otherwise, they run the risk of attempting to “guess” at the reasons for particular client situations. That said, a well-timed interpretation that has come after an adequate amount of time has been spent listening and reflecting can be highly fruitful to the counseling process.

The Encouraging Response

The *encouraging response* is meant to be supportive, to suggest that the client has the skill or potential to do something, to feel a particular way, or to think in a different way. What makes this a more sophisticated verbal response by the counselor is how and when it is used. The most critical element is timing. A counselor should not suggest that the client could be different in some way when, in fact, the client is not prepared to be different; that only sets the client up for disappointment or failure; so, knowing that the client is ready or able to respond in a particular way is crucial. A second consideration is knowing that if the client responds in the way the encouragement suggests, the suggestion would make a positive difference for the client; therefore, it is important for you to know both that the client is ready and able to respond as the encouragement suggests, and that the suggestion would make a difference.

Encouraging responses are typically phrased as statements that imply or suggest that the client has the ability or potential to act in a different way. Here are some examples:

- You could ask her to accompany you to the doctor.
- I think you could manage that by yourself.
- Of course, you could consider changing your schedule.
- You are probably ready to take on some new responsibilities now.

In the following exchange, the client is considering a plan of action but reflects some uncertainty. The counselor offers encouragement in response.

CLIENT: I've been thinking about looking for a different job, but then I worry if I will like it. Or if I will like the people as well. Or what if I take a new job, and they don't like me?

COUNSELOR: You could deal with this if you had a pretty good idea of what jobs best fit your skills and interests.

The Confrontation or Challenge

Beginning counselors tend to avoid confronting a client because it deviates from what they have been taught is polite behavior; therefore, they fear that doing so might damage the relationship. If confrontation occurs too early in an emerging relationship, the effect could be negative. However, once the counselor has been found to be caring and trustworthy, clients are able to receive confrontation as a necessary part of the process. In fact, when a confrontation is rooted in a condition the client can recognize as true, it is often welcomed by the client.

The *confrontation* is effective in those instances when the client is experiencing but not acknowledging a condition, belief, or feeling that is part of the presenting problem. In other words, like everyone else, clients have blind spots in their thinking and experiencing. Those blind spots can become troublesome when they support or maintain dysfunctional thoughts and

behavior. Blind spots can be recognized in the client's narrative through contradictions, missing logic, or lack of awareness. When a client speaks of her shyness but describes it to you in an outgoing manner, the moment for confrontation is present. If a client presents himself as unlikable but is surrounded by a support group, confrontation may be appropriate.

Often, the confrontation addresses the client's misinterpretation of others' behaviors or feelings. One of the most obvious opportunities for the counselor to confront is when the client is immobilized by a problem or doesn't see how to address a problem. Here are two examples of confrontations:

- Sheri, you keep telling me that Toni isn't your friend and that you don't trust her. Yet, once again, when the chips are down, Toni seems to be the one who is there for you. How do you make sense of that?
- To hear you, Greg, there is absolutely no way for you to be treated fairly in your family. Is it really that bleak? Is there no one who cares about you? (Obviously, the counselor only challenges in this way if he or she is convinced that there is indeed support for Greg in his family.)

Using Immediacy

Fritz Perls was instrumental in stressing the "here and now" in therapeutic situations (Perls, 1969/1976). His intent was to take the psychological noise that was shoved into the background and bring it into the foreground, where it could be addressed. Similarly, *immediacy* is the act of addressing what is observed directly by the counselor, but wouldn't be addressed in a social situation. Therefore, like confrontation, immediacy is difficult for counselors to learn because of the social mores it seems to violate. If you are talking to an acquaintance who appears to be edgy, you are not likely to say anything. In fact, we've learned that we might embarrass the person if we said something; we've even been taught to convince others that we didn't notice the behavior. Of course, this is all perfectly appropriate outside of counseling, but within counseling, what we observe is often best addressed. Cormier, Nurius, and Osborn (2013) identify three purposes that are served by counselor use of immediacy statements:

1. It brings out into the open something that you feel about yourself, the client, or the relationship that has not been expressed directly.
2. It may generate discussion or provide feedback about some aspects of the relationship or verbal interactions as they occur.
3. It is useful to facilitate client self-exploration and to keep the focus on the client or the relationship rather than on the counselor. (p. 166)

When to use immediacy is, of course, a judgment call, but speaking to the obvious in a way that invites honest sharing is usually a good idea. Jacobs, Masson, Harvill, and Schimmel (2012) refer to making internal thoughts external. So, if you find yourself thinking, "She's not herself today," or "I think my last comment was too direct and I pushed him away," it might be a good idea to address this openly. Another kind of immediacy is sharing one's own emotional reaction to the client and what the client is saying. What follows are some examples of counselors using immediacy.

- You know, Evie, I was a little nervous too wondering what you'd be like after last week. I was looking forward to seeing you. I just didn't know what to expect.
- Tom, something about you feels different today . . . new energy, or confidence, or something. Am I making it up, or are you in a better place than you've been lately?
- I know that you were pretty upset when Barbara left the agency and you were transferred to me. I decided to give it some time. If it's OK with you, I'd like to see where we are, because I still see you being careful with me and I worry that it's because you know I'm an intern and will be leaving at the end of June.

The Directive Response

Directive responses involve assignments to do or to think in a specified manner. The most frequent use of the directive response is when the counselor uses a homework assignment designed to help the client develop or strengthen a particular skill or thought response. It carries an instructional message, usually with a plan for implementing the instruction. Examples of the directive response include the following:

- Between now and our next session, I'd like you to keep a record of when and where you are each time you start feeling discouraged and down.
- This week, when you start feeling isolated and lonely, I want you to get away from your computer and go for a walk where other people are, maybe the library, or the park, or the grocery store.
- When you start to feel your anxiety rise, I want you to find a quiet place and use the relaxation exercises we recorded.

Providing Information

Counselors provide information primarily when information is missing that the client requires in order to act or think in a particular way. It is instructional in nature, but it is not giving advice. For example, the counselor may wish to suggest alternatives regarding relationships, actions, or plans; for example, it may involve information about referrals for services, sources for self-help materials, and career information. The giving of information is not frequently used in counseling because it sets the counselor up as an authority. Examples of information giving include the following:

- If you do a computer search for "hypertension," you probably could get some good information on reasonable activities.
- Relaxation exercises have been found to be of help for persons experiencing high anxiety.
- There's a class on effective parenting coming up that you might find helpful.

Summary

The nonverbal and verbal messages of counseling are a step beyond mere conversation; they reflect intentionality or purpose on the counselor's part. That purpose is determined by what the counselor believes is the client's current need(s) or by the goal or objective currently being addressed. Nonverbal counselor messages can either facilitate or inhibit the counseling atmosphere, whereas verbal responses have a more intentional role. Basic verbal responses are most common—heavily used early in the process—but they continue to be useful throughout the counseling relationship. Advanced verbal responses are tied to specific interventions or purposes and require greater skill in use, are heavily dependent on timing,

and require good clinical judgment about when they are appropriate.

Table 2.1 summarizes the 16 responses described in this chapter and indicates how they relate to content of different topic domains in the counseling process. For example, the open-ended question, which is a basic verbal counseling skill, is useful in several ways: It can invite the client to explore feelings, thought processes, behavior patterns, or interpersonal relationships. The danger is that open-ended questions can be overused, so it is important that the counselor vary his or her responses. All 16 response categories are discussed in greater detail as we proceed through the chapters on counseling stages and interventions.

TABLE 2.1 Verbal Responses in Counseling Domains

	Counselor Response	Affective Domain	Cognitive Domain	Behavioral Domain	Interpersonal Domain	Cautions
Basic Verbal Skills of Counseling	Minimal Reinforcer	Encourage client discussion	Encourage client discussion	Encourage client discussion	Encourage client discussion	Can be overused
	Restatement	Bring focus to client feeling comments	Bring focus to client thought comments	Bring focus to client behavior comments	Bring focus to client relationship patterns	Can sound like parroting if overused
	Paraphrase	Let client hear feelings differently	Let client hear thinking differently	Let client hear behaviors differently	Let client hear systems differently	Can be overused
	Closed Question	Not as helpful with feeling domain	Obtain specific thought responses	Obtain specific behaviors/reactions	Obtain specific relationship data	Can be overused; keeps responsibility on counselor
	Open Question	Explore feelings	Explore client thinking processes	Explore client behavior patterns	Explore client relationships	Should be used in combination with other responses
	Interjection	Stops a spiraling report of feelings	Stops client litany of events	Stops distracting or unhelpful behaviors	Stops unhelpful interactions with counselor or others present	Must interject without chastening
	Clarification	Seek to verify client feelings	Seek to verify client thinking	Seek to verify client actions/behaviors	Seek to verify client relationships	Must listen for client corrections
Advanced Verbal Skills of Counseling	Summary	Help client connect feeling statements	Help client connect thoughts	Help client identify behavior patterns	Help client identify interpersonal patterns	Can have important missing elements
	Reflection of Feeling	Can help client gain insight into feelings	Can give client insight into how feelings affect thoughts	Can give client insight into how feelings affect behavior	Can give client insight into how feelings affect relationships	Avoid interpretation; pace depth of reflection to client readiness
	Reflection of Content	Can help client see relationship between thoughts and feelings	Can give client insight into thoughts	Can give client insight into how thoughts affect behavior	Can give client insight into how thoughts affect relationships	Avoid interpretation; reflection may miss the mark
	Interpretation	Provide new or alternative meaning about feelings	Provide new or alternative meaning about thoughts	Provide new or alternative meaning about behaviors	Provide new or alternative meaning about relationships	Be cautious not to overinterpret

Encouraging	Point out potential for feeling differently	Point out potential for thinking differently	Point out potential for acting differently	Point out potential for changing relationship	Can be unrealistic
Confrontation/Challenge	Point out competing feelings	Point out irrational thoughts	Point out self-defeating behaviors	Point out ineffective relationship patterns	Can be introduced too soon; relies on working relationship between counselor and client
Immediacy	Addresses feelings in the present	Addresses thoughts in the present	Addresses behavior in the present	Addresses relationship between counselor and client(s) in the present	Should not be used only to confront; relies on safe atmosphere
Directive	Assignment to modify feeling reactions	Assignment to modify thought patterns	Assignment to modify behavior	Assignment to modify interaction patterns	Client must be ready to comply
Information Giving	Provide information/resources having to do with feelings	Provide information/resources having to do with cognition	Provide information/resources having to do with behavior	Provide information/resources having to do with relationships	Can be unhelpful if situation is misunderstood

Exercises

I. Exploring Silence

As a way to explore and expand your comfort with silence, have a conversation with a member of your class or a colleague. Discuss whatever you wish for about 10 minutes. The only ground rule is that each of you wait 5 to 15 seconds before responding to the other.

II. Personal Space/Personal Comfort

With a colleague, determine your personal space requirements. Begin a conversation standing (or sitting) about 10 feet apart. Move closer and continue talking. Move closer again. Keep moving closer until either of you becomes uncomfortable with the proximity. Then find the optimum space that accommodates personal comfort for both of you. Discuss the implications of this exercise with each other. Do you think your preferences are cultural? Gender-related? Age-related?

III. Recognizing Different Counselor Responses

In the following list of counseling responses, label each response using these categories:

O = Open-ended question	E = Encouraging
CL = Closed question	IG = Information Giving
CR = Clarifying response	IM = Immediacy
R = Restatement	C = Confrontation
P = Paraphrase	INT = Interpretation
IJ = Interjecting	D = Directive
S = Summary	
RF = Reflection of feeling	
RC = Reflection of Content	

- _____ 1. How would you respond if she asked . . . ?
- _____ 2. Let me be sure I understand. You would like to change jobs, right?
- _____ 3. You really wouldn't want to move to another city.
- _____ 4. You could look up the cost-of-living index for Seattle.
- _____ 5. I have a friend who lives in Bellingham, and she says that it isn't expensive.
- _____ 6. How much would they pay you?
- _____ 7. You say you want to move, but you aren't doing anything to make it happen.
- _____ 8. Tonight, I want you to go to the library and look up Places Rated Almanac.
- _____ 9. You seem to walk right up to the edge of making a decision and then you back off. I wonder what that's about. Do you have any idea?
- _____ 10. It feels to me like you've gotten less comfortable talking about this in the last few minutes.
- _____ 11. Can I stop you there? I'm getting lost in some of the details.
- _____ 12. This is all more terrifying than you expected.

Share your responses with a class member, and resolve any differences you might have with your ratings.

IV. The Counseling Session Typescript

Record a 10-minute counseling role-play with another class member. Transfer all comments made by both you and the client to a typescript of the session, then label each of your responses according to the type of response it is. Note the effect that different responses have on the client's response.

Feedback for Exercise III, Recognizing Different Counselor Responses

III. Recognizing Different Counselor Responses

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. O 2. CR 3. R or P (depending on client statement) 4. E 5. IG 6. CL | <ol style="list-style-type: none"> 7. C 8. D 9. INT 10. IM 11. IJ 12. R or P or RF (depending on client statement) |
|--|--|

Discussion Questions

1. Discuss the conditions that make a difference between *miscommunication* and *successful communication*.
2. Some counselor responses ask the client to elaborate, whereas others lead the client to a deeper level of exploration. Identify two responses that do both.
3. Following is a client narrative from a counseling session. At each point where the typescript has an asterisk [*], provide a counselor response and identify what type of response it is.

When I went back home last weekend, my parents told me that they had decided to separate and maybe divorce [] and it really threw me. [*] Then they watched me the entire weekend, I guess to see how I was reacting to them. [*] Anyhow, I just pulled in and didn't give them anything to react to. I couldn't. I didn't know what to say. [*] I mean, I knew that they*

had been having some trouble, but I never expected this. So they just unloaded and what was I to do with that? [] What would you do? [*] By Saturday night, I had to get out, get away from the house, because all I was doing was staying in my room and crying, [*] so I called a friend and we went out and really got wasted. I haven't been so drunk in a long time. [*] Then Sunday morning, I was, like, really feeling it, and that's when they chose to try to have a conversation with me about their reasons for deciding to separate. I mean, I just couldn't hack it and so I packed up and left early to come back to school.[*]*

Discuss your choice of responses with a class member. Together, consider what other responses might have been appropriate, and how the discussion might change if different responses were used.

MyCounselingLab® Assignment

Go to Video Library under Video Resources on the MyCounselingLab site for your text and search for the following clips:

- **Video Example: Gina: Individual—Childhood Experiences**
- **Video Example: Example of Active Listening in Session**

• Video Example: Youth: WDEP: Wants

As you view these videos, how many different counselor nonverbal and verbal responses can you identify and label?

The Essential Structure of Counseling

PURPOSE OF THIS CHAPTER

The overall objective of this chapter is to present the structure of the counseling process and how that structure helps you determine what the counselor should be doing. The beginning point of counseling is a time when you and your client must decide, both independently and mutually, whether a working relationship is feasible. Beyond that decision, you must reach agreement on what the problem is, how counseling might assist in changing problematic circumstances, what counseling activities would help produce that change, and finally, when counseling should conclude. The chapter then examines this process from the client's perspective, which will interface with your own perspective but will be unique as well.

Considerations as You Read This Chapter

- How do you approach new relationships? Do they make you nervous? Do they offer excitement?
- What do you suppose other people observe in you when they are meeting you for the first time?
- Put yourself in the role of a client meeting your counselor for the first time. What does the counselor look like? What if the counselor was very different from what you expected? What differences might be interesting or even pleasing to you? What differences might be a barrier, at least initially? Can you explain these reactions?
- How much structure do you prefer in most situations? What type of structure do you tend to need in new situations? What kinds of structure make you comfortable in the counseling relationship? How can you accommodate your client's needs for structure if they are different from your own?

For many years, counseling was viewed as a process that did not lend itself to concrete analysis. For this reason, some people began to think of counseling as having indefinable, almost mystical, qualities. In the 1970s, through the work of Robert Carkhuff, Allen Ivey, Stanley Strong, and others, this mystical character began to disintegrate and be replaced by more specific explanations of what counseling entails. Since that breakthrough, counseling has taken on a much more defined character.

In this chapter, we consider how counselors and clients meet and begin to establish understandings that gradually evolve into a meaningful and productive therapeutic relationship.