Chapter 1

Overview of Professional Counseling

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Welcome to professional counseling! You have already begun your journey to become a professional counselor. You may feel upbeat in beginning your exciting journey that encompasses your personal and professional goals. You may have dreams and fantasies about your life a few years from now working as a professional counselor in a desirable work setting. What do you hope to see when looking back at your experience during your graduate training? Some of us who are professional counselors remember how overwhelming it was to learn about the profession, but we found that a comprehensive introduction to professional counseling was critical and worthwhile.

Throughout your graduate program in counseling, you will gain plenty of information and experience intended to prepare you to function as a professional counselor. In this chapter, you will be introduced to professional counseling, including its definition and identity. You will learn about the importance of self of the counselor, the therapeutic relationship, and major theoretical approaches in the counseling context. You will also learn about the counseling process and basic skills used in counseling. Reflection exercises and case illustrations will enhance your learning about professional counseling, professional identity, and therapeutic relationship as well as counseling process.

You will find that this chapter provides a brief overview of professional counseling. Later in this textbook, you will be able to obtain more comprehensive information regarding the history of the counseling profession (Chapter 2), counseling

professional associations and accrediting agencies (Chapter 10), and credentials of professional counselors (Chapter 11). The information will further facilitate your understanding of the roots, development, and current issues of the counseling profession from macro-level perspectives (e.g., organizations, state laws, policies) and will help strengthen your professional counselor identity. In addition, to start paving your path to become a professional counselor, you can start exploring roles and functions of professional counselors (Chapter 3) and begin to think about your career options, such as types of professional counselors and settings in which they work (Chapter 4). In the appendix, you will also find ways to navigate your graduate program in counseling and make your training experience worthwhile. This is the time to begin your adventurous journey!

LEARNING OBJECTIVES

After reading the information and engaging in the reflection exercises provided in this chapter, you will be able to

1. Describe the professional counseling definition and professional identity of counselors,
2. Identify the characteristics of counselors and counselors in the therapeutic relationship and process, and
3. Discuss major counseling theoretical approaches.

PROFESSIONAL COUNSELING

Many disciplines, whether closely related to the counseling profession (e.g., social work) or not (e.g., finance, nutrition and dietetics), utilize *counseling* to describe the nature of their work. At times, the utilization of this term can be confusing to the general public and consumers. It is a guarantee that once in your lifetime as a professional counselor, you will be asked, "What is counseling?" You may also be asked, "Is counseling the same as psychotherapy?" Do you have an idea how to respond to these questions and to describe *professional counseling?*

There are ongoing debates about the similarities and differences between counseling and psychotherapy. You may find that many counseling scholars and counselors use both terms interchangeably. Historically, *psychotherapy* was differentiated as a form of helping that focused on serious problems of an intrapsychic nature with treatment delivered by a trained professional (Frank, 1988).

Traditionally, professionals have differentiated between the two terms using the following criteria:

- Length of treatment (psychotherapy is long term; counseling is short term),
- Seriousness of presenting issues (psychotherapy is for more serious issues; counseling is for less serious issues),
- Physical location of treatment (psychotherapy is offered in an inpatient setting; counseling is offered in an outpatient setting),
- Focus of treatment (psychotherapy focuses on past issues; counseling focuses on present issues),
- Type of presenting issues (psychotherapy is for long-term personality disorders—mental illness; counseling is for developmental issues of everyday existence—mental health), and
- Outcomes (psychotherapy offers insight; counseling facilitates action).

In practice, these historic and traditional differences have blurred and are no longer justified. As a result, counseling practitioners and consumers often use both terms interchangeably. However, as the practice of professional counseling has become an identifiable profession with educational requirements, training standards, an ethical code, and codification in state legislation and regulations, professional counseling has become a well-defined field with the number of licensed professionals surpassing numbers of practitioners of both psychology and social work (US Department of Labor, 2012).

Definition

What is counseling? Why do we need to know its definition? Professional counseling has an evolving definition. Over a decade ago, the American Counseling Association (ACA) the primary association in the United States representing professional counselors, defined professional counseling as "the application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology" (Gladding, 2004, p. 6).

More recently, ACA established a task force, "20/20: A Vision for the Future of Counseling," to reconceptualize the definition of professional counseling. Currently, *professional counselor* refers to "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2010). This definition simplifies the nature of the counseling relationship, roles of professional counselors, consumers of professional counseling services, and practicing areas of professional counselors.

Counseling: A Unified Profession

Vision 20/20 was a task force developed by ACA leaders (Kaplan & Gladding, 2011) to strengthen the profession through a clearer mission statement for professional advocacy nationally and in statehouses around the country in a time of diminishing resources. Thirty-two organizations participated in the 20/20 process, including ACA divisions, regions, and interest groups, but not all 32 had voting delegates in attendance. Based on the recommendation of the 20/20 taskforce, Kaplan and Gladding (2011) described seven areas that are critical to promote the mission of professional counseling:

- Strengthening identity
- Presenting ourselves as one profession
- Improving public perception/recognition and advocating for professional issues

Exercise 1.1

QUESTIONS TO PONDER

Directions: Answer questions below. If you would like, you may definitely discuss your answers with your peers.

First, let's write down your answer to the following questions:

1. What will be the future definition of professional counseling in the next 10 years?
2. What specialty areas of practice are yet to emerge?
3. How will future changes affect the professional identity of counselors?

Next, once you have pondered some answers, let's begin thinking about the following:

4. What does it mean to be a professional counselor?
5. What are common attributes of professional counselors?
6. How does this identity impact you as a professional counselor at the local, state, and federal level?

- Creating licensure portability
- Expanding and promoting the research base of professional counseling
- Focusing on students and prospective students
- Promoting client welfare and advocacy (p. 369)

With the evolution of professional counseling definitions over 30 years, the definition of professional counseling will likely shift in the future. You, as a professional counselor, will witness the next definition as part of advocating for a unified profession and diverse specialties. Later in this textbook, in Chapter 12, you will learn more about the importance of advocacy for professional counseling and how it directly and indirectly impacts you and your work as a professional counselor.

The definition of professional counseling is evolving. Over the past decade, the definition has evolved from focusing on an individual's development and mental health issues to focusing on an individual's empowerment and wellness. Although its definition has changed over time, one thing still remains significant in the professional counseling relationship—a counselor. In the next section, you will be introduced to the importance of self of the counselor in the therapeutic context.

SELF OF THE COUNSELOR

The counselor is an instrument in the therapeutic process. Many prominent counseling theorists (e.g., Virginia Satir, Carl Rogers) emphasized the importance of self of the counselor. Satir (1987) stated, "Therapy is a deeply intimate and vulnerable experience, requiring sensitivity to one's own state of being as well as to that of the other. It is the meeting of the deepest self of the therapist with the deepest self of the patient or client" (p. 17). Because the self of the counselor is believed to be a vital part of promoting the client's optimal growth and development, Rogers (1961) suggested that, for therapy to be effective, the counselor needs to provide three conditions of growth: unconditional positive regard, congruence, and empathy with the client. Building on Rogers's conditions of growth, recent research studies found that, in order to achieve favorable therapeutic outcome, counselors should be empathic, warm, supportive, and hopeful when working with their clients (Lambert & Barley, 2001). These characteristics of counselors allow clients to feel understood, accepted, empowered, and encouraged. Gladding (2004) further recommended that "counselors should possess personal qualities of maturity, empathy, and warmth" (p. 34) in order to help clients to feel comfortable and to allow clients to share their stories without feeling judged by the counselor. However, you may have heard a story about or may have even experienced an ineffective counselor who does not seem to listen to the client and often expresses anger or frustration toward her or his client. This situation can emerge for various

reasons, including a lack of understanding of counseling and its process, poor training, or life stressors on the counselor. Those reasons, except personality, are likely to be corrected and improved via education, training, and supervision.

In contrast, if the counselor expresses anger or frustration toward her client caused by personality issues (e.g., tantrums, egocentricity) or negative motivations (e.g., loneliness, assertion of power and control) of the counselor, this issue needs to be further examined. The personhood of counselors is one of the most essential factors for facilitating the client's growth and development; therefore, self-examination and reflection are indeed important to the development and growth of counselors. Self-examination and reflection can facilitate the counselors' understanding of their motivations, desires, and actions related to becoming professional counselors. To help you get started on your self-reflection as a professional counselor, Exercise 1.2 provides questions that may stimulate your thoughts, feelings, and self-dialogue about becoming a professional counselor.

Exercise 1.2

MY MOTIVATION TO BECOME A COUNSELOR

Directions: Carefully reflect upon and honestly complete the statements below about your motivation(s) to become a professional counselor. If you would like, you may definitely discuss your answers with your loved ones, friends, peers, instructors, and/or supervisors.

1. I have known that I wanted to be a counselor since_____.
2. I would like to be a counselor because I want to_____.
3. Being a counselor gives me (a)_____, (b) _____, and (c)_____.
4. My family, friends, or loved ones agree that I should pursue a career as a counselor, because they see_____ in me.
5. If I can't be a counselor, I would _____ because _____.
6. When I face life's difficulties, I tend to blame_____ because _____.

7. If I could choose clients, I would definitely choose to work with people who (a)_____, (b)_____, and (c)_____.
8. Following up on #7, I like working with people who have these characteristics because_____.
9. When I become a counselor, my clients will describe me as (a)_____, (b)_____, and (c)_____.

In addition to examining your thoughts and reflecting on your feelings associated with becoming a professional counselor, a reflection on the self of the counselor involves the examination of your values and beliefs. Personal beliefs and values play an important role in the work of professional counselors with clients. For example, you may find it difficult to work with clients who are unmotivated and less ambitious, because these characteristics conflict with your personal belief system that people should be motivated, high achieving, and highly ambitious. It is essential that you examine and confront your personal motivations, beliefs, and values in order to be an effective counselor who is able to recognize and filter your personal motivations, beliefs, and values when working with clients who are different from you. In the next section, you will learn about the therapeutic relationship and how important your role is as a professional counselor in the therapeutic context.

THE THERAPEUTIC RELATIONSHIP

You, by now, have grasped how important it is for professional counselors to be aware of self and their motivations in entering the counseling profession as well as their personal values and beliefs. This awareness is important, because professional counselors use themselves as a *therapeutic tool* to help their clients achieve optimal growth and well-being. In this section, you will learn about the therapeutic factors, process, and necessary skills in counseling.

As mentioned earlier, modern research studies (e.g., Lambert & Barley, 2001) have suggested that counselors should possess the four characteristics: empathy, warmth, supportiveness, and hope, in order to facilitate favorable therapeutic outcomes. These four characteristics contribute to the development of a collaborative

therapeutic relationship in which the client and counselor work together to facilitate changes in the client. Needless to say, such a relationship occurs when both parties, the client and counselor, are in agreement on how counseling should be. It is important, however, to note that counselors are responsible for initiating a warm and accepting therapeutic environment that allows the clients to be willing to confront their issues, assume responsibilities, and ultimately reach resolutions to their problems.

Therapeutic Factors

Regardless of the theoretical approaches employed, professional counselors are required to build a collaborative therapeutic relationship with clients in order to facilitate the clients' self-exploration and to help them achieve their optimal well-being. Frank and Frank (1991) described common factors as active ingredients or core elements that are infused in every therapeutic approach. Lambert (1992) identified those common factors as extratherapeutic factors (client's factors), therapeutic relationship factors, hope and expectancy, and therapeutic models and techniques. Extratherapeutic factors refer to the client's factors, such as willingness to change. Therapeutic relationship factors refer to the characteristics of the counselor such as warmth, empathy, and acceptance. Hope and expectancy refer to the client's perception that her or his presenting issues will be alleviated or that therapy will have an even better outcome. Therapeutic models and techniques refer to theoretical approaches and strategies that counselors employ in treatment and intervention. According to reviews of their outcome studies in counseling and psychotherapy, Lambert and Barley (2001) concluded that these common factors (i.e., characteristics of the counselor, nature of the therapeutic relationship) accounted for 30% of a client's overall improvement in treatment.

As mentioned in earlier sections, professional counselors and clients play an important role in the therapeutic process and outcome. You now understand the importance of professional counselors possessing warmth, empathy, and acceptance in order to develop a meaningful therapeutic relationship and to facilitate change in their clients. Professional counselors need to be able to show the clients these qualities throughout the therapeutic process.

Therapeutic Process

Counselors in training often find themselves nervous or anxious when they first see the clients. Questions such as "What should I do in the counseling room?" "What do I do first?" or "Can I take my lecture notes with me in the room so I know what to do?" generally come up during their first clinical experience. This need-to-know behavior is considered normal, as the counselor needs to understand

the stages of the counseling process and how they unfold. Because counseling is a combination of art and science, the therapeutic process cannot be *prescribed* as a step-by-step model, as it largely depends on the theoretical approaches and work settings of the counselor. Nonetheless, there are common stages of the counseling process that provide you a framework when working with clients regardless of your theoretical orientation or work settings. Six stages in the counseling process include establishing the relationship, assessment, treatment planning, intervention, evaluation, and termination.

Stage I: Establishing the relationship

As previously mentioned, the relationship is central in the counseling process and is an essential factor that leads to successful therapeutic outcomes. You can imagine how difficult it must be to share very personal details about or undesirable qualities of yourself to a complete stranger. All human beings, including your clients, want to feel respected and accepted, although one knows that her or his actions are not exactly acceptable (e.g., stealing, having an affair). Counseling is a process in which clients can discuss those thoughts and feelings with the counselor, who genuinely accepts them just as they are and cares about their well-being. Therefore, counselors should create an inviting therapeutic environment that invites the clients to share their struggles and suffering without feeling judged. To create such an environment, counselors need to demonstrate their warmth, acceptance, and empathy to their clients. Later in this chapter, you will learn how professional counselors can create this welcoming environment by using counseling skills.

Stage II: Assessment

The purpose of the assessment, sometimes called the initial interview or intake assessment, is to evaluate the relevant factors that contribute to the client's presenting issues (Corey & Corey, 2007) such as interpersonal relationships, financial situations, medical conditions, and family history. The counselors may conduct an initial assessment based on their theoretical orientation or work protocols (e.g., asking the client's history of substance use in an addictions counseling facility), which generally inform the focus of the assessment (e.g., past versus present conditions). Professional counselors utilize many forms of assessment, including having an informal conversation with the client, using a set of structured questions, conducting a behavioral observation to determine the client's behavioral and emotional state, and using empirically validated assessments or instruments to assess behavioral and emotional issues of the client. Often, in clinical mental health settings (e.g., hospital, behavioral health clinic), professional counselors are required to diagnose the client with a form of mental disorder by using standardized diagnostic

criteria (e.g., the *Diagnostic and Statistical Manual of Mental Disorders,* or DSM). The diagnosis then serves as a starting point for the treatment, as it informs the counselor about the nature of the disorder and its symptoms (e.g., development, progression) and treatment planning (e.g., intervention strategies, amount of time and resources involved).

Stage III: Treatment planning

The treatment planning stage is a collaborative effort between the client and the counselor to generate therapeutic goals and ways to achieve them. It is important that clients be actively involved in treatment planning, because they are the ones who will carry out the treatment plan. When planning the treatment with a client, professional counselors should consider the following factors. First, treatment plan should be tailored to the client's unique needs and presenting issues (e.g., not every client who presents with depressive symptoms will have the same goals, interventions, and amount of time spent in counseling). Second, the treatment plan should reflect optimistic, realistic, and attainable goals that the client is able to achieve. Third, the plan should be concrete and measureable (e.g., behaviorally specific actions) in order to determine whether treatment goals have been accomplished at the end of counseling. Last, the plan should be flexible, so that the counselor and client can adjust or modify it as needed.

Stage IV: Intervention

Professional counselors often use therapeutic interventions (often called techniques) that derive from their theoretical orientation or model in counseling. Therapeutic interventions align not only with the counselor's theoretical approach but also with the treatment goals. That is, professional counselors use interventions to help clients accomplish set goals (e.g., increase self-esteem, decrease depressed mood) that promote their mental health and well-being. Interventions are used to help clients gain insight or take action. While insight presents some value, actions are important to clients, as actions facilitate changes within and outside of the therapeutic context (Corey & Corey, 2007). Considering the use of therapeutic interventions, it is important that professional counselors utilize interventions that are known or suggested, based on research and/or literature, to be effective with the client's presenting issues to ensure ethical practice (ACA, 2005).

Stage V: Evaluation

Once they have implemented therapeutic interventions, professional counselors are responsible for evaluating the therapeutic process and outcomes to

determine whether those interventions served the treatment goals. Methods of evaluation include formative and summative evaluation. Formative evaluation refers to an evaluative method that occurs throughout counseling in order to periodically assess the client's progress toward therapeutic goals. Summative evaluation, on the other hand, refers to an evaluative method that occurs toward the end of the counseling process to determine whether the therapeutic goals have been accomplished. Formative evaluation has its focus on the counseling process, whereas summative evaluation has its focus on the counseling outcome (Dougherty, 2008). Regardless of the method of evaluation, there are many strategies that professional counselors can utilize to evaluate the therapeutic process and outcome, including having informal conversations with clients to assess their perceptions of change, observing behavioral and emotional changes in clients, and using empirically validated assessments or instruments to quantify changes that occurred while clients were in counseling. It is important for you to understand that professional counselors can utilize more than one evaluation method as appropriate in order to have a better picture and more well-rounded perspective on the therapeutic process and outcome, which ultimately inform adjustment or improvement in the counseling process and, often, the counselors themselves.

Stage VI: Termination

Once the client achieves a satisfactory therapeutic outcome, it is time for termination, where the client can generalize what she or he learned in counseling to other life contexts such as family, community, and work. Ideally, termination happens when the counselor and the client mutually agree that the client has achieved the treatment goals, and it provides a sense of closure for both parties. Professional counselors need to prepare clients for termination by fostering their independence, encouraging them to take charge of their own lives, helping them identify problems they have overcome throughout the counseling process, helping them plan for future situations and actions, and helping them setting up long-term goals. To help you better understand the counseling process, Case Illustration 1.1 provides you an example of how professional counselors work through the six stages of the counseling process.

Throughout the therapeutic process, professional counselors work collaboratively with clients to achieve therapeutic goals. As you can imagine, achieving therapeutic goals is not an easy process for either the client or the counselor. Many believe that goal achievement is possible when the client and counselor are able to work collaboratively with each other to achieve the same goals and have a strong *therapeutic alliance,* which will be described in the next section.

CASE ILLUSTRATION 1.1

SIX STAGES OF THE COUNSELING PROCESS

Directions: The case illustration below describes six stages in the counseling process, including establishing the relationship, assessment, treatment planning, intervention, evaluation, and termination.

Aaron was referred to you, a professional counselor, due to social phobia (a form of anxiety disorder characterized by extreme shyness and heightened self-consciousness in particular social situations).

Stage I: Establishing the relationship.

Aaron presents in the first counseling session with little to no verbal and eye contact. Aaron admits to you that "it is really embarrassing to me that I can't even talk to you. I know it is silly, but I'm so scared to talk to you." You provide many empathetic responses to Aaron and reassure him that counseling is a place for him to discuss his concerns and generate possibilities. You tell Aaron that you admire his courage in recognizing the issue and coming to counseling. At the end of the initial session, you observe that Aaron seems more relaxed, and he starts to make more eye contact when speaking to you.

Stage II: Assessment

Aaron notes that he blushes when knowing he is about to enter social situations (e.g., going to a graduation party). Aaron also expresses that he feels nausea when he starts to feel anxious. Aaron reports that he has difficulty making friends at school. After asking a series of structured questions to determine the severity of his symptoms by using the DSM, you also administer a standardized social anxiety scale to Aaron. His scores demonstrate high level of anxiety.

Stage III: Treatment Planning

You and Aaron establish treatment goals together. Goals include decreasing anxiety-related symptoms in social situations, and increasing social skills. Both you and Aaron believe these goals are realistic and attainable, and Aaron is willing to commit to them.

Stage IV: Intervention

You introduce Aaron to multiple forms of relaxation techniques; including breathing exercises, meditation, and stress management; suggested by several research studies to be effective methods in dealing with anxiety disorders, including social phobia (social anxiety). You also utilize role-playing, a therapeutic technique

that is specific to treating social anxiety, to help Aaron practice his social skills and gain comfort when relating to others.

Stage V: Evaluation

At the midpoint of the counseling process, you ask Aaron for his input regarding the relaxation techniques and role-playing that you have utilized. Aaron mentions that he feels more comfortable utilizing those skills in the counseling session but is not yet ready to try them out with others in actual social situations. You and Aaron then readjust the length of counseling and integrate other interventions to help Aaron feel more comfortable in actual social situations. Toward the end of the counseling process, you again administer the same standardized social anxiety test to Aaron in order to compare the results with his scores from when he first entered counseling. His recent scores demonstrate a mild level of anxiety. In addition, Aaron reports that he is able to enter a party and talk to people without blushing or feeling nauseous, although he reports that making eye contact is still somewhat difficult for him.

Stage VI: Termination

You and Aaron agree that the treatment goals have been accomplished. You explore Aaron's perceptions of counseling and the things he learned along the way. Aaron states he feels prepared for social situations and is able to relate to others more than he could on his first day in counseling. Aaron tells you his future plans for how he would like to further improve himself.

Therapeutic Alliance

Therapeutic alliance, often called working alliance, is defined as "a collaborative process whereby both client and therapist agree on shared therapeutic goals; collaborate on tasks designed to bring about successful outcomes; and establish a relationship based on trust, acceptance, and competence" (Teyber, 2006, p. 43). Therapeutic alliance comprises three important components of the relationship: counseling relationship, collaborative goals, and trust, which can bring about changes and help clients to achieve their goals. Needless to say, therapeutic alliance is critical to the treatment outcome. When the client and counselor have a bond, shared agenda, and goal, the client is likely to reach her or his goal (Gelso & Carter, 1994). This collaborative relationship not only facilitates change during the counseling session and by the end of the treatment also helps clients feel empowered with a sense of confidence in their ability to cope with their future issues.

You may wonder how you, as a professional counselor, can create a warm, accepting, and supportive therapeutic environment and relationship as well as build

a strong therapeutic alliance with your clients throughout the counseling process. As you move further through your graduate training in counseling, you will learn the necessary skills that professional counselors use to build a therapeutic relationship with clients, to facilitate the counseling process, and to foster a working alliance. As a part of the requirements of counselor training and preparation, you will be required to practice and implement these skills during your clinical training—practicum and internship—where you will be spending a majority of your time working with actual clients under faculty supervision. For the purpose of this chapter, you will be introduced to the basic counseling skills, called *microskills.*

Microskills

Microskills are the foundational skills of effective helping relationships. Professional counselors employ these skills to create the necessary conditions from which positive changes can occur. Through empathic understanding in a nonjudgmental, accepting, and safe environment, individuals can grow and change in a positive direction. To create such a therapeutic environment, professional counselors are trained to appropriately use their microskills when working with clients. Microskills include the following:

- Attending—communicate to the client that you are attending to her story through nonverbal (e.g., head nodding, eye contact) and verbal (e.g., uh-huh, yes) acknowledgment.
- Listening—pay attention to the client's story to accurately capture his thoughts and emotions.
- Silence—pause after the client's statement to help her elaborate more on the story and/or to provide a brief moment for the client to reflect on her story.
- Restatement—rephrase the client's primary statement or response to let him know that you are listening and paying attention.
- Reflection of feelings—reflect the expression, emotions, and/or feelings associated with a particular event or story that the client tells you.
- Summarizing—capture the content (both thoughts and emotions) or identify themes or patterns associated with the client's story in order to keep the therapeutic conversation focused and to promote clarification.
- Probing—ask open-ended questions to facilitate the client's understanding and exploration of her story.

To help you better grasp how professional counselors utilize microskills in the counseling sessions, you can engage in the following activity. Case Illustration 1.2 contains what the client, Tamika, says to a counselor, you, during the first session.

CASE ILLUSTRATION 1.2

TAMIKA

Directions: Please read the client's story below, and practice using microskills (attending, listening, restatement, reflection of feelings, summarizing, and probing).

Tamika was referred to counseling due to the symptoms of depression. During the first session, Tamika told you she felt depressed all the time. Tamika mentioned she could not sleep, would wake up in the middle of the night to cry, and could not eat very much. As a result of that, Tamika had a hard time waking up in the morning to go to work. Tamika also noted that she was no longer able to enjoy things she used to like, such as exercising and going out with a group of friends.

Tamika told you that these symptoms began when she learned that her husband had an affair. Tamika said she was shocked, because her husband was very close to her and her children. Tamika expressed, "I had no idea he was having an affair. It never occurred to me that my husband, my one and only love, would do something like this to me." Concerning her depressive symptoms, Tamika stated, "I am so afraid that I have to feel like this for the rest of my life."

Once you read and practice using microskills in Case Illustration 1.2, you can look at Table 1.1 which provides a summary and examples of microskills. So, let's practice!

It is important to understand that microskills do not pertain to a specific counseling theoretical approach. Rather, microskills are meant for counselors, regardless of their theoretical orientation, to use as foundational skills to facilitate the counseling process and to foster the therapeutic relationship with the clients. Although counseling researchers have suggested that common factors such as empathy and a therapeutic relationship are important (Lambert, 1992, says they account for 30% of treatment effectiveness), in reality, professional counselors implement theoretical frameworks as their approaches to treatment and intervention (which Lambert described as accounting for 15% of treatment effectiveness). As a part of your counseling training, you will be introduced to theoretical frameworks and philosophies that guide the work of professional counselors. In the next section, you will learn major counseling theoretical approaches that professional counselors implement when working with clients.

Table 1.1 Microskills

Microskills	Description	Example
Attending	Communicate to the client that you are attending to her story through nonverbal and verbal acknowledgment.	Nonverbal (e.g., head nodding, eye contact) and verbal (e.g., uh-huh, yes) acknowledgment.
Listening	Pay attention to the client's story to accurately capture his thoughts and emotions.	Indicate that you understand that the client's experience (e.g., symptoms of depression) is associated with a recent situation (e.g., husband has an affair).
Silence	Pause after the client's statement to help her elaborate more on the story and/or to provide a brief moment for the client to reflect on her story.	Use silence after the client mentions her feelings of hurt and betrayal.
Restatement	Rephrase the client's primary statement or response to let him know that you are listening and paying attention.	"You said it was difficult for you to get up and go to work everyday."
Reflection of feelings	Reflect the expression, emotions, and/or feelings associated with the particular event or story that the client tells you.	"You feel hurt and betrayed when you learn that your husband is having an affair."
Summarizing	Capture the content (both thoughts and emotions) or identify themes or patterns associated with the client's story in order to keep the therapeutic conversation focused and to promote clarification.	"You said that you felt depressed and betrayed when you found out about his recent affair. It is hard for you to get up in the morning, and you do not find yourself enjoying your favorite activities. As you mentioned, you did not see this coming and fear that these feelings will last forever."
Probing	Ask open-ended questions to facilitate the client's understanding and exploration of the story.	"How do these symptoms of depression and feelings of hopelessness affect your life?"

THEORETICAL APPROACHES

Why do we need theory when working with clients? Can we work with clients without using any theory? These are two important questions to answer. Professional counselors use theoretical approaches as a guiding framework when working with clients. Your theoretical orientation serves as your compass that helps you navigate therapeutic directions, including case conceptualization, treatment plans, and interventions. Without your compass, you and your clients may feel that counseling lacks direction, and it may be difficult for your clients to achieve therapeutic goals.

The theoretical approaches of professional counseling have included a number of important historic movements within the psychology and mental health fields, including the psychodynamic, humanistic–existential, behavioral, and multicultural movements. Each has made a critical contribution to what you now think of as professional counseling. Each theoretical approach has a different focus, such as events (e.g., past, present, future), interactions (e.g., intrapsychic or interpsychic), or goals (e.g., insight or action). The different focus of each theory makes it unique and distinct it from others.

Just as you will learn therapeutic skills in your counseling training, you will learn a great deal regarding different therapeutic approaches. In this chapter, a brief summary of major theoretical approaches used in counseling is presented to you in order to provide a basic understanding and main focus of different approaches. You will also be provided with ways that you can use to begin to find your theoretical orientation.

Psychodynamic Approach

The psychodynamic approach is based on the work of world-renowned medically trained physicians—Sigmund Freud (1856–1939), an Austrian neurologist; Carl Gustav Jung (1875–1961), a Swiss psychiatrist; Alfred Adler (1870–1937), an Austrian physician trained in ophthalmology; and many others (e.g., Karen Horney, Anna Freud). Freud is credited with being the father of psychodynamic therapy, and he developed the concepts of the unconscious mind, libido, transference, and defense mechanisms. Freud created *talk therapy*, or psychoanalysis, a method for treating mental illness via dialogues between the client and psychoanalyst. Freud had his clients spend a great amount of time in therapy to examine and analyze their childhood experiences, because he believed these experiences shape the client's personality and are linked to the client's presenting issues.

Similar to Freud, Jung believed in the unconscious mind and psychoanalysis as a mean to access the unconscious—unexamined psychological materials. Jung

and Freud were contemporaries and worked together for six years (1907–1913). They, however, split over the role of the unconscious, libido, and religion. Unlike Freud, Jung believed that spirituality played an important role in one's personality development, and not every human being was motivated by sex drive. Jung invented the concepts of extraversion and introversion, archetypes, and the collective unconscious, which are important concepts that have informed the practice of counseling. The popular personality inventory, the Myers-Briggs Type Indicator, was developed based on his theory of personality types.

Alfred Adler was also a contemporary of Freud and Jung and was one of the original five members who founded the Wednesday Psychological Society, so called because this group of prominent physicians met each Wednesday in Vienna (Freud, Adler, Wilhelm Stekel, Max Kahane, and Rudolf Reitler) (Rose, 1998). Adler developed a new model of psychotherapy—individual psychology—based on psychodynamic concepts proposed by Freud. Adler was opposed to negative views of human beings. He believed that family constellation, internal logic, and social engagement influence the personality development of individuals. His contributions have included an understanding of the importance of family unit/environment as well as one's perception of self and the social interests that shape one's personality development. His theory provided a shift from a purely psychodynamic psychotherapy (i.e., examining one's intrapsychic process) to more humanistic psychotherapy (i.e., exploring one's interpersonal process).

Humanistic–Existential Approach

Unlike the psychodynamic approach, the humanistic approach focuses on the relationship between the client and counselor. After being trained in psychoanalysis, humanistic–existential theorists are opposed to pessimistic ideas and negative views of human beings. They believe that individuals are self-directed and strive toward positive direction, self-actualization, and integration. Humanist–existentialist therapists believe that there is an inborn tendency for individuals to reach their full human potential if they are provided an environment that is conducive to such growth that includes empathy and a caring, nonjudgmental attitude. They take a phenomenological perspective that stresses the subjective experience of the client and emphasizes the fact that every human being is unique. To facilitate this self-directed path of human beings, counselors need to provide an accepting, safe, and meaningful therapeutic experience.

The most important figure in the humanistic–existential approach was Carl Rogers (1902–1987), an American psychologist. His person-centered therapy (originally nondirective or client-centered therapy) was instrumental in shaping

the way that professional counseling is practiced today. His contributions included the concept of unconditional positive regard, empathy, and congruence or genuineness—necessary conditions for the therapy and counselor to have. In 1987, he was nominated for the Nobel Peace Prize for his work to bring government leaders from all over the world together in encounter groups to foster communication between people of differing political beliefs who were in conflict with each other.

Similar to Rogers, Rollo May (1909–1994) and Viktor Frankl (1905–1997) believed that the therapeutic relationship between the client and counselor is central. May and Frankl also considered the significance of how individuals make meaning in their lives. They, along with Irvin Yalom (1931–present), a contemporary existential theorist, focused their attention on the client's anxiety toward freedom, isolation, meaning, and death. It is important to note that humanistic–existential counselors do not try to *fix* or change the client's feelings but instead try to help clients make meaning out of their lives. These counselors facilitate movement to what is usually called *self-actualization* of their human potential.

CASE ILLUSTRATION 1.3

JENNIFER

Directions: Please read the client information, answer the following questions, and discuss your answer with a small group of your peers.

Client Information

Jennifer is a 40-year-old, stay-at-home mother who has four children. Jennifer has been married to her husband, who provides an upper-class lifestyle for her, for 10 years. Her husband has a nice job that brings home a lot of income, but his job requires him to be away a couple of days a week. The couple owns multiple properties and lives in a nice neighborhood. Jennifer spends a lot of time and effort building a perfect family, and she makes sure people know that her family is perfect (e.g., sending cards with a picture of her family/children smiling, hosting parties to show her place, going on expensive vacations).

Jennifer grew up in a middle-class family. Her mother is a religious stay-at-home housewife and mother who is now helping Jennifer raise her children, and Jennifer is very close to her mother. Her father is emotionally absent; he is a recovering alcoholic with whom she has a good relationship. Jennifer had a good relationship

with her brother until, recently, he mentioned that Jennifer acts like she is better than others and forgets where she comes from. Her brother describes Jennifer as "materialistic."

Jennifer devotes her life to becoming a good wife and mother. She enjoys an upper-class lifestyle and believes that she is a successful person compared to her parents and brother. However, Jennifer reports that she is never happy. For example, she just had a new baby boy (fourth child), but she had wished for a baby girl, so that she could have two boys and two girls. Jennifer states, "I never really truly feel happy. I try my best in everything, but I'm always three steps behind other people." Jennifer is considered to be one of the people who "keep up with the Joneses."

Jennifer has a hard time admitting that she is a perfectionist and a competitive person. In the counseling sessions, you often hear Jennifer talk about her vision of perfection, including perfect schools for her children, extracurricular activities that make her children be the best, and having a new home that is bigger and better than her current one. You also hear Jennifer express concerns about one of her children acting out and being difficult, about casual arguments with her husband, and about her relationship with her brother.

Jennifer wants to feel "true happiness," so her life can be perfect.

Questions:

1. Which approach do you choose, between psychodynamic and humanistic–existential, as your theoretical framework when working with Jennifer? Please identify your rationale for your choice.
2. How will you integrate the microskills in the chosen therapeutic approach and your work with Jennifer?

Behavioral Approach

Behavioral and cognitive behavioral therapies developed from the work of the more strict behaviorists, who were heavily influenced by positivism, like B. F. Skinner, Hans Eysenck, and Joseph Wolpe, as well as their cognitive–behavioral kin, Albert Ellis, William Glasser, and Aaron Beck. From the 1920s to 1950s, the behaviorists and their concepts of classic conditioning, operant conditioning, and social learning came to the forefront of the mental health fields. Later, in the 1950s, Albert Ellis developed what came to be known as rational emotive behavioral therapy, Aaron Beck developed cognitive therapy, and William Glasser developed reality therapy.

In contrast with the insight-based approach of the earlier psychodynamic therapies or the newer relational approach of humanistic therapies, these cognitive–behavioral therapists believed psychological distress emerges from one's thought and belief—cognitive distortion or irrational belief. Reflecting this belief, counseling focused on changing a person's thoughts and beliefs in order to facilitate behavioral changes. One of the significant contributions of behavioral and cognitive behavioral approaches is to highlight the importance of therapeutic outcomes, now called empirically supported treatment or evidence-based treatment. These outcome-based therapies later influenced the development of newer therapeutic approaches, such as acceptance commitment therapy (ACT) by Steven Hayes and dialectical behavior therapy (DBT) by Marsha Linehan.

Multicultural Approach

Paul Pedersen (1999), the grandparent of this approach, called multiculturalism "the fourth force in counseling," following the contributions of the first three—psychodynamic, humanist–existentialist, and behaviorist. In this approach, the role of culture broadly defined is critical to the understanding of the individual and applies to all counseling relationships. Culture was narrowly defined as race and ethnicity early in the development of this approach, but later more broadly as including ethnographic variables (e.g., race, ethnicity, religion, history, and common ancestry), demographic variables (e.g., age, gender, gender identity, sexual orientation, geographic location of residence), status variables (e.g., social, economic, and educational), and affiliation variables (both formal and informal).

This tradition grew out of the work in the late 1970s through 1990s of Paul Pedersen, Harry Triandis, Courtland Lee, Derald Wing Sue, Patricia Arredondo, Manuel Casas, Joseph Ponterotto, and others. Sue, Arredondo, and McDavis (1992) published their multicultural counseling competencies in 1992 simultaneously in the ACA's flagship journal, *Journal of Counseling and Development*, and the Association for Multicultural Counseling and Development's journal, *Journal for Multicultural Counseling and Development.* The multicultural approach to counseling addresses the importance of providing treatment and interventions that pertain to the unique needs of diverse populations and are relevant to the client's cultural reference. Later in this textbook, in Chapter 6, you will learn more about multicultural counseling competencies and how you, as a future counselor, can develop such competencies.

Finding Your Theoretical Orientation

Halbur and Halbur (2011) suggested 10 strategies that can assist you in selecting a theoretical orientation. Those strategies include finding yourself, examining

Exercise 1.3

MULTICULTURAL ISSUES IN THE COUNSELING PROFESSION

Directions: As a future professional counselor, please answer the following questions:

An increase of diversity in the US population forces the counseling profession to respond to cultural issues that have emerged between clients and counselors. The ACA *Code of Ethics* (2005) requires professional counselors to attend to the client's cultural worldview when engaging in the therapeutic relationship. It is also important that professional counselors practice multicultural counseling, as it is an ethical practice considered by the profession at large.

1. In your opinion, what should multicultural counseling look like?
2. How can professional counselors become multiculturally competent?
3. What is your vision of, or what are your ideas about, multicultural counseling practice in the next five years?

your values, looking at your preferences, utilizing your personality, capturing your uniqueness, allowing others to inspire you and your learning, reading original works of the theorists, practicing, studying with masters, and broadening your experiences. For example, you may take a look at your personal values, such as how you view human beings (e.g., people are good or bad by nature), and compare your view with different theoretical orientations by reading original writings of those theorists who have the same view that you do. You may find you select and deselect some theoretical orientation through this process.

It is important to note that, in reality, many professional counselors and mental health professionals practice an integrative approach to counseling. An integrative approach refers to "a perspective based on concepts and techniques drawn from various theoretical approaches" (Corey & Corey, 2007, p. 145). This approach allows counselors to utilize frameworks and interventions from more than one theory to better suit the client's need and to compensate for the limitations of one theory with the benefits of other(s). As mentioned earlier, you will learn about different therapeutic approaches as you progress through your graduate training in counseling, as theoretical frameworks are central to professional counseling. Professional counselors implement these frameworks to guide their therapeutic treatment and interventions when working with clients.

KEYSTONES

You have already begun your exciting journey of becoming a professional counselor. This chapter provides an overview of the counseling profession. You were introduced to the definition of professional counselor and identity of professional counselors. You gained an understanding of the importance of the self of the counselor, the therapeutic relationship, counseling process, basic counseling skills, and major theoretical approaches in the counseling context. The items below capture the concepts discussed in this chapter.

- The current definition of professional counseling is "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2012).
- It is important that you, as a professional counselor, examine and reflect upon your personal motivation, values, and beliefs in order to better understand yourself in the therapeutic process.
- To achieve favorable therapeutic outcomes, counselors should be empathic, warm, supportive, and hopeful with their clients (Lambert & Barley, 2001). These characteristics of counselors allow clients to feel understood, accepted, empowered, and encouraged.
- There are common stages of the counseling process that provide you a framework when working with clients regardless of your theoretical orientation or work settings. Six stages in the counseling process include establishing the relationship, assessment, treatment planning, intervention, evaluation, and termination.
- Microskills include attending, listening, restatement, reflection of feelings, summarizing, and probing. These skills are the foundational skills in counseling regardless of the counselor's theoretical orientation.
- Major theoretical approaches in counseling include the psychodynamic, humanistic–existential, behavioral, and multicultural. Each approach possesses its uniqueness.

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