Chapter 3

The Counseling Process

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

T.S. Eliot, Four Quartets

Chapter Objectives

After reading this chapter, you should be able to:

- Discuss counseling effectiveness
- Talk about ways to classify counseling theories
- Demonstrate universal counseling skills
- Answer some common questions about the counseling process
- Outline the stages of counseling
- Explain managed care and evidence-based practices

How do we know if counseling is working?

THE CLIENT CHANGES - the ultimate goal of counseling.

The child may

- think differently (cognition),
- feel differently (affect) or
- act differently (behavior).

Therefore, counseling helps a person change and learn.

Common Ingredients of Successful Treatments

A helping relationship that is based on collaboration, trust, a mutual commitment to the counseling process, respect, genuineness, positive emotions, and a holistic understanding of the client

Common Ingredients of Successful Treatments

- A safe, supportive, therapeutic setting
- Goals and direction
- A shared understanding of the concerns that will be addressed and the process to be used
- Learning
- Encouragement
- Clients' improved ability to name, express appropriately and change their emotions

Common Ingredients of Successful Treatments

- Clients' improvement in identifying, assessing the validity of, and changing their thoughts
- Clients' increased ability to gauge and change their actions, as well as acquire new, more effective behaviors to promote coping, impulse control, positive relationships, and sensible emotional and physical health (Seligman, 2006, 11)

Corsini adds

Cognitive factors

Universalization: People get better when they understand that they are not alone, that other people have similar problems, and that suffering is universal.

Insight: When people understand themselves and gain new perspectives, they improve.

Modeling: People profit from watching other people.

Corsini

Affective factors

Acceptance: Receiving unconditional positive regard from a significant person, such as the counselor, builds a person's acceptance of self.

Altruism: Change can happen when a person recognizes the gift of care from the counselor or others or from the sense of giving love, care, and help to others.

Transference: This factor implies the emotional bond created between the counselor and client.

Corsini

Behavioral factors

Reality testing: People can change when they can experiment with new behavior and receive support and feedback.

Ventilation: Having a place to express anger, fear, or sadness and still be accepted promotes change.

Interaction: People improve when they can admit something is wrong.

Lazarus' BASIC ID model
(problem areas often treated in counseling)

B **Behavior:** actions
A **Affect**: emotions & moods
S **Sensation/School**: senses, education
I **Imagery**: mental pictures
C **Cognition**: thoughts

I **Interpersonal relationships:** interactions with others
D **Drugs/Diet:** health

Counseling Theories

Affective

- Person-centered counseling
- Gestalt therapy

Behavior

- Behavioral counseling
- Reality therapy
- Brief counseling
- Individual psychology

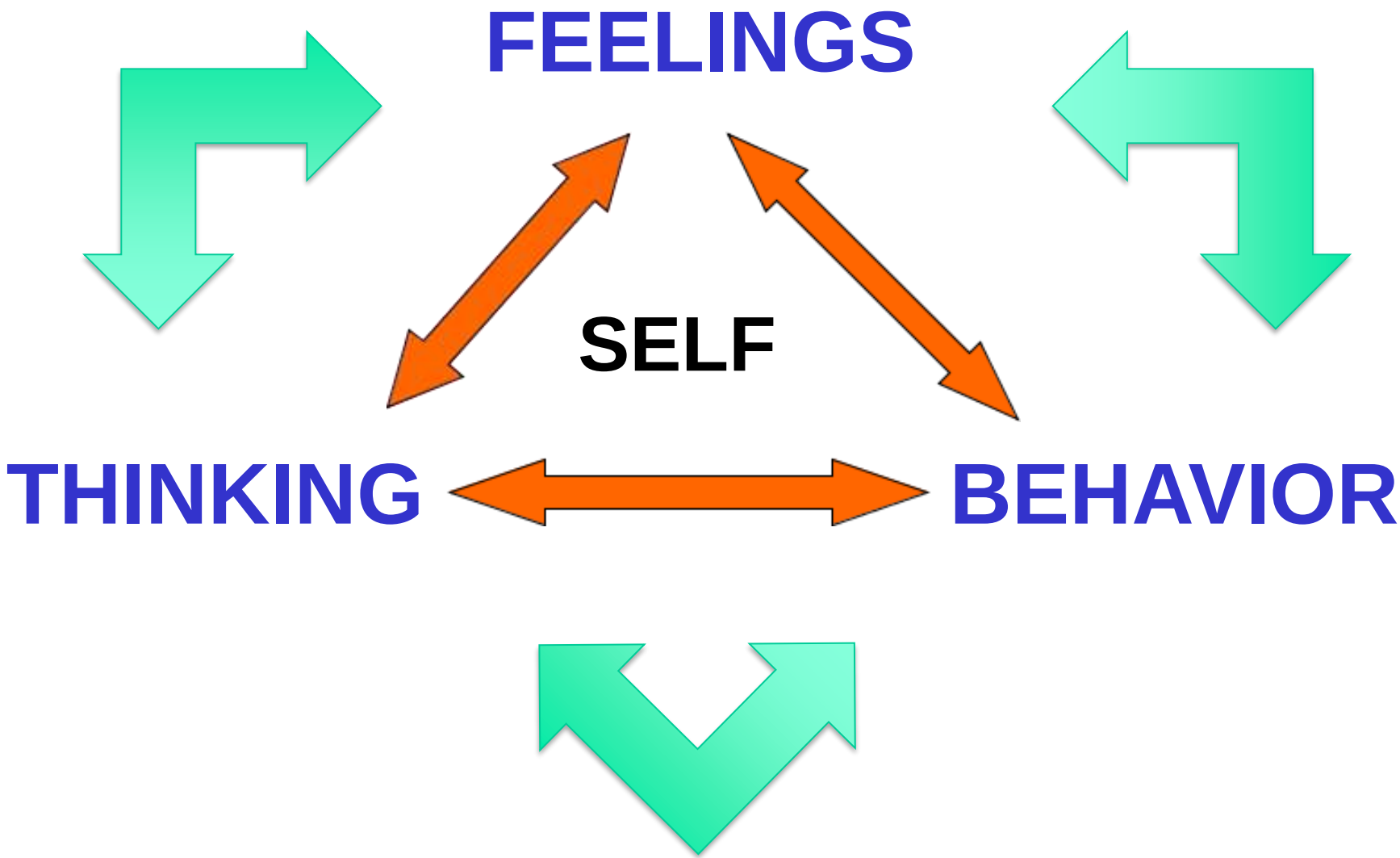
Counseling Theories

Cognitive

- Rational-emotive behavioral therapy
- Cognitive behavioral therapy
- Psychoanalytic counseling
- Transactional analysis

Systemic Intervention

- Family therapy
- Consultation and collaboration



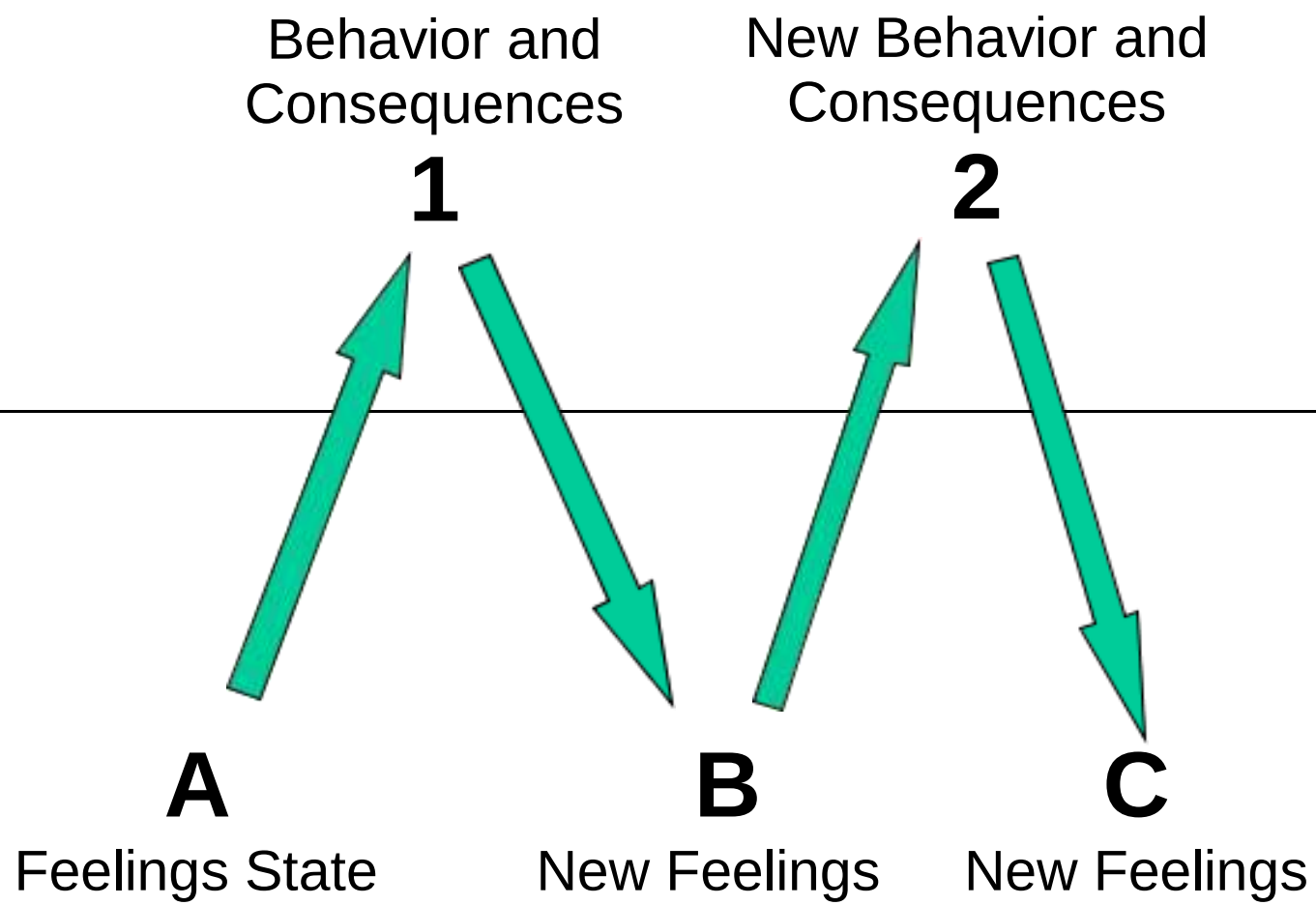
What Questions

- Behavior
- Antecedents
- Consequences
- Plans
- Goals

Why Questions

- Needs
- Motivation
- Feelings
- Thoughts
- Problem Causes

OBSERVABLE



UNOBSERVABLE

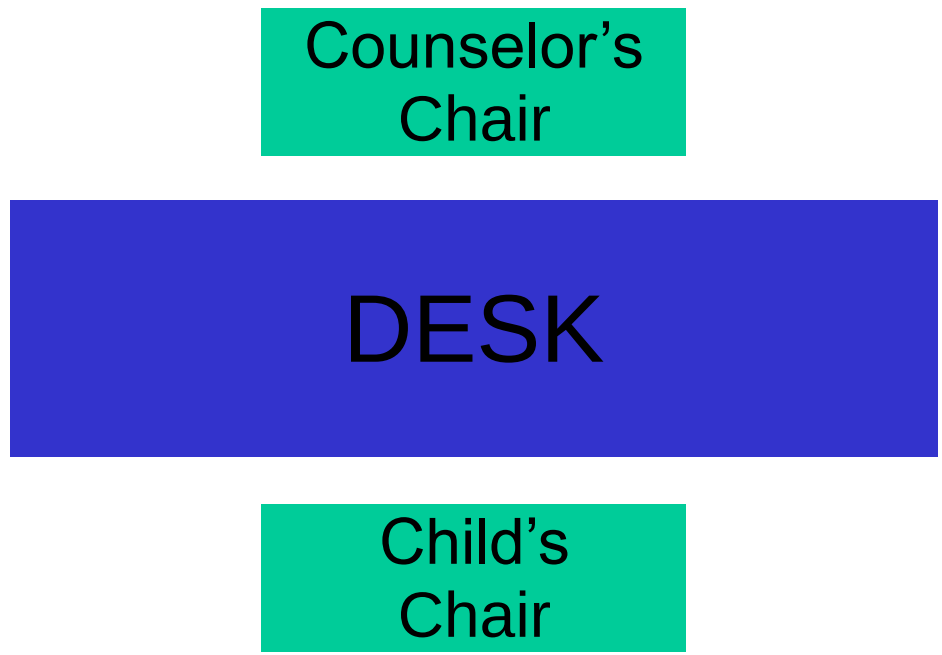
Universal verbal skills

- active listening skills
  - empathy, reflections of feelings, and reflections of meaning.
- minimal encouragers,
- restatements,
- paraphrases,
- summaries,
- clarifications, and
- perception checks

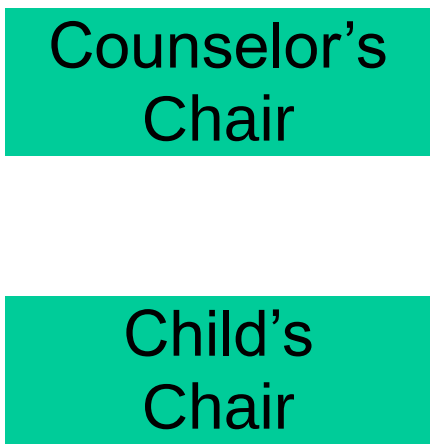
Preparing for the Interview

- Relaxed environment
- Comfortable furniture
- Promptness
- Attentive

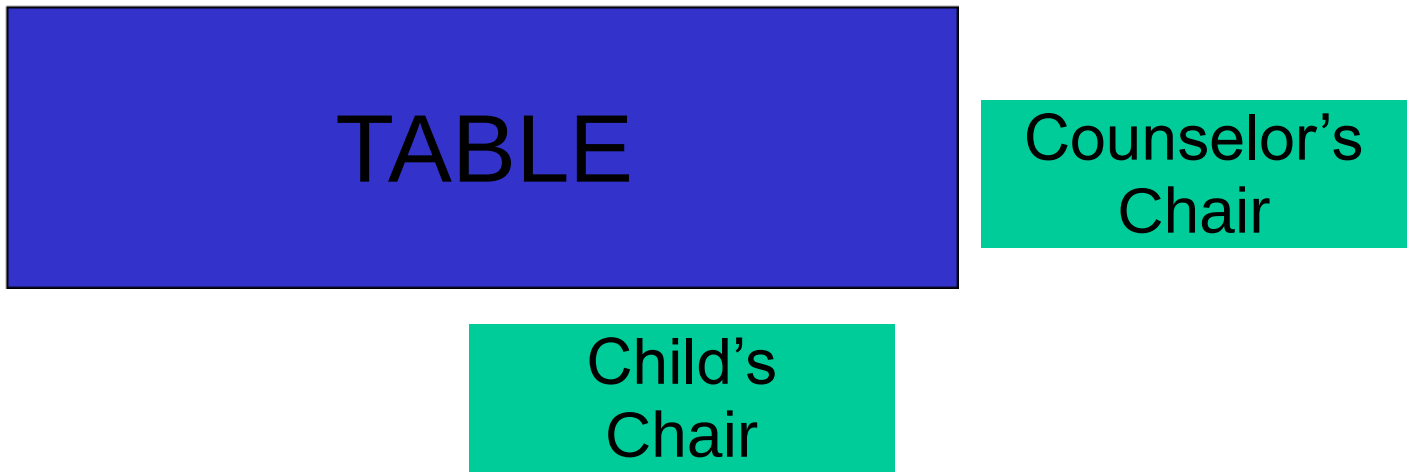
Seating Arrangements for Counseling Children #1



Seating Arrangements for Counseling Children #2



Seating Arrangements for Counseling Children # 3



Considerations During the First Interview

- Questions children may have about counseling
- Understanding resistance
- Steps to overcoming resistance
- Goals and Observations
- Building a therapeutic alliance
- Structure
- Explain confidentiality and the counseling process
- Investigate expectations

General Model for Counseling

Step 1: Defining the problem through active listening.

Step 2: Clarifying the child's expectations

Step 3: Exploring what has been done to solve the problem.

Step 4: Exploring what new things could be done to solve the problem.

Step 5: Obtaining a commitment to try one of the problem-solving ideas.

Step 6: Closing the counseling interview

Questions Counselors Ask

- What does the counselor need to know about counseling records?
- How much self-disclosure is appropriate for counseling?
- What type of questions should the counselor use?
- How can silence be used in counseling?
- Should counselors give advice?
- Should counselors give information?

Questions Counselors Ask

- How does the counselor keep the client on task during the counseling session?
- What limits should be set in counseling?
- What about the issue of confidentiality?
- Is this child telling me the truth?
- What can be done when the interview process becomes blocked?

Questions Counselors Ask

- When should counseling be terminated?
- How can counseling be evaluated?
- How do professional counselors work with managed health care?

Questions for counseling evaluation

1. How much did treatment help with the specific problem?
2. How satisfied was the consumer with services received?
3. How much did the client improve?

Goal-attainment scaling

- Goals established cooperatively
- Goals in measurable terms between “What I have” and What I would like to have”
- Priorities identified
- Levels of attainment monitored throughout counseling
- Graph to show weekly progress

Goal Attainment Scale

Scale attainment level	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5
Most unfavorable counseling outcome (-2)					
Less than expected success with counseling (-1)					
Expected level of counseling success (0)					
More than expected success with counseling (+1)					
Most favorable counseling outcome expected (+2)					

Counselors and Managed Health Care

***Advantages* of Managed Behavioral Health Care:**

- Efficiency
- Accountability
- Professional recognition
- Challenge to succeed outside the traditional medical model and managed health care

***Disadvantages* of Managed Behavioral Health Care**

- Limitations on treatment, time, and cost

Effective treatment plans (Davis, 1998)

Step 1: Problem Identification

Step 2: Problem Definition

Step 3: Goal Development

Step 4: Measurable Objectives

Step 5: Creating Interventions

Step 6: Diagnosing