## Counseling Theory in Practice

### …a one-day in-person workshop conducted by Dr. Gerald Corey and Dr. Jamie Bludworth.

**Wednesday**
**April 10, 2024**
**9:00-5:00 Central Time**
**6.5 hours CE credit**

### Workshop Handout and Outline

## USING THIS WORKSHOP OUTLINE

The following outline consists of important information translating theory into counseling practice. Because of time limitations, the presenters will not be able to fully address all of the topics in this outline. It is hoped that this material will be useful as a basis for further study for those who participate in this workshop. Much of the material given in these notes will be covered to some extent during the daylong workshop. Many of the concepts and techniques discussed in this set of notes apply to contemporary theories of counseling. The emphasis of the workshop is on practical applications to diverse clients and work settings. Participants in this workshop will need to adapt the ideas covered in this workshop and in these notes to their particular settings with their client population. The aim of this workshop is to encourage participants to reflect on ways to implement the techniques and ideas of the various theories to counseling practice. Becoming a skilled counselor is truly a career-long process of learning about theories and techniques, and how they fit with your personality and your therapeutic style.

## WORKSHOP SCHEDULE

**9:00-10:30 Session I: Introduction and Psychodynamic & Adlerian Approaches**

- Introduction to workshop
- Role of theory in counseling practice
- Psychoanalytic and psychodynamic approaches
- Adlerian counseling and therapy
- Counseling Stan video from the Adlerian perspective
- Theme of integration of therapeutic approaches
- Common factors as a basis for integration

**10:30-10:45 Morning Break**

**10:45-12:30 Session II: Experiential and Relationship-Oriented Approaches**

- Existential therapy
- Person-centered therapy

- Counseling Stan video from a Person-Centered perspective
- Gestalt therapy
- Counseling Stan video from a Gestalt therapy perspective
- Understanding and Working with Resistance in Therapy
- Stages of Change

**12:30 - 1:30   Lunch Break  [Box Lunch]**

**1:30-3:00  Session  III: Cognitive-Behavioral Approaches**

- Third wave behavior therapy: Mindfulness and Acceptance Approaches, Dialectical Behavior Therapy, Acceptance and Commitment Therapy
- Cognitive-behavior therapy
- Rational emotive behavior therapy
- Reality therapy & Choice theory
- Counseling Stan from CBT perspective

**3:00-3:15  Afternoon Break**

**3:15-5:00  Session IV: Postmodern and Integrative Approaches**

- Solution-focused brief therapy
- Motivational interviewing
- Narrative therapy
- Feminist therapy
- Common factors approach
- Integrative approaches to counseling practice
- Designing your own integrative approach to counseling practice
- Wrap Up and Evaluation:  Key Messages and Main Take Aways

**Theory as a Roadmap**

There are many different theoretical approaches to understanding what makes the helping process work.  Different practitioners might work in a variety of ways with the same client, largely based on their theory of choice.  Their theory will provide them with a framework for making sense of the multitude of interactions that occur within the therapeutic relationships.

Helpers may focus on the past, the present, or the future. Begin to consider whether you see the past, present, or future as being most productive. This is more than just a theoretical notion. If you believe your clients' past is an important focus for exploration, many of your interventions are likely to be designed to assist them in understanding their past. If you think that your clients' goals and strivings are important, your interventions are likely to focus them on the future. If you are oriented toward the present, many of your interventions will focus your clients on what they are thinking, feeling, and doing in the moment.

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Each of these choices represents a particular theoretical orientation. Attempting to practice without having an explicit theoretical rationale is like flying a plane without a flight plan. If you operate in a theoretical vacuum and are unable to draw on theory to support your interventions, you may flounder in your attempts to help people change.

Theory is not a rigid set of structures that prescribes, step by step, what and how you should function as a helper. Rather, theory is a general framework that enables you to make sense of the many facets of the helping process, providing you with a map that gives direction to what you do and say. Ultimately, the most meaningful perspective is one that is an extension of your values and personality. Your theory needs to be appropriate for your client population, setting, and type of counseling you provide. A theory is not something divorced from you as a person. At best, a theory becomes an integral part of the person you are and an expression of your uniqueness.

**Our Theoretical Orientation**

Neither of the presenters subscribes to any single theory in its totality. Rather, we function within an integrative framework that we continue to develop and modify as we practice. We draw on concepts and techniques from most of the contemporary counseling models and adapt them to our own unique personalities. Our conceptual framework takes into account the *thinking, feeling,* and *behaving* dimensions of human experience. Thus, our theoretical orientations and styles of practice are primarily a function of the individuals we are.

We value those approaches that emphasize the *thinking* dimension. We typically challenge clients to think about the decisions they have made about themselves. Some of these decisions may have been necessary for their psychological survival as children but now may not be functional. We want clients to be able to make necessary revisions that allows them to be more fully themselves.  One way we do this is by asking clients to pay attention to their "self-talk." Here are some questions we encourage clients to ask themselves: "How are my problems actually caused by the assumptions I make about myself, about others, and about life? How do I create problems by the thoughts and beliefs I hold? How can I begin to free myself by critically evaluating the sentences I repeat to myself?" Many of the techniques we use are designed to tap clients' thinking processes, to help them think about events in their lives and how they have interpreted these events, and to work on a cognitive level to change certain belief systems.

The *feeling* dimension is also extremely important. We emphasize this facet of human experience by encouraging clients to identify and express their feelings.  Clients are often emotionally frozen due to unexpressed and unresolved emotional concerns. If they allow themselves to experience the range of their feelings and talk about how certain events have affected them, their healing process is facilitated. If individuals feel listened to and understood, they are more likely to express more of the feelings that they have kept to themselves.

Thinking and feeling are vital components in the helping process, but eventually clients

must express themselves in the *behaving* or *doing* dimension. Clients need to get involved in an action-oriented program of change. Examining current behavior is the heart of the counseling process. It is useful to ask questions such as these: "What are you doing? What do you see for yourself now and in the future? Does your present behavior have a reasonable chance of getting you what you want, and will it take you in the direction you want to go?"

In addition to highlighting the thinking, feeling, and behaving dimensions, it is essential to help clients consolidate what they are learning and apply these new behaviors to situations they encounter every day. Some strategies to use are contracts, homework assignments, action programs, self-monitoring techniques, support systems, and self-directed programs of change. These approaches all stress the role of commitment on the clients' part to practice new behaviors and to develop practical methods of carrying out their action plan in everyday life.

Individuals cannot be understood without considering the various systems that affect them—family, social groups, community, church, and other cultural forces. For the therapeutic process to be effective, it is critical to understand how individuals influence and are influenced by their social world. Effective counselors need to acquire a holistic approach that encompasses all of human experience. Spirituality and religion can be considered a part of diversity, and it is essential to raise questions during the assessment process to determine the relevance of exploring spiritual and religious concerns of the client as a part of the treatment process. The spiritual dimension may be as much a part of the context of the presenting problem as are issues of gender, race, or culture.

It is essential to adapt the techniques we use to fit the needs of the individual rather than attempting to fit the client to the counselor's techniques. In deciding on techniques to introduce, it is good to take into account an array of factors about the client population. It is important to have a rationale for using the techniques you employ.

One way to understand how the various major theoretical orientations apply to the counseling process is to consider four categories under which most contemporary systems fall. These are (1) the *psychodynamic approaches,* which stress insight in therapy (psychoanalytic and Adlerian therapy); (2) the *experiential* and *relationship-oriented approaches,* which stress feelings and subjective experiencing (existential, person-centered, and Gestalt therapy); (3) the *cognitive behavioral approaches,* which stress the role of thinking and doing and tend to be action-oriented (behavior therapy, rational emotive behavior therapy, cognitive therapy, rational emotive behavior therapy, reality therapy); and (4) *postmodern approaches* (solution-focused brief therapy, narrative therapy, motivational interviewing, feminist therapy) which stress understanding the  subjective world of the client.

An **integrative model** refers to a perspective based on concepts and techniques drawn from various theoretical approaches. One reason for the current trend toward an integrative approach to the helping process is the recognition that no single theory is comprehensive enough to account for the complexities of human behavior.

**OVERVIEW OF CONTEMPORARY THEORIES OF COUNSELING**

**Psychoanalytic Approach**

**Key Concepts.** The psychoanalytic approach is an in-depth and generally longer-term exploration of personality. Some of the key concepts that form this theory include: the structure of personality, consciousness and unconsciousness, dealing with anxiety, the functioning of ego-defense mechanisms, and the developmental stages throughout the life span.

**Therapeutic Goals**. A primary goal is to make the unconscious conscious. The restructuring of personality is the main goal, rather than solving immediate problems. Successful outcomes of psychoanalytic therapy result in significant modification of an individual's personality and character structure.

**Therapeutic Relationship.** Psychoanalytically oriented therapists try to relate objectively with warm detachment. Both transference and countertransference are central aspects in the relationship. The focus is on resistances that occur in the therapeutic process, on interpretation of these resistances, and on working through transference feelings. Through this process, clients explore the parallels between their past and present experience and gain new understanding that can be the basis for personality change.

**Techniques.** Major techniques include maintaining the analytic framework, free association, interpretation, dream analysis, analysis of resistance, and analysis of transference. These techniques are geared to increasing awareness, acquiring insight, and beginning a working-through process that will lead to a reorganization of the personality.

**Contributions.** Many other theoretical models have developed as reactions against psychoanalytic approach. The theory provides a comprehensive and detailed system of personality. It emphasizes the legitimate place of the unconscious as a determinant of behavior, highlights the significant effect of early childhood development, and provides techniques for tapping the unconscious.

**Multicultural Applications of Psychoanalytic Approach.** Therapists can assist clients in identifying and dealing with the influence of environmental situations on their personality development. The goals of brief psychodynamic therapy can provide a new understanding for current problems. With this briefer form of psychoanalytically oriented therapy, clients can relinquish old patterns and establish new patterns in their present behavior.

Recommended Reading
*Brief Dynamic Therapy* (Levenson, 2017) describes a model of psychodynamic therapy that fits the reality of time-limited therapy and outlines the steps toward clinical work that is both focused and deep. This excellent book deals with how psychoanalytic concepts and techniques can be modified to suit the needs of many clients who cannot participate in long-term therapy.

**The Adlerian Approach**

**Key Concepts**. Consciousness, not the unconscious, is the center of personality. The Adlerian approach, based on a growth model, stresses the individual's positive capacities to live fully in society. It is characterized by seeing unity in the personality, understanding a person's world from a subjective vantage point, and stressing life goals that give direction to behavior. Social interest, the heart of this theory, involves a sense of identification with humanity, a feeling of belonging, and a concern with bettering society. Inferiority feelings often serve as the wellspring of creativity, motivating people to strive for mastery, superiority, and perfection. People attempt to compensate for both imagined and real inferiorities, which helps them overcome handicaps.

**Therapeutic Goals**. Counseling is not simply a matter of an expert therapist making prescriptions for change. It is a collaborative effort, with the client and therapist working on mutually accepted goals. Change is aimed at both the cognitive and behavioral levels. Adlerians are mainly concerned with challenging clients' mistaken notions and faulty assumptions.

**Therapeutic Relationship.** The client/therapist relationship is based on mutual respect, and both client and counselor are active. Through a collaborative partnership, clients recognize that they are responsible for their behavior. The focus is on examining the client's lifestyle, which is expressed in everything the client does.

**Techniques.** Adlerians have developed a variety of techniques and therapeutic styles. A strength of Adlerian therapy consists of a variety of cognitive, behavioral, and experiential techniques that can be applied to a diverse range of clients in a variety of settings and formats. They are not bound to follow a specific set of procedures; rather, they can tap their creativity by applying those techniques that they think are most appropriate for each client. Some of the specific techniques they often employ are attending, encouragement, confrontation, summarizing, interpretation of experiences within the family and early recollections, suggestion, and homework assignments.

**Contributions.** Adler founded one of the major humanistic approaches to psychology. Perhaps the greatest contribution of the Adlerian perspective is the degree to which its

basic concepts have been integrated into other therapeutic approaches. There are

significant linkages between Adlerian theory with most of the present-day theories.

Adlerian therapy has a psychoeducational focus, a present- and future-orientation, and is

a brief or time-limited approach. Adler's influence has extended into the community mental

health movement. The interpersonal emphasis is most appropriate for counseling

culturally diverse populations.

**Multicultural Applications of Adlerian Approach.** This approach offers a range of cognitive and action-oriented techniques to help people explore their concerns in a cultural context.

Adlerian practitioners are flexible in adapting their interventions to each client's unique life situation. Adlerian therapy has a psychoeducational focus, a present and future orientation, and is a brief, time-limited approach. All of these characteristics make the Adlerian approach suitable for working with a wide range of client problems.

Recommended Readings

***Adlerian Psychotherapy*** (Carlson & Englar-Carlson, 2017) is a comprehensive and concise overview of key concepts of Adlerian theory. This is a clearly written book and a useful resource for learning about the theory, process, and practice of the Adlerian approach.

***Adlerian Counseling and Psychotherapy: A Practitioner's Wellness Approach*** (Sweeney, 2019) is one of the most comprehensive books written on the wide range of Adlerian applications to therapy and wellness.

***The Quest to Feel Good*** (Rasmussen, 2010) explores the uses of emotions in psychotherapy and how emotions can be adaptive or maladaptive responses to the tasks and demands of life. A model for adaptive reorientation within the Adlerian model is presented and demonstrated.

**Experiential and Relationship-Oriented Approaches**

Therapy is often viewed as a journey taken by counselor and client, a journey that delves deeply into the world as perceived and experienced by the client. This journey is influenced by the quality of the person-to-person encounter in the therapeutic situation. The value of the therapeutic relationship is a common denominator among all therapeutic orientations, yet some approaches place more emphasis than others do on the role of the relationship as a healing factor. This is especially true of the existential, person-centered, and Gestalt approaches. These **relationship-oriented approaches** (sometimes known as experiential approaches) are all based on the premise that the quality of the client/counselor relationship is primary, with techniques being secondary. The **experiential approaches** are grounded on the premise that the therapeutic relationship fosters a creative spirit of inventing techniques aimed at increasing awareness, which allows clients to change some of their patterns of thinking, feeling, and behaving.

Some of the key concepts common to all experiential approaches that are assumed to be related to effective therapeutic outcomes are listed below:

• The quality of the person-to-person encounter in the therapeutic situation is the catalyst for positive change.

• The counselor's main role is to be present with clients during the therapeutic hour. This implies that the counselor has good contact with the client and is centered within himself or herself.

• Clients can best be invited to grow by a counselor modeling authentic behavior.

• A therapist's attitudes and values are at least as critical as are his or her knowledge, theory, or techniques.

• Counselors who are not sensitively tuned in to their own reactions to a client, run the risk of becoming more of a technician, rather than an artist.

• The I-Thou relationship enables clients to experience the safety necessary for risk-taking behavior.

• Awareness emerges within the context of a genuine meeting between the counselor and the client, or within the context of I-Thou relating.

• The basic work of therapy is done by the client. A counselor's job is to create a climate in which clients are likely to try out new ways of being.

Counselors who operate in the framework of the relationship-oriented therapies will be much less anxious about using the "right technique." Their techniques are most likely designed to enhance some aspect of the client's experiencing, rather than being used to stimulate clients to think, feel, or act in a certain manner.

## The Existential Approach

**Key Concepts**. There are six key propositions of existential therapy: (1) We have the capacity for self-awareness. (2) Because we are basically free beings, we must accept the responsibility that accompanies our freedom. (3) We have a concern to preserve our uniqueness and identity; we come to know ourselves in relation to knowing and interacting with others. (4) The significance of our existence and the meaning of our life are never fixed once and for all; instead, we re-create ourselves through our projects. (5) Anxiety is part of the human condition. (6) Death is also a basic human condition, and awareness of it gives significance to living.

**Therapeutic Goals**. The principal goal is to challenge clients to recognize and accept the freedom they have to become the authors of their own lives. Therapists confront clients on ways in which they are avoiding their freedom and the responsibility that accompanies it.

**Therapeutic Relationship**. The existential approach places primary emphasis on understanding clients' current experience, not on using therapeutic techniques.
The client/therapist relationship is of paramount importance, for the quality of the I/Thou encounter offers a context for change. Instead of prizing therapeutic objectivity and professional distance, existential therapists value being fully present and they strive to create caring relationships with clients. Therapy is a collaborative relationship in which both client and therapist are involved in a journey into self-discovery.

**Techniques.** Existential therapy reacts against the tendency to view therapy as a system of well-defined techniques; it affirms looking at those unique characteristics that make us human and building therapy on them. Existential therapists are free to adapt their interventions to their own personality and style, as well as paying attention to what each client requires. Therapists are *not*

bound by any prescribed procedures and can use techniques from other schools. Interventions are used in the service of broadening the ways in which clients live in their world. Techniques are tools to help clients become aware of their choices and their potential for action.

**Contributions**. The person-to-person therapeutic relationship lessens the chances of dehumanizing therapy. The approach has something to offer counselors regardless of their theoretical orientation. The basic ideas of this approach can be incorporated into practice regardless of the counselor's particular theory. It provides a perspective for understanding the value of anxiety and guilt, the role and meaning of death, and the creative aspects of being alone and choosing for oneself.

**Multicultural Applications of the Existential Approach.** Because the existential approach is based on universal human themes, and because it does not dictate a particular way of viewing reality, it is highly applicable when working in a multicultural context. Themes such as relationships, finding meaning, anxiety, suffering, and death are concerns that transcend the boundaries that separate cultures. Clients in existential therapy are encouraged to examine the ways their present existence is being influenced by social and cultural factors.

**Recommended Readings**
*Existential Psychotherapy* (Yalom, 1980) is a superb treatment of the ultimate human concerns of death, freedom, isolation, and meaninglessness as these issues relate to therapy. This book has depth and clarity, and it is rich with clinical examples that illustrate existential themes.

*Existential-Humanistic Therapy* (Schneider & Krug, 2017) is a clear presentation of the theory and practice of existential-humanistic therapy. This approach incorporates techniques from other contemporary therapeutic approaches.

*I Never Knew I Had a Choice* (Corey et al., 2018) is a self-help book written from an existential perspective. Topics include our struggle to achieve autonomy; the meaning of loneliness, death, and loss; and how we choose our values and philosophy of life.

**The Person-Centered Approach**

**Key Concepts**. A key concept is that clients have the capacity for resolving life's problems effectively without interpretation and direction from an expert therapist. Clients are able to change without a high degree of structure and direction from the therapist.   This approach emphasizes fully experiencing the present moment, learning to accept oneself, and deciding on ways to change.

**Therapeutic Goals**. A major goal is to provide a climate of safety and trust in the therapeutic setting so that the client, by using the therapeutic relationship for self-exploration, can become aware of blocks to growth.

**Therapeutic Relationship.** The person-centered approach emphasizes the attitudes and personal characteristics of the therapist and the quality of the client/therapist relationship as the prime determinants of the outcomes of therapy. The qualities of the therapist that determine the relationship include genuineness, nonpossessive warmth, accurate empathy, unconditional

acceptance of and respect for the client, permissiveness, caring, and the communication of those attitudes to the client.

**Techniques**. Because this approach stresses the client/therapist relationship as a necessary and sufficient condition leading to change, it specifies few techniques. Techniques are secondary to the therapist's attitudes. The approach minimizes directive techniques, interpretation, questioning, probing, diagnosis, and collecting history. It maximizes active listening and hearing, reflection of feelings, and clarification.

**Contributions.** One of the first therapeutic orientations to break from traditional psychoanalysis, the person-centered approach stresses the active role and responsibility of the client. It is a positive and optimistic view and calls attention to the need to account for a person's inner and subjective experiences. Emphasizing the crucial role of the therapist's attitudes, this approach makes the therapeutic process relationship-centered rather than technique-centered. Empathy, being present, and respecting the values of clients are essential attitudes and skills in counseling culturally diverse clients, which makes the concepts of this approach useful in working within a multicultural context.

**Multicultural Applications of Person-Centered Therapy.** The emphasis on universal, core conditions provides the person-centered approach with a framework for understanding diverse worldviews. Empathy, being present, and respecting the values of clients are essential attitudes and skills in counseling culturally diverse clients. Person-centered counselors convey a deep respect for all forms of diversity and value understanding the client's subjective world in an accepting and open way.

**Recommended Reading**

***On Becoming a Person*** (Rogers, 1961) is one of the best primary sources for further reading on person-centered therapy. This classic book is a collection of Carl Rogers's articles on the process of psychotherapy, its outcomes, the therapeutic relationship, education, family life, communication, and the nature of the healthy person.

***A Way of Being*** (Rogers, 1980) contains a series of writings on Carl Rogers's personal experiences and perspectives, as well as chapters on the foundations and applications of the person-centered approach.

***The Life and Work of Carl Rogers*** (Kirschenbaum, 2009) is a definitive biography of Carl Rogers that follows his life from his early childhood through his death. This book illustrates the legacy of Carl Rogers and shows his enormous influence on the field of counseling and psychotherapy.

***Person-Centered Psychotherapies*** (Cain, 2010) contains a clear discussion of person-centered theory, the therapeutic process, evaluation of the approach, and future developments.

**Gestalt Therapy**

**Key Concepts.** This approach focuses on the here and now, direct experiencing, awareness,

bringing unfinished business from the past into the present, and dealing with unfinished business. Other concepts include energy and blocks to energy, contact and resistance to contact, and paying attention to nonverbal cues. Clients identify their own unfinished business from the past that is interfering with their present functioning by re-experiencing past situations as though they were happening in the present moment.

**Therapeutic Goals**. The goal is attaining awareness and greater choice. Awareness includes knowing the environment and knowing oneself, accepting oneself, and being able to make contact. Clients are helped to note their own awareness process so that they can be responsible and can selectively and discriminatingly make choices.

**Therapeutic Relationship.** This approach stresses the I/Thou relationship. The focus is not on the techniques employed by the therapist but on who the therapist is as a person and the quality of the relationship. Factors that are emphasized include therapist's presence, authentic dialogue, gentleness, direct self-expression by the therapist, and a greater trust in the client's experiencing.

**Techniques.** Although the therapist functions as a guide and a catalyst, presents experiments, and shares observations, the basic work of therapy is done by the client. Therapists do not force change on clients; rather, they create experiments within a context of the I/Thou dialogue in a here-and-now framework. These experiments are the cornerstone of experiential learning. Although the therapist suggests the experiments, this is a collaborative process with full participation by the client. Gestalt experiments take many forms: setting up a dialogue between a client and a significant person in his or her life; assuming the identity of a key figure through role playing; reliving a painful event; exaggerating a gesture, posture, or some nonverbal mannerism; or carrying on a dialogue between two conflicting aspects within an individual. For effective application of Gestalt procedures, it is essential that clients be prepared for such experiments.

**Contributions**. Gestalt therapy recognizes the value of working with the past from the perspective of the here and now. This orientation emphasizes doing and experiencing as opposed to merely talking about problems in a detached way. The method of working with dreams is a creative pathway to increased awareness of key existential messages in life.

**Multicultural Applications of Gestalt Therapy.** Gestalt therapy can be used creatively and sensitively with culturally diverse populations if interventions are used flexibly and in a timely manner. Gestalt practitioners focus on understanding the person and not on the use of techniques. Experiments are done with the collaboration of the client and with the attempt to understand the background of the client's culture.

Recommended Reading
*Gestalt Therapy Integrated: Contours of Theory and Practice* (E. Polster & Polster, 1973) is a classic in the field and an excellent source for those who want a more advanced and theoretical treatment of this model.

*Enchantment and Gestalt Therapy: Partners in Exploring Life* (Polster, 2021) brings to life many key themes in Gestalt therapy, a few of which include working in the here and now, life focus groups, understanding resistance, and fundamentals of contact boundaries. The author

describes the phenomenon of enchantment in psychotherapy, and he describes his own experiences over his long career as a Gestalt therapist.

**Cognitive Behavioral Approaches**

Some of the main **cognitive behavioral approaches** include: behavior therapy, rational emotive behavior therapy, cognitive therapy, and reality therapy. Although the cognitive behavioral approaches are quite diverse, they do share these attributes: (1) a collaborative relationship between client and therapist, (2) the premise that psychological distress is largely a function of disturbances in cognitive processes, (3) a focus on changing cognitions to produce desired changes in affect and behavior, and (4) a generally time-limited and educational treatment focusing on specific and structured target problems. The cognitive behavioral approaches are based on a structured, psychoeducational model, and they tend to emphasize the role of homework, place responsibility on the client to assume an active role both during and outside of the therapy sessions and draw from a variety of cognitive and behavioral techniques to bring about change.

**Behavior Therapy**

**Key Concepts.** Behavior therapy emphasizes current behavior as opposed to historical antecedents, precise treatment goals, diverse therapeutic strategies tailored to these goals, and objective evaluation of therapeutic outcomes. Therapy focuses on behavior change in the present and on action programs. Concepts and procedures are stated explicitly, tested empirically, and revised continually. There is an emphasis on measuring a specific behavior before and after an intervention to determine if, and to what degree, behaviors change as a result of a procedure.

**Therapeutic Goals.** A hallmark of behavior therapy is the identification of specific goals at the outset of the therapeutic process. The general goals are to increase personal choice and to create new conditions for learning. An aim is to eliminate maladaptive behaviors and to replace them with more constructive patterns. Generally, client and therapist collaboratively specify treatment goals in concrete, measurable, and objective terms.

**Therapeutic Relationship.** A good working relationship is an essential precondition for effective therapy. The skilled therapist can conceptualize problems behaviorally and make use of the therapeutic relationship in bringing about change. The assumption is that clients make progress primarily because of the specific behavioral techniques used rather than by the relationship with the therapist. The therapist's role is to teach concrete skills through the provision of instructions, modeling, and performance feedback. Therapists tend to be active and directive and to function as consultants and problem solvers. Clients must also be actively involved in the therapeutic process from beginning to end, and they are expected to cooperate in carrying out therapeutic activities, both in the sessions and outside of therapy.

**Techniques.** Assessment and diagnosis are done at the outset to determine a treatment plan. Behavioral treatment interventions are individually tailored to specific problems experienced by different clients. Any technique that can be demonstrated to change behavior may be incorporated in a treatment plan. A strength of the approach lies in the many and varied

techniques aimed at producing behavior change, a few of which are relaxation methods, systematic desensitization, in vivo desensitization, flooding, assertion training, self-management programs, and multimodal therapy.

**Contributions.** Behavior therapy is a short-term approach that has wide applicability. It emphasizes research into and assessment of the techniques used, thus providing accountability. Specific problems are identified and explored, and clients are kept informed about the therapeutic process and about what gains are being made. Behavioral approaches can be integrated into counseling with culturally diverse client populations, particularly because of their emphasis on teaching clients about the therapeutic process and the structure that is provided by the model.  There is an attempt to develop culture-specific procedures and to obtain the client's adherence and cooperation.

**Multicultural Applications of Behavioral Approaches.** Behavioral approaches can be appropriately integrated into counseling with culturally diverse client populations when culture-specific procedures are developed. The approach emphasizes teaching clients about the therapeutic process and stresses changing specific behaviors. By developing their problem-solving skills, clients learn concrete methods for dealing with practical problems within their cultural framework.

Recommended Reading
***Wisdom and Compassion in Psychotherapy: Deepening Mindfulness in Clinical Practice*** (Germer & Siegel, 2012) is an edited book that expands on the message that we need to treat ourselves as we would want other to treat us. Excellent contributed chapters discuss the meaning of wisdom and demonstrate the clinical applications inherent in blending Western psychotherapy and Buddhist psychology.

***Mindfulness-Based Cognitive Therapy for Depression*** (Segal et al., 2013) is an excellent resource for those who are interested in learning about the fundamentals and clinical applications of mindfulness-based cognitive therapy, especially in working with depression.

***The Mindfulness Solution: Everyday Practices for Everyday Problems*** (Siegel, 2010) is an outstanding practical guide in applying mindfulness practices to living a meaningful life, as well as a guide for practitioners who wish to teach clients how to use mindfulness in meeting life's challenges. This is a well-written book that highlights applications to personal and professional areas.

**Cognitive Therapy [CT]**

**Key Concepts.** According to CT, psychological problems stem from commonplace processes such as faulty thinking, making incorrect inferences on the basis of inadequate or incorrect information, and failing to distinguish between fantasy and reality. Cognitive therapy consists of changing dysfunctional emotions and behaviors by modifying inaccurate and dysfunctional thinking. The techniques are designed to identify and test the client's misconceptions and faulty assumptions.

**Therapeutic Goals.** The goal of cognitive therapy is to change the way clients think by using their automatic thoughts to reach the core schemata and begin to introduce the idea of schema restructuring. Changes in beliefs and thought processes tend to result in changes in the way people feel and how they behave. Clients in CT are encouraged to gather and weigh the evidence in support of their beliefs. Through the collaborative therapeutic effort, they learn to discriminate between their own thoughts and the events that occur in reality.

**Therapeutic Relationship.** Cognitive therapy emphasizes a collaborative effort of both the therapist and client framing the client's conclusions in the form of a testable hypothesis. Cognitive therapists are continuously active and deliberately interactive with the client; they also strive to engage the client's active participation and collaboration throughout all phases of therapy.

**Techniques.** Cognitive therapy emphasizes a Socratic dialogue and helping clients discover their misconceptions for themselves. Through a process of guided discovery, the therapist functions as a catalyst and guide who helps clients understand the connection between their thinking and the ways they feel and act. Cognitive therapists teach clients how to be their own therapist. This includes educating clients about the nature and course of their problems, about how cognitive therapy works, and how their thinking influences their emotions and behaviors. Homework is often used in CT, which is tailored to the client's specific problems and arises out of the collaborative therapeutic relationship. Homework is generally presented as an experiment, and clients are encouraged to create their own self-help assignments as a way to keep working on issues addressed in their therapy sessions.

**Contributions.** Cognitive therapy has been demonstrated to be effective in the treatment of anxiety, phobias, and depression. This approach has received a great deal of attention by clinical researchers. There are specific cognitive techniques that are useful in challenging a client's assumptions and beliefs and in teaching ways to change thinking patterns.

**Multicultural Applications of Cognitive Therapy.** Cognitive therapy tends to be culturally sensitive because it uses the individual's belief system, or worldview, as part of the method of self-change. The collaborative nature of CT offers clients the structure many clients want, yet the therapist still strives to enlist clients' active participation in the therapeutic process.

Recommended Reading

*Cognitive Therapy: Basics and Beyond* (J. Beck, 2021) is a main text in cognitive therapy that presents a comprehensive overview of the approach. An earlier edition of this book was translated into 20 languages.

*Mind Over Mood: Change How You Feel by Changing the Way You Think* (Greenberger & Padesky, 2016) provides step-by-step worksheets to identify moods, solve problems, and test thoughts related to depression, anxiety, anger, guilt, and shame. This is a popular self-help

workbook and a valuable tool for therapists and clients learning cognitive therapy skills.

***The Clinician's Guide to CBT Using Mind Over Mood*** (Padesky, 2020) shows therapists how to integrate ***Mind Over Mood*** in therapy and use cognitive therapy treatment protocols for specific diagnoses. This detailed overview of CBT has troubleshooting guides, reviews cultural issues, and offers guidelines for individual, couples, and group therapy. It also provides detailed guidance on the empirical basis and use of all 60 worksheets in *Mind Over Mood.* This succinct overview of cognitive therapy has troubleshooting guides, reviews cultural issues, and offers guidelines for individual, couples, and group therapy.

***The Therapeutic Relationship in Cognitive-Behavioral Therapy: A Clinician's Guide*** (Kazantzis et al., 2017) explains how the therapeutic relationship is central to cognitive-behavioral interventions. Also included are chapters on homework in therapy, relapse prevention, and ethical aspects of the therapeutic relationship.

**Rational Emotive Behavior Therapy [REBT]**

**Key Concepts.** REBT holds that although emotional disturbance is rooted in childhood, people keep telling themselves irrational and illogical sentences. Emotional problems are the result of one's beliefs, not events, which need to be challenged. Clients are taught that the events of life themselves do not disturb us; rather, our interpretation of events is what is critical.

**Therapeutic Goals.** The goal of REBT is to eliminate a self-defeating outlook on life, to reduce unhealthy emotional responses, and to acquire a more rational and tolerant philosophy. REBT offers clients practical ways to identify their underlying faulty beliefs, to critically evaluate these beliefs, and to replace them with constructive beliefs. Clients learn how to substitute preferences for demands.

**Therapeutic Relationship.** In REBT, a warm relationship between the client and the therapist is not essential. However, the client needs to feel unconditional positive regard from the therapist. Therapy is a process of reeducation, and the therapist functions largely as a teaching in active and directive ways.

**Techniques.** REBT utilizes a wide range of cognitive, emotive, and behavioral methods with most clients. This approach blends techniques to change clients' patterns of thinking, feeling, and acting. Techniques are designed to induce clients to critically examine their present beliefs and behavior.  REBT focuses on specific techniques for changing a client's self-defeating thoughts in concrete situations. In addition to modifying beliefs, REBT helps clients see how their beliefs influence what they feel and what they do.  There is also a concern for changing feelings and behaviors that flow from dysfunctional thinking patterns. REBT makes use of cognitive, emotive, and behavioral techniques.

**Contributions.** REBT has taught us how people can change their emotions by changing the content of their thinking. REBT is in many ways the forerunner of other increasingly popular cognitive behavioral approaches. Counseling is brief and places value on active practice in

experimenting with new behavior so that insight is carried into doing.

**Multicultural Applications of Rational Emotive Behavior Therapy.** Some factors that make REBT effective in working with diverse client populations include tailoring treatment to each individual, the focus on present behavior, and the brevity of the approach. REBT practitioners function as teachers; clients acquire a wide range of skills they can use in dealing with the problems of living. This educational focus appeals to many clients who are interested in learning practical and effective methods of bringing about change.

Recommended Reading
*Rational Emotive Behavior Therapy* (Ellis & Ellis, 2019) is a concise basic primer on REBT and is an excellent resource for updated information about the approach.

*Handbook of Cognitive-Behavioral Therapies* (Dobson & Dozois, 2019) is an edited book that reviews major approaches including emotion-centered problem-solving therapy, REBT, cognitive therapy, schema therapy, mindfulness- and acceptance-based interventions, dialectical behavior therapy, and integrative psychotherapy.

**Reality Therapy**

**Key Concepts.** *Choice theory* rests on the assumption that humans are internally motivated and behave to control the world around them according to some purpose within them. *Choice theory,* which is the underlying philosophy of the practice of reality therapy, provides a framework that explains the why and how of human behavior. *Reality therapy* is based on the assumption that human beings are motivated to change (1) when they determine that their current behavior is not getting them what they want and (2) when they believe they can choose other behaviors that will get them closer to what they want. The approach challenges clients to make an assessment of their current behavior to determine if what they are doing and thinking is getting them what they want from life. The core concept of this approach is that behavior is our best attempt to control our perceptions of the external world so they fit our internal world. Total behavior includes four inseparable but distinct components of acting, thinking, feeling, and the physiology that accompany our actions. A key concept of reality therapy and choice theory is that no matter how dire our circumstances may be, we always have a choice. An emphasis of reality therapy is on assuming personal responsibility and on dealing with the present.

**Therapeutic Goals.** The overall goal of this approach is to help people find better ways to meet their needs for survival, love and belonging, power, freedom, and fun. Changes in behavior should result in the satisfaction of basic needs. Clients are challenged to examine what they are doing, thinking, and feeling to assess if this is getting them what they want and to assist them in finding a better way for them to function.

**Therapeutic Relationship.** The therapist initiates the therapeutic process by becoming involved with the client and creating a supportive and challenging relationship. Clients need to know that

the therapist cares enough about them to accept them and to help them fulfill their needs in the real world.

**Techniques.** The practice of reality therapy can best be conceptualized as the cycle of counseling, which consists of two major components: (1) the counseling environment and (2) specific procedures that lead to change in behavior. Reality therapy is active, directive, and didactic. The counselor assists clients in making plans to change those behaviors that they determine are not working for them. Skillful questioning and various behavioral techniques are employed to help clients make this self-evaluation.

Some of the specific procedures in the practice of reality therapy have been developed by Robert Wubbolding. These procedures are summarized in the "WDEP" model, which refers to the following clusters of strategies:

W = wants: exploring wants, needs, and perceptions.

D = direction and doing: focusing on what clients are doing and the direction that this is taking them.

E = evaluation: challenging clients to make an evaluation of their total behavior.

P = planning and commitment: assisting clients in formulating realistic plans and making a commitment to carry them out.

**Contributions.** As a short-term approach, reality therapy can be applied to a wide range of clients. Reality therapy consists of simple and clear concepts that are easily understood by many in the human services field, and the principles can be used by parents, teachers, and clergy persons. As a positive and action-oriented approach, it appeals to a variety of clients who are typically viewed as "difficult to treat." This approach teaches clients to focus on what they are able and willing to do in the present to change their behavior.

**Multicultural Applications of Reality Therapy.** Reality therapists demonstrate their respect for the cultural values of their clients by helping them explore how satisfying their current behavior is both to themselves and to others. After clients make this self-assessment, they identify those areas of living that are *not* working for them. Clients are then in a position to formulate specific and realistic plans that are consistent with their cultural values.

**Recommended Reading**
*Reality Therapy and Self-Evaluation*: *The Key to Client Change* (Wubbolding, 2017) is an excellent book explaining and extending the role of clients in self-evaluating their behavior. The core concepts of self-evaluation and the WDEP system of reality therapy are addressed, and practical ways of working with both motivated and unmotivated clients are described. Special attention is given to multicultural counseling.

*Reality Therapy* (Wubbolding, 2011) updates and extends previous publications on choice theory and reality therapy. Part of the APA theories of psychotherapy series, this is a well-written and comprehensive overview of reality therapy and choice theory.

**Solution-Focused Brief Therapy [SFBT]**

**Key Concepts.** A central concept of SFBT includes a movement from talking about problems to talking about and creating solutions. Therapy is kept simple and brief. There are exceptions to every problem, and by talking about these exceptions, clients are able to conquer what seem to be major problems in a brief period of time.

**Therapeutic Goals.** The solution-focused model emphasizes the role of clients establishing their own goals and preferences. This is done when a climate of mutual respect, dialogue, inquiry, and affirmation are a part of the therapeutic process.

**Therapeutic Relationship.** SFBT is a collaborative venture; the therapist strives to carry out therapy *with* an individual, rather than doing therapy *on* an individual. Instead of aiming to *make* change happen, the therapist attempts to create an atmosphere of understanding and acceptance that allows individuals to tap their resources for making constructive changes. Therapists do not assume that they know more about the lives of clients than they do. Clients are the primary interpreters of their own experiences. Solution-focused therapists adopt a "not knowing" position, or a non-expert stance, as a way to put clients into the position of being the experts about their own lives. The therapist-as-expert is replaced by the client-as-expert. Together the client and the therapist establish clear, specific, realistic, and personally meaningful goals that will guide the therapy process. This spirit of collaboration opens up a range of possibilities for present and future change.

**Techniques.** Solution-focused therapists use a range of techniques. Some therapists ask the client to externalize the problem and focus on strengths or unused resources. Others challenge clients to discover solutions that might work. Techniques focus on the future and how best to solve problems rather than on understanding the cause of problems.

There are a number of solution-focused brief therapy techniques that are frequently used: pre-therapy change, exception questions, the miracle question, scaling questions, homework, and summary feedback.

Solution-focused brief therapists often ask clients at the first session, "What have you done since you called for an appointment that has made a difference in your problem?" Asking about *pre-therapy change* tends to encourage clients to rely less on the therapist and more on their own resources to reach their goals.

*Exception questions* direct clients to those times in their lives when their problems did not exist. Exploring exceptions offers clients opportunities for discovering resources, engaging strengths, and creating possible solutions.

The *miracle question* allows clients to describe life without the problem. This question involves a future focus that encourages clients to consider a different kind of life than one dominated by a particular problem. The miracle question focuses clients on searching for solutions. Examples are: How will you know when things are better? What will be some of the things you will notice when life is better?

*Scaling questions* requires clients to specify on a scale of zero to 10 improvement on a particular dimension. This technique enables clients to see progress being made in specific step and degrees.

Therapists may provide *summary feedback* in the form of genuine affirmations or pointing out particular strengths that clients have demonstrated.

**Contributions**. A key contribution of SFBT is the optimistic orientation that views people as being competent and able to create better solutions. The nonpathologizing stance taken by solution-focused practitioners moves away from dwelling on what is wrong with a person to emphasizing creative possibilities. Problems are viewed as ordinary difficulties and challenges of life. A strength of solution-focused brief therapy is the use of questioning, especially future-oriented questions that challenge clients to think about how they might solve potential problems in the future.

**Multicultural Applications of Solution-Focused Brief Therapy.** Solution-focused brief therapists learn from their clients about their experiential world rather than approaching clients with a preconceived notion about their worldview. The nonpathologizing stance taken by solution-focused practitioners moves away from dwelling on what is wrong with a person to emphasizing creative possibilities. Instead of aiming to make change happen, the SFBT practitioner attempts to create an atmosphere of understanding and acceptance that allows a diverse range of individuals to utilize their resources for making constructive changes.

**Recommended Reading**

*Interviewing for Solutions* (De Jong & Berg, 2013) is a practical text aimed at teaching and learning solution-focused skills. It is written in a conversational and informal style and contains many examples to solidify learning.

*Solution-Focused Counseling in Schools* (Murphy, 2023) is a clearly written and practical book that offers efficient strategies for addressing a range of problems from preschool through high school. Numerous case examples illustrate the foundations, tasks, and techniques of solution-focused counseling. The book also describes how the principles of client-directed, outcome-informed practice can be integrated in solution-focused counseling.

**Motivational Interviewing (MI)**

**Key Concepts.** Motivational Interviewing (MI) is a humanistic, client-centered, psychosocial, directive counseling approach that was developed by William R. Miller and Stephen Rollnick in the early 1980s. Motivational interviewing involves a great deal more than simply asking questions; it requires keen listening and understanding of the client. MI has been defined as "a collaborative conversation style for strengthening a person's own motivation and commitment to change" (Miller & Rollnick, 2023).

Motivational interviewing is based on humanistic principles, and the approach has some basic similarities with both person-centered therapy and solution-focused brief therapy. MI is rooted in the philosophy of person-centered therapy, but with a "twist." Unlike the nondirective and

unstructured person-centered approach, MI is deliberately directive and is aimed at reducing client ambivalence about change and increasing intrinsic motivation.

**Therapeutic Goals.** Reluctance to change is viewed as a normal and expected part of the therapeutic process. Although individuals may see advantages to making life changes, they also may have many concerns and fears about changing. People who seek therapy are often ambivalent about change, and their motivation may ebb and flow during the course of therapy. A central goal of MI is to increase internal motivation to change based on the personal goals and values of clients.

**Therapeutic Relationship.** In MI, the therapeutic relationship is as important in achieving successful outcomes as the specific theoretical model or school of psychotherapy from which the therapist operates (Miller & Rollnick, 2023). MI stresses client self-responsibility and promotes an invitational style for working cooperatively with clients to generate alternative solutions to behavioral problems. MI therapists avoid arguing with clients, avoid assuming a confrontational stance, reframe resistance as a healthy response, express empathy, and listen reflectively. MI therapists do not view clients as opponents to be defeated but as allies who play a major role in their present and future success. MI practitioners share with both solution-focused therapists and person-centered practitioners the belief in the client's abilities, strengths, resources, and competencies. The underlying assumption is that clients want to be healthy and desire positive change. Like solution-focused therapy and person-centered therapy, MI is based on the premise that individuals have within themselves the capacity to generate intrinsic motivation to change. Responsibility for change rests with clients, not with the counselor, and therapist and client share a sense of hope and optimism that change is possible. Once clients believe that they have the capacity to change and heal, new possibilities open up for them.

**Techniques.** The attitudes and skills in MI are based on a person-centered philosophy and include using open-ended questions, employing reflective listening, affirming and supporting the client, responding to resistance in a nonconfrontational manner, guiding a discussion of ambivalence, summarizing and linking at the end of sessions, and eliciting and reinforcing *change talk*. MI works by activating clients' own motivation for change and adherence to treatment. Practitioners assist clients in becoming their own advocates for change and the primary agents of change in their lives.

**Contributions.** Practitioners operating from an MI orientation support clients' self-efficacy, mainly by encouraging them to use their own resources to take necessary actions that can lead to success in changing. MI clinicians strive to enhance client agency about change and emphasize the right and inherent ability of clients to formulate their own personal goals and to make their own decisions. MI focuses on present and future conditions and empowers clients to find ways to achieve their goals.

**Multicultural Applications of Motivational Interviewing.** Therapists practicing motivational interviewing strive to experience the world from the client's perspective without judgment or criticism. MI emphasizes reflective listening, which is a way for practitioners to better understand the subjective world of clients. Expressing empathy is foundational in creating a safe climate for clients to explore their ambivalence for change. When clients are slow to change, it

may be assumed that they have compelling reasons to remain as they are as well as having reasons to change.  Some of these reasons may be associated with a client's cultural background and cultural values.  This stance of understanding the client's world is basic to applying MI in multicultural situations.

Recommended Reading
*Motivational Interviewing: Helping People Change* (Miller & Rollnick, 2023) explains current thinking about the process of behavior change, presents the principles of MI, and provides detailed guidelines for putting these principles into practice. Case examples illustrate key points and demonstrate the benefits of MI in addictions treatment and other clinical contexts. The authors also discuss the process of learning MI.

**Narrative Therapy**

**Key concepts.** *Narrative therapy* is based partly on examining the stories that people tell and understanding the meaning of the story. Each of these stories is true for the individual who is telling the story; there is no absolute reality. Some key concepts of narrative therapy include a discussion of how a problem has been disrupting, dominating, or discouraging the person. The therapist attempts to separate clients from their problems so that they do not adopt a fixed view of their identity. Clients are invited to view their stories from different perspectives and eventually to co-create an alternative life story. Clients are asked to find evidence to support a new view of themselves as being competent enough to escape the dominance of a problem and are encouraged to consider what kind of future they could expect if they were competent.

**Therapeutic goals.** Narrative therapists invite clients to describe their experience in fresh language, which tends to open new vistas of what is possible. The heart of the therapeutic process from the perspective of narrative therapy involves identifying how societal standards and expectations are internalized by people in ways that constrain and narrow the kind of life they are capable of living. Narrative therapists collaborate with clients to help them experience a heightened sense of agency or ability to act in the world.

**Therapeutic relationship.** Narrative therapists do not assume that they have special knowledge about the lives of clients. Clients are the primary interpreters of their own experiences. In the narrative approach, the therapist seeks to understand clients' lived experience and avoids efforts to predict, interpret, or pathologize. Through a systematic process of careful listening, coupled with curious, persistent, and respectful questioning, the therapist works collaboratively with clients to explore the impact of the problem and what they are doing to reduce its effects. Through this process, client and therapist co-construct enlivening alternative stories.

**Techniques.** Narrative therapy emphasizes the quality of the therapeutic relationship and the creative use of techniques within this relationship. Narrative therapy's most distinctive feature is captured by the statement, "The person is not the problem, but the problem is the problem." Narrative therapists engage clients in *externalizing conversations* that are aimed at separating the problem from the person's identity. The assumption is that clients can develop alternative and

more constructive stories once they have separated themselves from their problems.

**Contributions.** As narrative therapists listen to clients' stories, they pay attention to details that give evidence of clients' competence in taking a stand against an oppressive problem. Problems are not viewed as pathological manifestations but as ordinary difficulties and challenges of life. In the practice of narrative therapy, there is no recipe, no set agenda, and no formula to follow that will ensure a desired outcome.

**Multicultural Applications of Narrative Therapy.** With the emphasis on multiple realities and the assumption that what is perceived to be true is the product of social construction, narrative therapy is a good fit with diverse worldviews. Narrative therapists operate on the premise that problems are identified within social, cultural, political, and relational contexts rather than existing within individuals.

Recommended Reading

*Narrative Means to Therapeutic Ends* (White & Epston, 1990) is the most widely known book on narrative therapy.

*Narrative Therapy* (Madigan, 2019) provides an updated discussion of the theory and therapeutic process of narrative therapy.

**Feminist Therapy**

*Feminist therapy* focuses on issues of diversity, the complexity of sexism, and the centrality of social context in understanding gender issues. Feminist therapists have challenged the male-oriented assumptions regarding what constitutes a mentally healthy individual. The underlying philosophy of feminist theory can be described as being gender neutral, flexible, interactional, and life-span-oriented. Feminist therapists emphasize that gender-role expectations profoundly influence our identity from birth onward. Thus, therapy has the task of bringing to one's awareness how gender-role socialization is deeply ingrained in adult personality.

**Key Concepts.** Feminist therapy is based on six interrelated principles:

• The personal is political.

• Commitment to social change.

• Women's and girl's voices and ways of knowing are valued and their experiences are honored.

• The counseling relationship is egalitarian.

• A focus on strengths and a reformulated definition of psychological distress.

• All types of oppression are recognized.

A key concept of feminist therapy is the notion that societal gender-role messages influence how individuals view themselves and behave. Through therapy the impact of these socialization patterns are identified so that clients can critically evaluate and modify early messages pertaining to appropriate gender-role behavior. Most feminist therapists believe gender is always an important factor, but they realize that ethnicity, sexual orientation, and class may be more important factors in given situations and across situations for many women. The practice of contemporary feminist therapy is based on the assumption that gender cannot be considered apart from other identity areas such as race, ethnicity, class, and sexual orientation. A key concept pertaining to understanding symptoms is that problematic symptoms can be viewed as coping or survival strategies rather than as evidence of pathology. Although individuals are not to blame for personal problems largely caused by dysfunctional social environments, they are responsible for working toward change.

**Therapeutic Goals.**   Six goals for feminist therapy have been proposed: equality, balancing independence and interdependence, self-nurturance, empowerment, social change, and valuing and affirming diversity. Feminist therapists believe gender is central to therapeutic practice and that understanding a client's problems requires adopting a sociocultural perspective. Both individual transformation and societal changes are crucial goals of therapy. At the individual level, therapists work to help women and men recognize, claim, and embrace their personal power. As a consciously political enterprise, another goal is social transformation.

**Therapeutic Relationship.**  The therapeutic relationship is based on empowerment, deliberately equalizing the power base between client and therapist. Empowerment and egalitarianism are guiding principles. The therapist works to demystify therapy and to include the client as an active partner in the assessment and treatment process. Therapists teach clients to recognize that how they define themselves and how they relate to others are inevitably influenced by gender-role expectations.

**Techniques.**  Feminist therapy incorporates techniques from many of the traditional approaches, such as the use of therapeutic contracts, homework, bibliotherapy, therapist self-disclosure, empowerment, role playing, cognitive restructuring, reframing, relabeling, and assertiveness training. In addition, feminist procedures include gender-role analysis and intervention, power analysis and intervention, and social action. Feminist therapists have challenged assessment and diagnostic procedures on the grounds that they are often influenced by subtle forms of sexism, racism, ethnocentricism, heterosexism, ageism, or classism. In the feminist therapy process, diagnosis of distress becomes secondary to identification and assessment of strengths, skills, and resources.

**Contributions.**  A key contribution of feminist therapy is the potential for integration of feminist therapy principles and concepts with other therapeutic systems. Theories can be evaluated

against the criteria of being gender free, flexible, interactionist, and life-span-oriented. Therapists of any orientation can infuse feminist practices in their work if they conduct therapy with a positive, egalitarian attitude toward both women and men and are willing to confront patriarchal systems. The feminist approach emphasizes the importance of considering the context of women's lives rather than focusing narrowly on symptoms and behaviors. Feminism has done a great deal to sensitize therapists to the gendered uses of power in relationships, which can be applied to counseling with women and men. Building community, providing authentic mutual empathic relationships, creating a sense of social awareness, and the emphasis on social change are all significant strengths of this approach.

**Multicultural Applications of Feminist Therapy.** Feminist therapy and multicultural perspectives have a great deal in common. The feminist perspective on power in relationships has application for understanding power inequities due to racial and cultural factors. The "personal is political" principle can be applied both to counseling women and counseling culturally diverse client groups. Neither feminist therapy nor multicultural perspectives focus exclusively on individual change. Instead, both approaches emphasize direct action for social change as a part of the role of therapists. Many of the social action and political strategies that call attention to oppressed groups have equal relevance for women and for other marginalized groups. Both feminist therapists and multicultural therapists have worked to establish policies that lessen the opportunities for discrimination of all types—gender, race, culture, sexual orientation, ability, religion, and age.

**Recommended Reading**

*Feminist Therapy* (Brown, 2018) provides an interesting perspective on the history of feminist therapy and speculates about future developments of the approach. Brown clearly explains key concepts of feminist theory and the therapeutic process.

*Introduction to Feminist Therapy: Strategies for Social and Individual Change* (Evans et al., 2011) emphasizes the practical applications of feminist theory to clinical practice. They provide useful information on social change and empowerment, the importance of establishing an egalitarian relationship, and intervention strategies when working with people from diverse cultural backgrounds.

**An Integrative Approach to the Therapeutic Process**

An **integrative approach** refers to a perspective based on concepts and techniques drawn from various theoretical approaches. Most clinicians now acknowledge the limitations of basing their practice on a single theoretical system and are open to the value of integrating various therapeutic approaches. Those clinicians who are open to an integrative perspective may find that several theories play crucial roles in their personal approach. Each theory has its unique contributions and its own domain of expertise. By accepting that each theory has strengths and weaknesses and is, by definition, different from the others, practitioners have some basis to begin

developing a counseling model that fits them.

Remain open to the value inherent in each of the theories of counseling. All the theories have some unique contributions as well as some limitations. Study all the contemporary theories to determine which concepts and techniques you can incorporate into your approach to practice. You will need to have a basic knowledge of various theoretical systems and counseling techniques to work effectively with diverse client populations in various settings. Functioning exclusively within the parameters of one theory may not provide you with the therapeutic flexibility that you need to deal creatively with the complexities associated with diverse client populations.

Each theory represents a different vantage point from which to look at human behavior, but no one theory has the total truth. Because there is no "correct" theoretical approach, it is well for you to search for an approach that fits who you are and to think in terms of working toward an integrated approach that addresses thinking, feeling, and behaving. To develop this kind of integration, you need to be thoroughly grounded in a number of theories, be open to the idea that these theories can be unified in some ways, and be willing to continually test your hypotheses to determine how well they are working.

For those of you who are beginning your counseling career, it is probably wise to select the primary theory closest to your basic beliefs. Learn that theory as thoroughly as you can, and at the same time be open to examining other theories in depth. If you begin by working within the parameters of a favored theory, you will have an anchor point from which to construct your own counseling perspective. But do not think that simply because you adhere to one theory you can use the same techniques with all of your clients. Even if you adhere to a single theory, you will need to be flexible in the manner in which you apply the techniques that flow from this theory as you work with different clients.

If you are currently a student in training, it is unrealistic to expect that you will already have an integrated and well-defined theoretical model. An integrative perspective is the product of a great deal of reading, study, supervision, clinical practice, research, and theorizing. With time and reflective study, the goal is to develop a consistent conceptual framework that you can use as a basis for selecting from the multiple techniques that you will eventually be exposed to. Developing your personalized approach that guides your practice is a lifelong endeavor that is refined with experience.

**Recommended Reading**

***Handbook of Psychotherapy Integration*** (Norcross & Goldfried, 2019) is an excellent resource for conceptual and historical perspectives on therapy integration. This edited volume provides a comprehensive overview of the major current approaches, such as theoretical integration and technical eclecticism.

***The Art of Integrative Counseling*** (Corey, 2019) is designed to assist students in developing their own integrative approach to counseling.

***Integrating Spirituality and Religion Into Counseling: A Guide to Competent Practice*** (Cashwell & Young, 2020) offers a concrete perspective on how to provide counseling in an ethical manner, consistent with a client's spiritual beliefs and practices. The authors help practitioners develop a respectful stance that honors the client's worldview and works within this framework in a collaborative fashion to achieve the client's goals.