

Counselling and
consulting
psychology
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This essay represents two parts, one a counselling theory and its application and secondly whether counselling is an important part of consulting psychology. It challenges the writer to think, debate and research that challenges the student to increase their knowledge and understanding of the dual professions in which they are increasing and acquiring new competence. The questions outlined as the basis for this paper, are important as they challenge the writer to rise to a new level of understanding of these dual competencies and how they can be applied both at a theoretical and practical point. In the end not only is there the presentation of a reality therapy as a counselling theory but also its effectiveness in counselling a victim of sexual abuse but also challenges the understanding that lifelong training is necessary for any consultant who wishes to be continually effective in the dual competencies of counselling and consulting psychology.

Reality Therapy is based on choice therapy and reality therapists believe that the underlying problem of all clients is the same. It is either that they are involved in a present unsatisfactory relationship or lack what could be called a relationship (Corey, 2001). Gladding (2000) asserts that reality therapy began in the 1960s and emphasize the choices that people can make to change their lives. Reality Therapy is said to focus on two general concepts with the first being the environment necessary for conducting counselling and the procedure leading to change (Wubbolding, 1998). Corey (2001) postulated that if this form of therapy is to be successful, the therapist must guide the client to a satisfying relationship and literally teach the client to behave in more effective ways than the way the individual is

currently behaving. It is further believed that this form of therapy must occur in a safe environment before change can occur but is also regarded according to Gladding as a 'flexible, friendly, and a firm approach to working with clients and is action oriented'. It aims to achieve fulfilment of psychological needs, resolution of personal difficulties and the prevention of future problems (p. 273). The International Journal of Reality Therapy makes our understanding even easier by stating that reality therapy focuses on the future with the fundamental idea that no matter what happened in the past, our future is ours and success is based on the behaviours that we choose (www.journalofrealitytherapy.com/realitytherapy.htm).

The proponent of reality theory was William Glasser, who was born in 1925 and later described his childhood as happy and uneventful. Reality therapy's view of human nature does not include a comprehensive explanation of human development but rather offers a focused view of some important aspects of human life and nature. Wubbolding (2009) states that people are responsible for their own behaviour: human beings-not society, not heredity, not history-determine their choices. Additionally he said people can change and live more effective lives (www.realitytherapywub.com/realitytherapy.htm). Another fundamental belief of reality therapy is that everyone has a health/growth force that is manifested on two levels, those being the physical and psychological. The physical needs are the life sustaining needs such as the need for food, water and shelter. The psychological needs are manifested in four primary ways. The first is belonging that speaks to the need for friends, family and love, the second being power, expressed through the need for self-esteem, recognition and competition. The third is

the psychological need for freedom expressed through the need to make choices and decisions with the forth being fun, the need for play, laughter, learning and recreation. Glasser further postulates that associated with these psychological needs is the need for identity that is a psychologically healthy sense of self. Identity needs are met by being accepted as a person by others. When this is achieved there is said to be a success identity. It is important to note that when there is maladjustment in the success identity the result is failure identity characterized by a lack of confidence and a tendency to give up easily.

Like a number of the psychological theories, Glasser identified critical times in childhood development that can affect a person in later years. He cites two critical periods in a person's development, these being between ages 2 - 5 and secondly 5 - 10 years old. Between the ages of 2 - 5, Glasser postulates that if children do not experience love, acceptance, guidance, and the involvement of their parents the consequence is failure identity. Children may also experience failure identity in the 5 - 10 years period of their lives because of socialization difficulties and learning problems often in the school setting (p. 275). It is important to note that there is the assertion that human learning is a life-long process based on choice, meaning that if individuals do not learn something early in life, such as how to relate to others, they can choose to learn it later. Glasser and Wubbolding (1995) assert that in this process individuals may change their identity and the way they behave. Reality therapy focuses quickly on the unsatisfying relationship or the lack of a relationship, which is the cause of the problem. This form of therapy does not get involved in finding fault but rather on what the client can control

in the relationship. Corey quotes Glasser who said that complaining may feel good for a short time, but it is completely ineffective behaviour. If complaining were effective, there would be a lot more happy people in the world (p. 233). This theory also emphasises responsibility and determines that people must be responsible for what they choose. One role of the therapist is to help the client understand that they are not hopeless victims of circumstance but rather individuals that can make choices in whatever situation they choose to be in.

The role of the counsellor in reality therapy is that of teacher and model, who accepts the client in a warm, involved way and creating an environment in which counselling can take place. The counsellor-client interaction focuses on behaviours that the client would like to change and ways to go about making these desires a reality. There is said to be little attempt to test, diagnose, interpret or otherwise analyze client actions except to ask questions such as “ what are you doing now?”, “ is it working?” and “ what are the consequences?” In reality therapy, the counsellor does not concentrate on early childhood experiences, client insights, aspects of the unconscious, mental illness, blame or stimulus-response ways of perceiving interaction, rather the emphasis is on the aspects of the client’s life that he or she can control.

A major goal in reality therapy is to help clients become psychologically strong, rational and realizing that they have choices in the way they treat themselves and others. This can be called responsible behaviour that allows the individuals to take charge of actions and obtain goals as well as not

interfere with others or get into trouble. Glasser (1981) contends that “ we <https://assignbuster.com/counselling-and-consulting-psychology-psychology-essay/>

must help them gain strength to do worthwhile things with their lives and at the same time become warmly involved with the people they need. Gladding postulates that in essence, reality therapy strives to prevent problems from occurring (p. 276). Other goals of reality therapy are;

1. help client clarify what they want in life
2. help client formulate a realistic plan to achieve personal needs and wishes
3. have the counsellor become involved with the client in a meaningful relationship
4. focus on behaviour and the present
5. eliminate punishment and excuses from the client's life

In summary, the goal of therapy is to get clients connected or reconnected with the people they have chosen to put in their quality world and to teach clients the choice theory. Some of the techniques in reality therapy use action-oriented techniques that help clients realize that they have choices in how they respond to events and people that others do not control them anymore than they control others (Glasser, 1998). Reality therapy uses the WDEP system as a way of helping counsellors and client make progress. According to Wubbolding (1998), W stands for wants, D for direction, E for evaluation and P for plan. This plan establishes the responsibilities of the counsellor and client in the healing process.

There are a number of positive critiques of reality therapy including the assertion that the approach is concrete, meaning that both the counsellor and client are able to assess how much progress is being made and in what areas. Additionally, another critique is this approach to treatment is short-term and limited to a relatively few sessions that focus on present behaviour, meaning that clients work with conscious and verifiable objectives that can be achieved quickly. However, while there are positives there are also a number of limitations. Two such limitations are that the approach is too simple and does not have many theoretical constructs and it depends on verbal interaction and communication, therefore have limitations in helping clients who, for any reason, cannot adequately express their needs, options, and plans (Gilliland et al., 1998).

Rachel (name changed) is a thirty-six year old mother of two teenage girls. The presenting problem was the emotional distress that the client began to experience as a result of a talk show she was listening. The prevalence of sexual abuse in the Jamaican society was being discussed and client begun to feel emotions of anger and bitterness towards her uncle who sexually abused when she was nine years old. The client's tone was loud and accusatory as she reported what it was like for these latent feelings to resurface as a result of hearing the discussion on the radio. The client had not shared her ordeal with any one but was experiencing anxiety and a overwhelming need to protect her daughters from her uncle whom she had seen smiling with them a family event earlier on in the year. She also reported not experiencing success in her intimate relationships and often

had suicidal thoughts as well occasional thoughts of injuring the uncle who abused her.

Even though Reality Therapy does not concentrate on early childhood experiences, client

insights, aspects of the unconscious, mental illness, blame or stimulus-response ways of perceiving interaction, I believe that is important to have a background to the clients presenting problem, this is important even in the fact that Glasser (1969) believes that either a successful or failure identity is established in two critical periods of life. In this case, the client's experience with sexual abuse occurred at the age of nine. Apart from the allowing the client to vocalize her history of abuse, it is important to learn how the episode is affecting the clients present reality and most importantly what choices the client has made about moving forward in her life.

The treatment plan for this client includes allowing her to speak freely about circumstances of

how she was abused and how it has impacted her adult life. It would also allow for the exploration of how the abuses have impacted her relationship with her children and how it has contributed to the severing of intimate relationships on a number of occasions. Having allowed the client to vocalize those issues, we would move the client to focuses on choices she can make have to move forward to a successful life. One goal was for the client to think about the impact that suicide would have on her two children who she loved and wanted to protect if she committed suicide. The method for achieving

this goal was a discussion on the value of her children to her. Vocalizing the
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relationship and meaning that she shared with her children reminded Rachel of the significance of the mother-children relationship and how the loss of a mother who has severe negative consequences for the children. She chose to forget about thinking of suicide as she explored how such a traumatic event would affect her children.

Another goal for the client was to reveal her secret to her cousin. Her cousin was a

counsellor who had asked her whether she was a victim of sexual abuse but she never had the courage to

tell the truth. Now that she recognises the value of moving on to a path of healing, she wanted to share

with her cousin who she believes was caring and mature enough to help her get additional help including

the possibility of confronting her uncle in a responsible manner instead of with the anger that had

consumed her for years.

According to Gilliland et al (1998), the involvement between the counsellor and client is one in

which the client begins to see reality and how a behaviour is unrealistic. In this scenario with Rachel, her

unrealistic behaviour was keeping her experience of sexual abuse as a secret though her cousin

suspected and tried to assist her at intervals over the years. Now with reality therapy she is seeing her

cousin as someone who can help her on the journey towards healing. This is evidenced in the verbatim

below.

Counsellor: In my experience there is always someone in our lives that we respect to speak with confidentially and who will help us but many persons need time to identify that person.

Rachel: Oh, wait, I do have one person. It's a younger cousin. He is a Counsellor. He did ask me more than once if I was okay but I never opened up to him.

Counsellor: In light of the understanding about the importance of the healing process, would you be prepared to talk with him now. As a Counsellor, I'm sure he knows how to help you engage your mother and confront your uncle or locate a Counsellor in your area to whom he can refer you for additional counselling.

Rachel: I would be willing but I don't know how to start seeing that I have avoided opening up to him in the past. It's not that I don't trust him, it's just that I didn't know how to start.

Counsellor: Since you are expressing difficulty in opening the dialogue, what if I helped you in the process? I would be prepared to call your cousin for you and ask him to visit you, then you can share the information that you feel comfortable sharing. Remember that in counselling, you are not forced, you have to be comfortable to share but also sometimes we have to develop trust when we are embarking on a process of healing.

In using the Reality therapy in working with Rachel has both advantages and disadvantages. An important advantage is that this approach to therapy keeps the needs of the client as central to counselling. It does not concentrate on the past as does Freudian therapy but moves on to what the clients wants, the direction they want to take, it allows the client to evaluate their actions and the results that those action might have as well as making a plan for advancing to the future. In this scenario we see that the client was at first very confused about what she wanted but as therapy progressed she recognised that she had choices. She made the choice to start the journey towards healing as a part of the journey to becoming a better person and a better mother. She was able to evaluate her thoughts about suicide or physically hurting her uncle to see that those actions would cause pain for her children who she wanted to protect and help to mature successfully. Another advantage was Rachel recognised the value of her cousin in the healing process and choose to share with him what he long ago suspected and accept the help that he is willing to offer as she starts the path to healing. This also addresses conflict resolution which is believed to necessary as a part of the healing process.

Another advantage is that some short-term goals are achieved that will be beneficial to the client. This is important because the client has tried counselling before but reported failed results and was therefore sceptical about whether counselling really helps people. In this goal-oriented process practical short-term goals were set that gave the client a sense that counselling is effective and is a necessary part of the process of healing. Certainly the fact that reality therapy stresses the present and that the client is in control of certain of her behaviours including her becoming a successful identity means Rachel feels that she has a choice and is in control of some of her life's outcomes. She therefore is not a bystander or a victim forever but rather can choose to take action to make her life more meaningful.

A disadvantage of the reality therapy is that if it is followed strictly then not much focus nor value would be placed on the client's past experience which in this case has affected the client's ability to move forward successfully with her life. Another disadvantage is that it does not focus on mental illness. In this case with Rachel, she has not been diagnosed as having a mental illness, yet if she did, this form of therapy would offer very little assistance in that area since it does not focus on mental illness. Another disadvantage could be that the therapy emphasises humour, which in cases of sexual abuse might not be such a good idea, particularly in the first few sessions of counselling. Gladding asserts that most clients do not see difficult situations as funny and often the inappropriate use could cause deterioration in the counselling relationship and adversely affect the process of change (p. 277).

Follow-up was done with the client on two occasions and the client reported that she did have a discussion with her cousin. She did not share all the details
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but some of the most pressing issues. The Cousin has committed to assist in speaking further with another professional colleague and with the meeting of the family as soon as the client is ready. The client was not as pessimistic in her tone and sounded much calmer and more positive in her outlook on life. In the words of Robert E Wubbolding, people can change and live more effective lives and also people need not remain victims of external forces, neither do they need to wait for the rest of the world to change before being able to satisfy their own needs ([www. realitytherapywub. com/realitytherapy. htm](http://www.realitytherapywub.com/realitytherapy.htm))

John had been working as a gardener in at a radio station. He had secondary education but was unable to get a decent job. So after months of sending out applications he decided to accept the job as a gardener. His father was a musician who had owned a sound system and it was from his that John learnt different genres of music. As a gardener he had seen many great musicians and disc jockeys at the station but was never able to interact with any of them. As his self esteem diminish, he focused working hard to keep his job for at the least it kept bread on the table.

Sandra has been engaged a consultant to the radio station. There figures had been falling steadily over the last five years as competition increased from newer station. She decided that as a part of the intervention and diagnostic process she would interview all levels of staff as one level of input in gathering data on the performance of the company. From her intervention, she recognised that staff had many similarities in their views about why the station was losing listenership. It was also interesting to find out that the lower levels of staff seemed to have more ideas that could be <https://assignbuster.com/counselling-and-consulting-psychology-psychology-essay/>

implemented as a part of the change process. It was in this process that she met John. She made note of how aware he was of the happenings at the station. She also made note of his intelligence and felt that there was hidden potential in this man. She interviewed him further and did some basic counselling which unearthed some of the talents that she suspected. She recommended him for career counselling at a counselling agency. From this process, it was recommended that the company assist John with further training with a view to employing him as a disc jockey as part of the strategy to bring some fresh talent and sound to the station.

In an accounting firm Sandra worked as a junior accountant. She was a quiet individual who worked diligently but tried to attract little attention to herself. She was also in the final semester of acquiring her ACCA qualifications. She did very well in the programme and earned many accolades from classmates and lecturers alike but was experiencing internal conflicts about her future. Mrs. Burns had been employed as a consulting psychologist to oversee the expansion plan of the company and to make recommendations for implementing phase one of the project which included finding suitably qualified persons to fill varying levels of management in the company. Mrs. Burns encouraged all of the accountants to update their resumes for submission to a review panel. From this process Sandra was short-listed as a candidate for a management position but the consultant with her expertise recognised that Sandra had some esteem issues and recommended that she be sent to counselling and engineered a plan that would see her transition into her new role with little internal conflict.

These two fictional scenarios show the important of the consulting psychologist both at the individual and organizational level. Their involvement exemplifies Kilburg's (2000) assertion that consultants must be capable of engaging accurate empathy, reasonable amounts of positive regard, good communication, conflict management, problem solving, and diversity management skills from the inception of the relationship. With the ever increasing number of counselling theories and with Kilburg assertion that a consulting psychologist must of necessity be equipped with counselling skills, the consulting psychologist must keep abreast of new theoretical approaches that emerge in the fields of both counselling and consulting psychology. It is the use of these theories that will guide his or her relevance in these dual competencies. Without these competencies consultants could compromise and contaminate their clients' thoughts and feelings in very destructive ways. Consulting Psychology is defined as training that helps in developing the knowledge, skills and attitudes (competence) to provide organizational consulting services at the individual, group and organizational levels with the focus on assessment, intervention development, implementation and evaluation (Evans, 2009). Finally, the words of the 13th Division of the American Psychological association consulting psychologist are able to provide counselling intervention for individuals with goal being to help the individuals overcome internal psychological and behavioural barriers to the performance of their roles in the workplace. They should be familiar with and bale to execute an array of counselling theories and methods.

According to Kilburg (2002) in his summary of individual interventions in consulting psychology practitioners prepared in counselling need to learn a great deal more about organizations and management as a necessary part of becoming competent to function in the role of a consulting psychologist but equally those trained in industrial and organizational psychology need to learn about individual assessment and counselling methods as a part of their competent to practice in the area of consulting psychology. Kilburg's summary (p. 136) helps me to arrive at the conclusion that counselling forms a large part of the work of the consulting psychologists. Gladding (2000) defines the practice of professional counselling as " the application of mental health, psychological or human development principles through cognitive, affective, behavioural or systematic interventions, strategies that address well, personal growth, or career development as well as pathology (p. 7). The Counselors must also be able to provide a structure for meaning and understanding with the client regarding the characteristics, conditions, and procedures and parameters of counselling (Day & Sparacio, 1980). Structure helps the client to understand the relationship with the counsellor and give clear direction to the process. It protects the rights, role and obligation of both in the process and helps in the success of the process (Brammer & Shostrom, 1977; Day & Sparacio, 1980). Among the professional characteristics of counselors that help to promote efficient communication in the practice of counseling are; attentiveness, knowledge and the ability to communicate effectively. Attentiveness is the amount of verbal and non-verbal behaviour shown to clients and includes an understanding of the issues of important to them. Verbal behaviours include probing, requesting clarification, restating and summarizing feeling (Cormier & Cromier, 1991). In <https://assignbuster.com/counselling-and-consulting-psychology-psychology-essay/>

order to further explain the significant extent to which counselling impacts the work of the consulting psychologists, it is deemed necessary to provide a definition of the term consulting psychology. Consulting Psychology is defined as training that helps in developing the knowledge, skills and attitudes (competence) to provide organizational consulting services at the individual, group and organizational levels with the focus on assessment, intervention development, implementation and evaluation (Evans 2009). It is evident that there are many similarities between these two definitions which give credence to the summary of Kilburg that a consulting psychologist must of necessity possess counselling skills. Additionally Kilburg (2000) asserts that consultants must be capable of engaging accurate empathy, reasonable amounts of positive regard, good communication, conflict management, problem solving, and diversity management skills from the inception of the relationship. When an organization engages the services of a consulting psychologist the consultant often meets upon individuals in the organization who are encountering significant challenges that often times impinges negatively on the output of that individual. The consulting psychologists must be able to recognise when an individual output is negatively affected either by personal or professional problems and having identified such must be able to refer that individual to a professional for counselling. However, we tend often to think that the consulting psychologist can pick up only the negatives where individuals in an organization are concerned. However the consultant is also equipped to identify and make recommendations on individuals who are recognised as persons who latent or unearthed potential who might need to be sent for individual counselling or coaching so that their potential can be maximised to benefit of the individual and the organization.

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According to the American Psychological association Consulting psychologists are able to provide counselling interventions for individual with the goal being to help individuals overcome internal psychological or behavioural barriers to the performance of their roles in the workplace. (p. 779). In this and other regards it is deem necessary that counselling to a great extent should form part of the competency of every consulting psychologist (Powell-Edwards 2009).

When the services of a consulting psychologist is engaged by an organization it is usually to look at the organization as a system research, diagnose and assessment and make recommendations of strategies that will help the organization to improve performance whether in human relations or other types of output such as production etc. However, because human beings are a significant component of an organization, the consulting psychologist has to engage many of the individuals as a part of the research necessary to fulfil his or her contractual obligation to the organization. It is often in this process that consulting psychologist meet upon individuals who are encountering personal or professional challenges that impact negatively upon the output of the individual. Kilburg says it is surprising to him how many executives are in need of different types of services and if left on their own simply do not obtain them. I am therefore postulating that in situations like these, consulting psychologist must intervene to counsel with the individual in order to help them see their need for counselling services. However, to maintain integrity in this process, is advisable that such clients be referred to another professional as soon as they see the need to the recommended intervention.

When this occurs Kilburg suggest that the consulting psychologist must be guided by contractual arrangements and must also assess to what extent he can assist that individual. He further asserts that in the case of individual-level interventions, assessment can focus on a wide variety of areas including: career and vocational interest and direction; job analysis for the purpose of enrichment, redesign, creation, abolishment; job selection; and job performance and the various components of behaviour that contribute to it. Further it is important to note that interventions are conducted with individuals for job and career-related troubles that they may be encountering with some of those problems being an worker in a position different from that of their interests and talents, to conflicts with bosses, subordinates, and peers, to insufficient self awareness, knowledge, and skill to do a job or perform a role (p. 118).

In class discussions, when such topics arise, lecturers and students agree that the consulting psychologist must refer the individual for counselling. Kilburg also suggests this but also shared his experience with coaching and mentoring two individuals in the same company. As this is not the norm, he went to great lengths to show how skilful he had to be in negotiating with these clients (p. 109). From this experience shared by Kilburg the individual consultant must determine whether he or she can perform dual roles to the individual and the system without compromising one or the other. They may be many situations where this is possible but I agree that in some instances the professional might be skilled enough to make the decision to refer in the interest of the client and the system. This notion by the writer has some traction as Kilburg quotes professionals who postulate that consultants must

be prepared and able to intervene when problems of this type are encountered by their clients by confronting the issues as they arise and making appropriate referrals for medical or psychological assistance (Hemfelt, Minrith, & Meier, 1991; O'Neill, 1993).

Kilburg (2000) suggests that consulting work nearly always involves addressing conflicts inside individual clients, between them and others, and with the systems in which they are employed. Therefore he postulates that practitioners must have extremely sharp diagnostic and interventions skills in this area, and corresponding degrees of emotional maturity and self-awareness to be able to manage the stress and strains that normally arise when the complex conflict situations are encountered. The American Psychological Association asserts that although consulting psychologists should be familiar with and able to apply an array of counselling theories and methods, they are not necessarily expected to be prepared to conduct mental health treatment with clients. Rather, consulting psychologists refer such clients to appropriately prepared clients when they believe such care is necessary (p. 779). In fact Kilburg recommends that when a consultant is working with individuals in consulting engagements, they might reach a point at which it is necessary to refer their clients to other professional for different kinds of services (p. 117).