

# Different methods of counseling and psychotherapy assignment

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In counseling and psychotherapy there are more than 400 distinct models with methods of practice ranging from one to one counseling, group therapy, couples or family therapy, online therapy and over the telephone counseling. Depending on which school of thought the therapist is following, each therapy engages the client from a different angle.

Each school has its own rationale and specific techniques but there are common components which are shared across all approaches. Research has shown that there is little evidence for the superiority of one school over another (Assay and Lambert, 1999). It is the similarities rather than the differences that account for the observation that all psychotherapeutic approaches are effective (in general). These similarities can be combined into four factors that are common to all forms of psychotherapy.

These four factors include: technique (15%), psychotherapeutic change (40%), therapeutic relationship (30%) and hope or expectancy (15%).

Hammond (2010) further strengthened the argument that psychotherapy is an effective intervention but that no one theory has been proven to be more effective over all of the others. The four main schools that influence anthropology counseling and psychotherapy practice are the psychodrama school, the humanistic-existential school, the cognitive behavior school and the post modern school.

Within each school come a variety of theories with its own factors which make them all unique. This paper will briefly present an account of the four main schools mentioned above whilst taking into consideration the effect of post modernism and demonstrating the effects of an enhanced eclectic and

integrated approach to psychotherapy in our society today The Psychodrama school Psychodrama therapy is a general name for therapeutic approaches which try to get the patient to bring to the surface their real feelings, so that they can experience them and understand them.

This approach aims to help clients gain insight into the dynamic conflicts and tensions manifesting as symptoms of mental distress or physical symptoms in their lives Psychodrama psychotherapy incorporates revealing conflicts of the unconscious and creating understanding and insight in the client to allow him/her to gain coping skills to deal with difficulties presently and in the future. It is the study and theory of psychological forces underlying human behavior developed the concept of the unconscious.

This is the part of the mind where desires and memories are stored, unrecognized and are only hinted at through dreams or slips of tongue. Classical psychoanalysis Sigmund Freud (1856 - 1939) is regarded as the father of psychoanalysis and developed "the unconscious" within his approach which he classified into three regions I. E. The 'id, the ego and the superego. Freud we have three levels of 'OFF techniques including free association and transference. A lot of his work surrounded identifying and analyzing resistances and defenses (feelings held in the unconscious are too painful to face and defenses protect us from these painful feelings).

Interpretation of information was another technique which Freud used and he spent a lot of time interpreting dreams and fantasies of which he thought were the pathway to the unconscious. An integral piece of psychodrama therapy is the transference which occurs between the client and the

therapist. Because psychodrama therapists focus relies on interpreting the unconscious, therapists use transference to reveal unresolved conflicts that clients have with figures from their childhood. Transference refers to redirection of a client's feelings from a significant person to a therapist.

Transference is often manifested as an erotic attraction towards a therapist, but can be seen in many other forms such as rage, hatred, mistrust, prettification, extreme dependence, or even placing the therapist in a god-like or guru status. When Freud initially encountered transference in his therapy with clients, he felt it was an obstacle to treatment success. But what he learned was that the analysis of the transference was actually the work that needed to be done

The Humanistic - Existential school

The Humanistic school is based around developing human potential through an individuals' own abilities and qualities.

It involves the therapist emphasizing these abilities to enhance the experience of personal and feelings. The aim is to harmonize both thinking and actions to become unique individuals. Carl Rogers (1902 - 1987) is the originator of person centered therapy and introduced a ' non-directive' approach to therapy. There are two main therapeutic principles that underlie the person centered approach. The first principle is that the therapist emphasizes the relationship with the client as this is an integral part to the therapeutic Journey.

It is based around respect, equality and authenticity. The client is regarded as the expert on his or her own life and the therapist is there to facilitate the client to identify, airframe thinking and come up with their own solutions to

their own personal challenges. The second principle is concerned with working with the clients in the here and now - to learn about old patterns, to make new changes. Carl Rogers posits that the relationship that the therapist has with the client, in person centered therapy is central to the success of the therapy.

The relationship is sufficient for client change if Rogers core conditions are used. These include: empathy, congruence and unconditional positive regard. Person centered therapy is a relationship therapy and these core conditions are ingredients for the formulation of an effective therapeutic relationship. Other factors were mentioned over the years to be essential ingredients for the therapeutic relationship including: ' presence', boundaries, sensitivity and consistency but the three core conditions have remained integral to the person centered approach to practice (McLeod, 2011).

Gestalt therapy is another humilatingly oriented approach to therapy. Like person centered therapy, it rejects psychoanalytic ideas and emphasizes humanistic values such as individual Gestalt therapy was Frizz Peers (1893-1970). The therapy highlights the importance of increasing clients' awareness. Rather than aiming towards insight and interpretation it focuses toward understands ones own emotions through a Journey of discovery. It looks at the wholeness of the person and relies on the here and now experience.

Gestalt therapy practice includes awareness techniques (For example, " two-chair work) and experiments and this is one particular area which divides

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gestalt therapy from person centered therapy. Gestalt therapists believe in inviting the client to experiment through in session techniques of behavior and awareness. On the other hand, person centered therapy views this experimentation as directive and shifts focus away from the client. It is successful but the number of therapists that use it as their primary orientation is very small.

The Cognitive behavior school The cognitive behavior school evolved out of behavioral psychology and is based around three key themes. These include: 1. A problem solving, change-focused approach to working with clients 2. A respect for scientific values and 3. Close attention to the cognitive processes through which people monitor and intro their behavior (McLeod, 2011) Its intervention involves the assessment of clients and subsequently the intervention to help change specific patterns of their thinking and behavior that is sustaining their problems.

The integral premise of cognitive behavior therapy is to change the way that clients think about things. Beck (1976) pinpointed the self-critical ' automatic' thoughts and believes that the behavioral and emotional difficulties in peoples' lives are not directly related to an event that is believed to have caused them but by the way the individual interprets the event. Beck (1976) highlighted a number of ' cognitive distortions' that people exhibit. Examples of these include: 1. Personalization 2. Dichotomous thinking 3.

Personalization Similarly, Albert Ellis (1962) showed parallel thinking within the cognitive behavioral school of thought and highlighted peoples '

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irrational beliefs' in a cornerstone approach called Rational emotive behavior therapy (REST). These irrational beliefs include "crooked thinking" around events in one's life which is surrounded by "should and would". This involves 'overstraining as discussed above or 'rushing to judgment'. 'Catastrophic' a tuition in a negative way leads to anxiety and depression, if anything goes anyway off the beaten track.

Westbrook et al (2007) defined the key principles that underpin cognitive behavioral therapy. 1. It is a collaborative project between client and counselor 2. The work is problem focused and structured 3. Therapy is time limited and brief 4. Practice is informed by research The main areas of focus in cognitive behavioral therapy are establishing and maintaining a positive working alliance, assessment of the problem behaviors and cognitions, formulation of plan, intervention and finally relapse prevention.

So the effectiveness of CAB in psychotherapy whilst the evidence for other approaches are not as well researched. Stiles et al (2008) conducted a comparison of the outcomes of CAB, person centered therapy (PACT) and Psychodramas Therapy (PDP) within the UK National Health Service. CAB, PACT and PDP are all distinct approaches with regard to their individual interventions and their assumptions. Data was collected from 5613 patients (adults) who received CAB, PACT or PDP and completed the Clinical Outcomes in Routine Evaluation-outcome Measure at the beginning and end of their treatment.

Findings in the study are testament to the Dodo Effect highlighted over 70 years ago. Results demonstrated that PACT and PDP had comparable

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effectiveness to CAB. This is a significant finding because CAB is a widely researched intervention in that there has been a lot of research testing the efficacy and effectiveness of CAB for a wide range of disorders. On the other hand, PACT and PDP have not been studied to the same degree so this is a very positive result to represent the effectiveness of such interventions.

Presenting problems in this study included anxiety, depression, bereavement/loss, trauma/abuse, addictions and more. In effect results demonstrated that the three treatments assessed (theoretically different) had equivalently positive outcomes suggesting that there is no one intervention producing more positive outcome than another (Stiles et al, 2008). Scientific positivism is the idea that if a therapeutic theory is true then it can be used with clients irrespective of when, where and with whom the therapy occurs.

Freud, Skinner and Rogers all attempted to develop a universal theory, a viewpoint which suggests that one size fits all. The view that each of their individual theories wholly explained human nature. The contemporary view of counseling and psychotherapy emphasizes the individuality of clients, therapists and people and postulates that the blanket approach that had been highlighted in the past does not work. Post modernism has seen people beginning to question things with the emphasis being that the world is a much smaller place today with innovations in technology and communication and the influx of mass media.

Therapies are now being designed to fit people rather than proposing a universal theory as a blanket effect over society. Post modernism believes

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that a therapist for example imposes a framework on an individual, the individual will only be seen through a certain lens and the therapist will confine the clients problems to what the lens sees. The only way of looking at people is by getting them to disclose what their lived experience is like I. E. We all hold basic things together in common. The way we interpret them is unique, the experiences we have are unique and we all develop our own world view.

Post modernism acknowledges that it is the clients own lived experience that is most important and the therapist needs to work with that. It is an anti-behaviorism approach. Cognitive behavior theory aims to airframe thoughts to enable the client to manage his/her life whilst post modernism rejects this. It posits that the persons' subjective experience is the most important piece. Social constructivist narrative counseling has been evolved through the work of Michael White and David Postpone and they have developed this approach which is completely different from mainstream therapies.

Narrative therapy emphasizes the importance of languages and stories in the field of counseling and psychotherapy. It is the way that people translate their thoughts, feelings and emotions so that people an understand them. One of the distinctive features of narrative therapy is the procedure of exterminating the problem. (McLeod, 2011). This refers to the idea that many clients consider the problem to be a part of themselves and of who they are as an individual. The problem then becomes apart of who they are in total. They become self - blaming.

Exterminating the problem involves separating themselves and their relationship from the problem and releasing that the problem is the problem. In narrative therapy the person experiencing psychological distress tells a therapist stories about their past, present and possible future. The therapist listens, observes and responds. The therapist makes sense of these stories using professional experience, their underpinning theoretical knowledge and own life experiences. During this process the therapist focuses on certain aspects of the narrative more than others.

So the therapist encourages the person to elaborate and reflect on certain stories more than others. Narrative therapists perceive that clients seek therapy when the main stories they tell about themselves lack meaning, do not reflect their actual experience, or cannot be shared with people close to them. Linking problems with the self-identity or inner self is rejected by narrative approaches. People develop this way of thinking about their life events and situations because of the pressure to conform to the norms of society.

When therapists combine the person with the problem they aim to change the person, perceiving them as flawed or damaged. This means that the therapist is colluding and acting on the part of society rather than collaborating with the client. The aim is to find a new definition of the problem that stops the person from always describing themselves in ways that others view them (experience far). For example a shift from ' I'm depressed to ' sometimes depression tends to take over'.

The therapist is actively curious about the effects of the problem on the person's life and talks as if the problem and the person were two different things. One of the main proponents of this type of approach is that the therapist is there to facilitate the client in re writing their story and to encourage to reform this story in their community. Although narrative therapy is a dialogue and conversationalist style, it also incorporates letters and certificates to give the client a permanent documentation to heir story.

In narrative therapy the use of humor and imagery is included to rephrase particular words and situations in which the client has had difficulty with. The therapist is continually creating and demonstrating the difference between the person and the problem. It is important to note that narrative therapy is not solely an individual-centered approach but works between the person and the community. (McLeod, 2011). Solution focused therapy which is most commonly associated with the work of Steve De Sharer (De Sharer et al (2007).

Rather than being of a theoretical orientation, SOFT s a highly disciplined and pragmatic approach and places emphasizes on a number of tenets which forms the basis for this approach. 1. If it isn't broken, don't fix it 2. If it works, do more of it 3. If its not working, do something different 4. Small steps can lead to big changes 5. The solution is not necessarily directly related to the problem 6. The language for solution development is different from that needed to describe a problem 7. No problems happen all the time; there are always exceptions that can be utilized 8.

The future is both created and negotiable. The idea behind the SOFT approach is that talking about the problem makes the problem worse, the problem becomes central in the individual's life and through his/her relationships and this takes the attention away from creating solutions. The role of the therapist is to invite the client to talk around solutions although there must be acceptance (not encouragement) around the fact that the client may want to talk about the problem. Strategies followed by SOFT include focusing on change. It is believed that change is inevitable.

Problem free conversation is also utilized to get an idea of the client's positive aspects and competencies. SOFT therapists believe that no matter how big and bad a problem is that it does not affect one's life all the time and to therefore search for the positives to construct the solutions. As highlighted above in the list of tenets, there are slogans often used with clients to communicate the basic principles around this approach to therapy. The miracle question is an important facet in the solution focused process whereby in the first session the client is asked to imagine a time in the future that the problem has disappeared.

This allows the client to come up with the small manageable goals of tackling the problem themselves whilst respecting the enormity of the problem itself. Homework tasks are also incorporated in this form of therapy to keep the client focused on the solution. Unlike the traditional psychotherapy approach of problem focus, SOFT emphasizes the resilience of the client and concentrates on the solution to the problem whilst linking previous positive solution solving to their thinking pathway and through intervention, the

client is encouraged to incorporate past positive experience (De Sharer et al, 2007).

Traditionally therapists operated from within their own therapeutic orientation but theories, and the inadequacies and potential values of others. A dissatisfaction with single school approaches along with an openness and a commitment to learning from multiple schools of many therapists do not stick to one school of thought or theoretical approach but work in an eclectic or integrative way.

Eclecticism is a conceptual approach that does not hold rigidly to a single paradigm or set of assumptions, but instead draws upon multiple theories, styles, or ideas to gain complementary insights into a subject, or applies different theories in particular cases. Integration draws from different counseling and therapy approaches with an attempt to blend together the concepts and interventions into a logical and harmonize whole.

Norris & Glorified (2005) highlighted eight interacting, mutually reinforcing factors that have fostered the development of integration over the past twenty years including; proliferation of therapies, inadequacy of single theories and treatments, external socioeconomic contingencies, ascendancy of short term, problem focused treatments, opportunity to observe various treatments particularly for difficult disorders, recognition that therapeutic commonalities heavily intricate to outcome, identification of specific therapy effects and evidence based treatments and development of a professional network for integration.

An important factor to take into account in the emergence of integration is the increasing awareness that no one theory can account for all clients and all situations strengthening the argument above stating that with the zeitgeist and societal changes, a one fits all approach which the likes of Freud, Skinner and Rogers put forward is not enough to cover the wide range of unique individuals, behaviors and situations we find in our society today.

An eclectic or integrative approach has been popularized in the last number of years with studies demonstrating that between 29% and 66% of respondents use this type of approach to theoretical therapy rather than following one school of thought alone or one theory (Hickman et al, 2009). Through the use of qualitative methodology (questionnaires), Hickman et al (2009) studied the theoretical orientation of twenty four psychotherapists.

Results suggested that respondents engaged in an eclectic and integrated approach although it appeared that one theory played a prominent role over the others in the harpists approach to therapy which they relied heavily on whilst engaged in an eclectic manner. Yalta (1995) argued that the personality and characteristics of the therapist are significant predictors of therapeutic success.

Rogers' three core conditions are significant common factors for the therapist. These include the therapist empathy, congruence and unconditional positive regard. Other common factors include support, caring, acceptance and respect. These all form the basis for development and maintenance of the relationship. Line (2005) also highlights factors such as

warmth and attention, and understanding s important elements in this environment.

It is emphasized that the therapists common factors include a teaming of: “ personality characteristics and facilitative qualities (honesty, caring, genuineness, unconditional positive regard, acceptance and openness), professional competence and integration; and the provision on a non-threatening, trusting, safe and secure atmosphere) and the therapists confidence in own abilities of the client and in the efficacy of therapy itself” (Line, 2005). Corey (2009) developed his own integrative approach to counseling.

He defines an integrative approach as “ being rooted in a hurry with techniques systematically borrowed from other approaches and tailored to a clients’ unique needs” (Corey, 2009). He highlights important aspects of creating and developing an integrative approach including considering the therapists own personality, what concepts and techniques work most effectively with a range of clients, determining what technique are specifically suitable for what problems and particular clients.

Corey (2009) posits that an integrative approach is needed in the counseling arena to effectively counsel the wide range of personalities and individuals whom are in our society today, with many unique challenges and robbers.