Second Edition

COUNSELING AND PSYCHOTHERAPY THEORIES IN CONTEXT AND PRACTICE

STUDY GUIDE

JOHN SOMMERS-FLANAGAN
RITA SOMMERS-FLANAGAN

STUDY GUIDE FOR COUNSELING AND PSYCHOTHERAPY THEORIES IN CONTEXT AND PRACTICE

SKILLS, STRATEGIES, AND TECHNIQUES, SECOND EDITION

JOHN SOMMERS-FLANAGAN
RITA SOMMERS-FLANAGAN

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This study guide is dedicated to all the students who feel pulled forward or driven to learn about counseling and psychotherapy. We love the fact that you're dedicated to learning something that, consistent with Geimeinschaftguful, is all about helping others and making the world a better place. Good luck . . . and may the great internal force for positive change be with you.

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Acknowledgments

Thanks to Sweta Gupta's (assistant editor, John Wiley & Sons) electronic and Internet exploration expertise, this study guide includes . . . crossword puzzles!! Not only is this an exciting and fun feature, it also provides us with an opportunity to give credit to the makers of *EclipseCrossword* software, Green Eclipse™. This company not only gets credit, but also thanks for providing a cool (and free!) software program.

Producing a written document of any kind always requires teamwork and we'd like to acknowledge and thank the many contributors who helped us complete this study guide. To add a personal touch to this study guide, we asked a wide range of students in counseling and psychology and professionals to write first-person essays about their experience choosing a theoretical orientation. These essays are heartfelt, instructive, and inspiring. We offer a big thanks to the essay writers who contributed these personal reflections. These contributors are listed along with their professional affiliations, in the introduction.

As usual, we want to offer a big shout out to the John Wiley & Sons team: Rachel, Sweta, and Amanda, your responsiveness and gentle guidance is very much appreciated.

Finally, we had a small team of contributors who helped with glossary writing, crossword puzzling, and the generation of multiple choice questions (always a labor of love☺). These contributors include: Chelsea Bodnar, Ty Bequette, Karla Bird, Sara Polanchek, Jessica Holtzer, Rylee Sommers-Flanagan, Seth Bodnar, Joanna Johnson, and Shannon McNabb.

Introduction

When you're initially exposed to all the different counseling and psychotherapy theories, approaches, principles, and practices, learning about these theories and selecting one to call your own can be overwhelming. This study guide is designed to help you understand the theories and feel less overwhelmed and more organized as you begin deciding which approach or approaches are right for you. By using this study guide, you'll deepen your understanding of three key components of counseling and psychotherapy theory and practice:

- *Self-awareness*—Knowing yourself and your unique biases and beliefs helps you see the various theories and techniques through a clearer lens.
- *Knowledge*—Organizing and deepening your understanding of counseling and psychotherapy theories helps you make an easier leap from theory to clinical practice.
- *Application and skill development*—For most students, application and skill development is the whole point of learning theories; this study guide provides practice activities to help you apply the theory-based techniques in real world situations.

At some point, every developing mental health professional is faced with the question of which theory or theories and which specific techniques to learn and practice. This can be a difficult and confusing decision. The need to "choose a theory" is such a consistent and ubiquitous part of becoming a mental health professional that it seems nearly a rite of passage.

As we reflected on this reality, we decided it wasn't enough for us to write this study guide alone; consequently, because there are so many different ways to think about counseling and psychotherapy theories and so many other counseling and psychology students have faced into making decisions about how to best engage in professional practice, we decided to incorporate other voices into this study guide. In particular, in each chapter we've chosen at least two recent master's or doctoral students and a few seasoned professors, to share their perspectives on choosing a particular theoretical orientation.

We encourage you to take the time to read the essays included in each theory chapter. Below, we've listed the essay writers by chapter—along with their professional affiliations.

We wish you the best as you begin your great adventure into the professions of counseling, psychology, social work, or human services. If you like, please follow the blog at johnsommersflanagan.com for addition information related to the theory and practice of counseling and psychotherapy.

Chapter 1

My Counseling Adolescence

By Jodi L. Bartley, MA, MEd Student in Clinical Mental Health Counseling, Plymouth State University

Changing You, Changing Me

By Greg Meyer, MA, Doctoral Student, Counselor Education and Supervision, Auburn University

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The Best Way to Help Clients Change Is Through the Therapy Relationship

By Meredith Edmunds, MA, Doctoral Student, Counselor Education and Supervision, University of Montana

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The Four Directions and Seven Methods of Encouragement

By Daniel Eckstein, PhD, Professor of Medical Psychology, Saba University School of Medicine, Saba, Dutch Caribbean

Why the Adlerian Approach Resonates With Me

By Taushia Brooks, BS, Master's Student, Clinical Mental Health Counseling, Indiana State University

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By Chloe Lancaster, PhD, Assistant Professor, Counseling, Educational Psychology, and Research, University of Memphis, TN

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Prevention Through Connection: Relational-Cultural Theory

By Ceymone Dyce, BS, Master's Student, Clinical Mental Health Counseling, Indiana State University

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All Theories Are Personally Constructed

Catherine B. Jenni, PhD, Professor, Department of Counselor Education, University of Montana

Using Solution-Focused Therapy in a Hospital Setting

By Eric M. Crumley, MEd, Doctoral Student, Counselor Education, Auburn University, AL

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Encouragement as a Foundation for Working With Parents

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By Kirsten Murray, PhD, Assistant Professor, Department of Counselor Education, University of Montana

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By Antonio Pascual-Leone, PhD, Associate Professor, Department of Psychology, University of Windsor

About the Authors

John Sommers-Flanagan, PhD, is a clinical psychologist and professor of counselor education at the University of Montana. He has been a columnist for the *Missoulian* newspaper, a local public radio show co-host of "What Is It with Men?" and is coauthor of more than 40 professional publications. John is a long-time member of both the American Counseling Association and the American Psychological Association and regularly presents professional workshops at the annual conferences of both these organizations.

Rita Sommers-Flanagan, PhD, has been a professor of counselor education at the University of Montana for the past 21 years. Her favorite teaching and research areas are ethics and women's issues, and she served as the director of Women's Studies at the University of Montana, as well as the acting director of the Practical Ethics Center. She is the author or co-author of more than 40 articles and book chapters, and most recently, authored a chapter entitled "Boundaries, Multiple Roles, and Professional Relationships" in the new *APA Handbook on Ethics in Psychology*. She is also a clinical psychologist, and has worked with youth, families, and women for many years.

John and Rita work together as the mental health consultants for Trapper Creek Job Corps. They also enjoy providing seminars and professional presentations nationally and internationally.

Together, John and Rita have coauthored nine books, including books aimed at helping mental health professionals work more effectively with their clients. These include:

- *How to Listen so Parents Will Talk and Talk so Parents will Listen* (John Wiley & Sons)
- *Tough Kids, Cool Counseling* (American Counseling Association)
- *Problem Child or Quirky Kid* (Free Spirit Press)
- *The Last Best Divorce Book* (Families First)

- *Don't Divorce Us* (American Counseling Association; also available in Turkish, co-authored with Senel Poyralzi),

John and Rita have also written two other textbooks with John Wiley & Sons. These include:

- *Clinical Interviewing, 4th Edition*
- *Becoming an Ethical Helping Professional*

John and Rita have two daughters, one son-in-law, twin grandbabies, and can hardly believe their good fortune. They are deeply rooted in Montana, and in the summers alternate writing with irrigating and haying on the family ranch. Both John and Rita enjoy professional speaking, exercising, gardening, exploring alternative energy technologies, and restoring old log cabins, old sheds, and any other old thing that crosses their path—which given the passage of time—now is starting to include each other.

CHAPTER 1

Learning About Psychotherapy and Counseling

Let's begin with an imaginary trip.

Pretend you're about to embark on an interesting journey . . . somewhere. Pick any destination you like. You may need to look at a map to see all your options. The whole world is available to you (that's one nice thing about imaginary trips!). Once you've selected your destination, read on.

Write your destination here:

Now . . . write down at least three to four qualities of the destination that you find attractive. This should be easy:

1. _____

2. _____

3. _____

4. _____

Next, make a list of at least three to four things about yourself that make you a good fit for the destination you chose; this might be more difficult. Be sure to focus on your internal (e.g., values, interests, beliefs) qualities.

1. _____

2. _____

3. _____

4. _____

Given that you've already studied counseling, psychology, or social work, you probably already know where we're going with this imaginary trip, but just play along anyway. Take a look at the desirable qualities of your destination and your list of values and interests. Hopefully, you can detect a match. Trips, whether imaginary or real, are usually more

enjoyable and meaningful if your destination includes at least some of your personal values and interests.

If you're reading this study guide, then you're embarking on a different kind of trip. This trip is about your professional future. Like the imaginary trip we just discussed, hopefully the professional domain of counseling and psychotherapy is a good match for your personal values, interests, and beliefs. However, rather than assume there's a good match between you and professional counseling and psychotherapy, let's reflect on whether you possess some of the core values and interests that people who are successful in this professional path typically hold (Norcross, 2002; Skovholt & Jennings, 2004).

1. Do you have an interest in helping others?
2. Do you find listening to and helping others to be enjoyable or meaningful?
3. Do you feel empathy for others—your friends, family, even strangers?
4. Are you able to be honest with yourself about your personal limitations?
5. Are you able to gently give others feedback about their personal limitations?
6. Can you make mistakes, admit them, and then work to avoid them in the future?
7. Are you inclined to apologize and take personal responsibility for your mistakes?
8. Do you have good interpersonal skills?
9. Are you able to establish and maintain healthy boundaries between yourself and others?
10. Are you intrigued—at least a little bit—about what causes people emotional pain and suffering and does the idea of tracking down the origins of personal problems and helping people overcome these challenges pique your interest?

Just like the journey to your imaginary destination, your answers to the preceding 10 questions may not be perfectly clear. You may find yourself wondering if you're able to handle some parts of your upcoming counseling and psychotherapy journey. Our purpose in asking these questions is not to discourage you from pursuing a career in counseling and psychotherapy . . . but instead, to encourage you to proceed with eyes wide open and to regularly check to see if your destination is a good fit for your interests, values, and beliefs.

We hope that counseling or psychotherapy is a good fit for you and that this is the start of an enriching and meaningful life journey. We also hope that you're ready for an excellent adventure.

Getting Ready

Take a few minutes to complete the counseling and psychotherapy beliefs pretest. This pretest will help you develop greater awareness of your current beliefs about counseling and psychotherapy (and it just happens to include a review of material from Chapter 1 of your accompanying textbook).

A score of 100 could mean you are or will be the perfect fit for a psychotherapy or counseling career. A score of 0 suggests that you should consider immediately closing this book and going to talk with your academic advisor about switching your career path. Seriously, you'd be better off in engineering, landscape design, or joining the professional bowling

Counseling and Psychotherapy Beliefs Pretest

This pretest assesses your current attitudes toward core counseling and psychotherapy issues. Read and briefly reflect on the following statements. Then, circle the number that best represents how much you agree or disagree with each statement.

1. Understanding why people suffer, how they change, and how to help them live more satisfying and gratifying lives is a fascinating and important professional task.

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

2. There are many different approaches to conducting counseling and psychotherapy.

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

3. Although there are many contemporary counseling and psychotherapy methods, all approaches involve clients talking and therapists listening in an effort to understand.

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

4. Although there are many contemporary counseling and psychotherapy methods, all approaches involve some form of therapist teaching and client learning.

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

5. Counseling/psychotherapy involves processes or procedures that are very effective; in other words, most individuals who come for therapy have positive outcomes and experience personal benefits.

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

6. Professional practice in counseling or psychotherapy is guided by general ethical principles and specific ethics codes.

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

7. Counselors and psychotherapists should have awareness, knowledge, skills, and motivation for working with ethnic minorities and clients with diverse characteristics (e.g., clients who are gay, lesbian, bisexual, or transgendered; clients with physical disabilities).

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

8. It's always unethical for counselors or psychotherapists to have sex with their clients.

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

9. Some therapy approaches or procedures can harm clients.

   0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

   Completely Disagree On the Fence Completely Agree

10. To become an effective therapist it's important to combine your own personal style with a deep understanding of different theoretical approaches and ethical guidelines governing counseling and psychotherapy practice.

    0 — — — 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — 7 — — — 8 — — — 9 — — — 10

    Completely Disagree On the Fence Completely Agree

Scoring and Application

To get your total score, add all circled numbers together. There are 10 statements. The highest possible score is 100. The lowest possible score is 0. Calculate your score now:

tour (although the last of these options might involve too much direct human contact).

Generally, higher scores indicate that your views are compatible with a counseling and psychotherapy career and lower scores indicate that you either don't understand or don't value this particular profession. Of course, this is just a silly self-test and as we'll learn throughout the text and study guide, you're always the best expert on you. Also, your scores may change considerably as you learn more about counseling and psychotherapy. But for now, based on your Counseling and Psychotherapy Beliefs Pretest score, consider the following possibilities:

- **If your score is high (75+),** you have a good initial understanding of counseling and psychotherapy and your attitude toward the profession is positive.
- **If your score is in the mid-range (50–74),** you may need some time and experience to get comfortable with this professional journey—partly because your attitude is more skeptical—which may affect your ability to embrace the learning required.
- **If your score below the 50 mark,** your attitude toward and knowledge of the profession is more in the negative range. This could be for a number of different reasons. For example, you could be in a bad mood, you could be tired, or you could be feeling some mixed feelings about the counseling and psychotherapy professional track. Although we were kidding before when we said perhaps you should immediately close this book, if your views are significantly negative (below 25 or 30) you really may want to talk to your advisor about whether you're on the right professional path. Of course, talking about your career plans with someone you trust is generally a good idea from time to time anyway.

Theory Review

This review is designed to help you recall the key concepts from Chapter 1 of *Counseling and Psychotherapy Theories in Context and Practice* (J. Sommers-Flanagan & R. Sommers-Flanagan, 2012). We begin with a glossary of key terms and then move toward a more integrative application of those terms.

Glossary of Key Introductory Counseling and Psychotherapy Terms

Beneficence: An ethical concept that means to strive to benefit or help those with whom you work.

Biomedical perspective: One of the four alternative cultural-historical realities or perspectives discussed in Chapter 1. This perspective focuses on biomedical or biogenetic explanations for and treatment of mental disorders. Examples include: trephining, prefrontal lobotomy, electroconvulsive therapy (ECT), and psychotrophic medications.

Opening Practitioner Essay

My Counseling Adolescence

By Jodi L. Bartley, MA, MEd student in Clinical Mental Health Counseling, Plymouth State University

Who knew that becoming a counselor would feel like adolescence all over again? The push and pull of following the "grown-up counselors," the counseling styles to "try on" every day, the fear of not gaining that all-important license, and the endless possibilities are enough to rattle even the steadiest of students!

As I entered internship this year, one goal I set for myself was to practice working from different theoretical perspectives in order to develop a sense of my own personal counseling style. After working from a cognitive perspective, I seemed to hear "shoulds" everywhere I went. With existentialism, I remember feeling philosophical about even the most benign subjects. I marveled at how quickly emotion could be unearthed with a gentle Gestalt approach. After behavioral, I remember feeling militant and much too regimented. With a soft person-centered style, I always felt very much at home, but the little taskmaster inside my mind wondered, "Am I doing enough?"

After what seemed like substantial experimentation (which really only amounted to a few weeks), I decided to ask my supervisor, "So . . . how long did it take for you to settle on your own integrated theory of counseling?" I figured she'd tell me it only took her a few months to get her counseling feet under her, and after that, she'd say she's been grounded in her own personal style ever since. It couldn't take much longer, right?

In response, she looked up and smiled an all-knowing supervisor smile. "Jodi," she said. "That took me years."

My internal response was: "Huh? Years? I'm going to be wondering about this for years?" At that moment, I knew it was time to settle in and enjoy the journey of my counselor adolescence.

With this shift in thinking and feeling, I allowed more space around my counseling development. And while it seems fitting that I end this essay with a sharp, "aha" moment from when I unearthed my true theoretical orientation (thereby maximizing my therapeutic potential), the truth is, I'm still learning. As I reflect further, I hope I can always embrace this wonderment of learning. Each new client presents new burdens, new insights, and new opportunities to learn about myself in relation to others. What a gift! Who knew Erik Erikson's adolescent stage of Identity versus Role Confusion could be so enlightening long after the teen years?!

Common therapeutic factors: These are common factors operating across different therapy approaches. Many researchers and practitioners view them as accounting for positive therapy outcomes. One version of these (Lambert, 1992) includes (a) extratherapeutic change; (b) therapeutic relationship; (c) expectancy; and (d) specific techniques.

Confidentiality: The practice of keeping what clients say to you private or in confidence. At the beginning of therapy, therapists inform clients of confidentiality and its limits.

Context: The particular set of circumstances or facts surrounding a specific event or situation. Nothing happens without context.

Dodo bird effect: A phrase taken from Alice in Wonderland's concept, "Everybody has won and all must have prizes." This phrase refers to the relative equivalency of various therapy approaches and implies that no single therapy approach is more effective than any other approach.

Effect size: A statistic used to estimate how much change is produced by a particular intervention. Effect size (ES) is reported as the statistic *d* and represents the difference in efficacy (using standard deviations) between evaluated interventions versus a control or comparison group.

Effectiveness research: A research model that uses experimental designs that maximize external validity or the generalizability of research findings.

Efficacy research: A research model that uses experimental designs that maximize internal validity, thereby allowing researchers to comment on causal mechanisms.

Empirically supported treatments (ESTs): Psychotherapy or counseling interventions that are manualized and have been shown as superior to placebo treatment in at least two good group design studies (RCTs) or in a series of single case design studies by different investigators.

Empirically validated treatments (EVTs): EVT is the phrase initially used to describe ESTs.

Evidence-based principles: Practice principles based on empirically supported treatments (ESTs).

Expectation: Aka Expectancy. This is one of Lambert's four common factors. Lambert estimated that expectation, hope, and placebo factors account for about 15% of variation in treatment outcomes.

External validity: A type of validity that refers to how much findings from a particular research study can be considered valid or generalizable to individuals and situations beyond the research study.

Extratherapeutic change: Client factors that contribute treatment outcomes such as severity of disturbance, motivation, capacity to relate to others, ego strength, psychological-mindedness, and the ability to identify a single problem to work on in counseling, as well as help and support from within the client's environment.

Feminist/multicultural perspective: One of the four alternative cultural-historical realities or perspectives discussed in Chapter 1. This perspective focuses on cultural and gender-based oppression and other related factors that explain and contribute to the understanding of psychological/emotional problems and specific helping or therapy approaches.

First, do no harm: "Primum non nocere." This concept is derived from medical practice and is related to beneficence and nonmaleficence. It refers to the ethical principle of being sure to not harm clients or patients.

Great psychotherapy debate: This phrase was articulated by Wampold (2001) to describe the conflict over whether specific techniques or common factors are more important contributors to positive therapy outcomes.

Informed consent: This ethical concept (and practice) refers to clients' rights to know about and consent to ways you intend to work with them.

Internal validity: A type of validity that refers to the control of internal factors within a specific research study. Research with high internal validity allows researchers to comment with confidence about causal mechanisms observed within a research study.

Meta-analysis: This statistical procedure pools together data from more than one study and obtains an overall average *effect size* (ES = *d*).

Multicultural competencies: A subset of general competence, multicultural competencies include (a) self-awareness of one's cultural background and attitudes, (b) knowledge about other cultures, and (c) culture-specific skills for counseling or clinical practice.

Multiple roles: This is an ethical issue that refers to boundary problems that may arise when therapists have more than one type of relationship with a client. Although multiple relationships can sometimes be beneficial, they are typically complex and must be addressed with great care.

Negative outcomes: This refers to the fact that therapy outcomes can be negative or associated with client deterioration.

Nonspecific factors: See common therapeutic factors.

Ortgeist: The spirit of the place.

Poltergeist: A mischievous spirit.

Potentially harmful therapies: Potentially harmful therapies (PHTs) refer to specific therapy approaches that consistently produce unacceptable negative effects. A list of PHTs was developed by Lilienfeld (2007).

Practice-based evidence: This is a term used to describe when clinicians collect data, sometimes after each session, pertaining to client symptoms and/or client satisfaction. This practice is also referred to as *client informed therapy* (Duncan, Miller, & Sparks, 2004).

Psychosocial perspective: One of the four alternative cultural-historical realities or perspectives discussed in Chapter 1. This perspective focuses on psychological and social factors that explain and contribute to the understanding of psychological/emotional problems and specific helping or therapy approaches.

Randomized controlled trials (RCTs): RCTs are considered the "gold standard" of the contemporary, modernist research paradigm. An RCT includes at least two groups, one identified as the treatment group and the other the control group. Participants must be randomly assigned to one of these groups. Standardized outcome measures are employed to determine the differences between treatment and control groups. RCTs have high internal validity (as many extraneous variables as possible are controlled) and so researchers can conclude that differential outcomes were caused by the treatment being tested.

Religious/spiritual perspective: One of the four alternative cultural-historical realities or perspectives discussed in Chapter 1. This perspective focuses on religious or spiritual explanations for psychological/emotional problems and specific helping or therapy approaches.

The talking cure: The talking cure is the phrase that Anna O (one of Freud's early patients) used to describe psychoanalysis.

Techniques: One of Lambert's common factors contributing to positive therapy outcomes. Specific techniques are associated with particular theoretical orientations. Lambert estimated that techniques account for about 15% of positive treatment outcomes.

Theory: Organized knowledge about a particular object or phenomenon. A good theory in psychology describes, explains, and predicts human behavior. Testable hypotheses can be generated from theories of counseling and psychotherapy.

Therapy relationship: One of Lambert's common factors contributing to positive therapy outcomes. The therapy or therapeutic relationship appears to include both the therapist's attitude or ability to have empathy, unconditional positive regard, and congruence as well as a positive therapeutic alliance where client and therapist bond and work together toward positive goals. Lambert suggested the therapeutic relationship accounted for about 30% of positive treatment outcomes.

Treatment as usual (TAU): A phrase used in research studies to describe treatment that is being delivered as it is typically delivered in a real-world setting. TAU is often compared with a new treatment that is hypothesized as being more effective or efficacious.

Trephining: An ancient procedure designed to treat "abnormal" behavior. It involved cutting a hole in the skull. It was thought this procedure released trapped evil spirits.

The working definition of counseling and psychotherapy: A 12-part general definition of counseling and psychotherapy offered in Chapter 1.

Zeitgeist: The spirit of the time.

Critical Corner

In this section we include a few extremely critical statements about counseling and psychotherapy designed to provoke a response in you. If you like, you can write your response to the criticisms in the space provided.

1. Most of the psychological theories reviewed in this book were developed by privileged, white, European or American males. Given the narrow origins of these theories, how can the information provided be useful to you as a developing mental health professional?

2. Smith, Glass, and Miller (1980), in their extended meta-analysis of therapy outcome studies, concluded that the average person treated in therapy was better off than 80% of the untreated sample. Of course, they neglected to comment on the inverse fact that average untreated person was better off than about 20% of the treated clients. What does this inverse statement suggest? Are there large numbers of treated therapy clients who are getting worse? Or are some untreated clients somehow spontaneously getting better?

3. In this chapter we've suggested that you begin to explore different theories and that, in the end, perhaps the best theory will be your personal theory. Is this a valid suggestion? Might you be better off simply adopting a particular theory and hanging in there with it, despite its limitations? Wouldn't you be better off just knowing one theory very well, rather than knowing a little bit about many different perspectives?

Crossword Puzzling

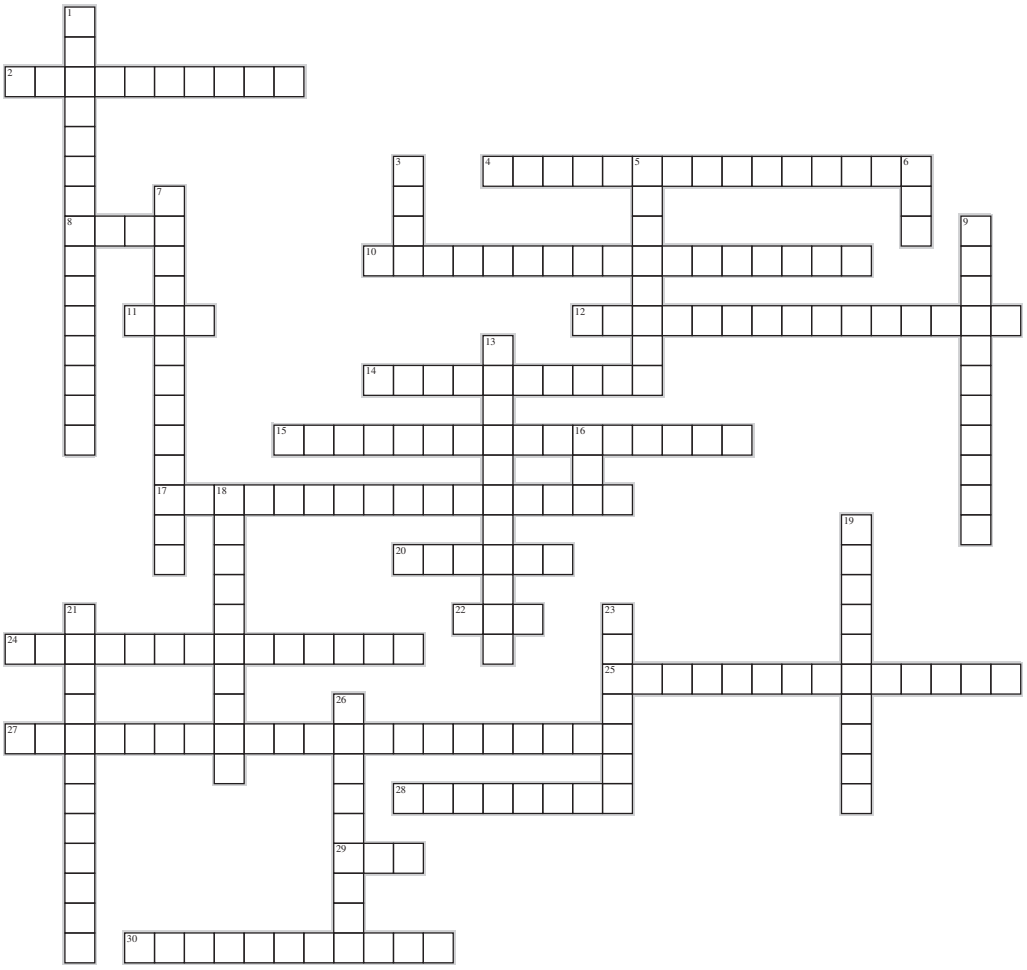
To download a pdf version of the crossword, click here

Across

2. Symbol for Effect Size
4. Aka client deterioration
8. An old and not-so-effective drug prevention program
10. Why multiple roles don't work very well
11. You'd customarily get this
12. A one-way secret
14. It's all about genetics and biology
15. The client brings this into therapy
17. This helps with generalization
20. John and Rita's favorite theorist
22. The gold standard for psychotherapy research
24. It was good enough for Anna O.
25. Aka harm avoidance
27. Use this to monitor your effectiveness
28. Spirit of the time
29. An alt. to empirically supported treatments
30. Believing in positive outcomes helps

Down

1. A feminist contribution to ethics
3. A bird-brained truth about psychotherapy
5. A type of validity for the controlling among us
6. All therapies want this status
7. The first multicultural competency
9. "Got your conk!"
13. Doing good
16. A list of bad counseling approaches
18. These account for about 15%
19. No better than a hole in the head
21. A summary of a summary of a summary
23. A small word with big implications
26. Spirit of the place



Professional Development Takeout (aka Practice Activities)

The following activities will help you translate abstract concepts from Chapter 1 into concrete reality. You might want to think about it as intellectual or professional development take-out. Speaking from the mental metabolism concept in Chapter 6 (Gestalt theory and therapy), these activities give you a chance to take an abstract concept, pop it in your mouth, chew on it, swallow parts of it, spit out parts of it, and then digest what fits for you. (For several good reasons, this particular metaphor stops here!)

Activity 1: What Helps People Change?

Counseling and psychotherapy is all about helping people change in positive and healthy ways. A big question associated with this introductory chapter is: *What helps people change?* You can engage in this learning activity before, during, or after you read Chapter 1.

Different theories emphasize different change factors. If you peruse the theories summary table (Table 1.3 in your textbook), you'll notice different ways of thinking about what helps people change. For now, your job is *not* to examine what helps people change from these different theoretical orientations. Instead, in keeping with exploring your personal viewpoints, we'd like you to explore what you think helps people change.

To do this assignment, contemplate this question: What helps people change? Think about it when you're out shopping, while watching television or the movies, and while searching the Internet. Think about it when you visit or talk with your family and friends and colleagues. Ask people what they think helps people change for the better. Bring up the question for discussion in your classes. In other words, place this question in the front of your awareness and wrangle with it for at least a week. And be sure to apply it to yourself. Think about a time in your life when you changed for the better. Below, if you like, write down a few of the main factors that helped you change for the better:

_____

_____

_____

_____

_____

Activity 2: What Causes Clinical Depression: Four Alternative Perspectives

In Chapter 1 of the text we identified four alternative historical-cultural realities or perspectives on human helping. These included:

1. The Biomedical Perspective

2. The Religious/Spiritual Perspective
3. The Psychosocial Perspective
4. The Feminist-Multicultural Perspective

To explore the distinctive nature of these four perspectives respond to the following questions:

➢ From the biomedical perspective: What causes clinical depression and how should it be treated?

_____

_____

➢ From the religious/spiritual perspective: What causes clinical depression and how should it be treated?

_____

_____

➢ From the psychosocial perspective: What causes clinical depression and how should it be treated?

_____

_____

➢ From the feminist-multicultural perspective: What causes clinical depression and how should it be treated?

_____

_____

➢ Now, if you haven't already, recognize that these four perspectives are not mutually exclusive. Then, write a couple sentences about how they might work together to cause clinical depression and how they might work together as a means of helping individuals who are suffering from clinical depression.

_____

_____

Testing Yourself

Part of a good plan to become the successful student you want to be definitely includes taking periodic practice tests. As a consequence, we offer you two different practice testing opportunities: (1) a 25-item multiple choice test and (2) a short answer practice test. Both of these tests are

designed to help you review core material from Chapter 1 and to help you ace any exams that might be coming soon!

Multiple Choice Practice Test

For each item, choose and circle the best response. The answers to this 25-item practice test are in Appendix A.

1. Metaphorically speaking, many theories books claim that _____ is the father of modern psychotherapy.
   a. Alfred Adler
   b. Sigmund Freud
   c. Pierre Janet
   d. Carl Jung
   e. None of the above; psychotherapy is considered a grass-roots movement
2. Which of the following statements best captures the relationship between Sigmund Freud and Pierre Janet?
   a. Janet was a respected student of Freud who helped promote Freudian concepts and theories.
   b. Janet strongly opposed Freud's decision to train his daughter, Anna, as a psychoanalyst because this violated social norms and standards.
   c. Hostility existed in the relationship between Freud and Janet because, from Janet's perspective, Freud's ideas were far from original.
   d. Freud and Janet were lovers.
   e. Both a and b are true.
3. The comment, "In psychology, even the rats are white and male" means:
   a. Experimental psychologists only use white male rats.
   b. Psychotherapy is only useful for white males.
   c. Most psychological theories were developed by white men of European descent.
   d. Both b and c.
4. In the chapter, the stone-age technique of trephining was most closely compared to:
   a. Psychotropic medications
   b. Electroshock therapy
   c. Phrenology
   d. Prefrontal lobotomy
5. Multiculturalism in clinical and counseling psychology:
   a. Is discouraged by professional organizations like the American Counseling Association.
   b. Is the primary source of conflict between proponents of the medical model and proponents of the common factors model.
   c. Is considered important for treatment, but not for research or education.
   d. Is becoming less frequently discussed due to the increasing amount of diversity within western society.
   e. None of the above.

6. Which statement is true about the differences between counseling and psychotherapy?
   a. Counselors and psychotherapists engage in very different sorts of behaviors.
   b. Counselors and psychotherapists engage in the same behaviors, but in different proportions.
   c. Counselors tend to work on deeper issues, including unconscious processes.
   d. Psychotherapy is an outdated term that is no longer used.
7. A theory needs to accurately describe, explain, and predict a wide range of therapist and client behaviors, and:
   a. Have relevance to its domain.
   b. Help predict client responses to various therapy techniques.
   c. Provide therapists with a clear model or foundation from which they can conduct their professional service.
   d. All of the above.
8. In psychology, theories are often used to:
   a. Generate hypotheses about human thinking, emotions, and behavior.
   b. Explain what causes client problems or psychopathology.
   c. Make inferences about the meaning of life.
   d. Both a and b.
   e. Both b and c.
9. Which of the following best captures the role of theory in counseling and psychotherapy?
   a. Theory is important for treating psychological disorders but less important within research domains.
   b. Unfortunately, theoretical knowledge rarely translates into testable hypotheses.
   c. Theories should explain the causes of mental disorders and outline methods for therapy.
   d. Theories are more important in counseling and less important for psychotherapy.
   e. Both c and d are true.
10. In 1952, _____ published a critique of the effectiveness of psychotherapy that stimulated a research aimed at proving the worth of psychotherapy.
    a. Hans Eysenck
    b. Carl Jung
    c. Michael Lambert
    d. Mary Smith and Gene Glass
    e. None of the above
11. Mary Smith and Gene Glass developed a new statistical method for evaluating the efficacy of therapy by pooling together and obtaining an overall average effect size obtained from outcome measures across a diverse range of therapy research studies. This approach is called:
    a. Linear regression analysis
    b. Meta-analysis
    c. Meta-cognition
    d. Double-blind statistical modeling