

COUNSELING SKILLS AND TECHNIQUES

1. COUNSELING PSYCHOLOGY

1.1. Background Information

Counseling psychology is a psychological specialty that encompasses research and applied work in several broad domains: counseling process and outcome; supervision and training; career development and counseling; and prevention and health. Some unifying themes among counseling psychologists include a focus on assets and strengths, person–environment interactions, educational and career development, brief interactions, and a focus on intact personalities. In the United States, the premier scholarly journals of the profession are the *Journal of Counseling Psychology* and *The Counseling Psychologist*.

In the U.S., counseling psychology programs are accredited by the American Psychological Association (APA), while counseling programs are accredited through the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP). To become licensed as a counseling psychologist, one must meet the criteria for licensure as a psychologist. This includes a 4-7 year doctoral degree post-bachelors, 1 year full-time internship, including 3,000 hours of supervised experience and exams. Both doctoral level counseling psychologists and doctoral level counselors can perform both applied work, as well as research and teaching.

Counseling psychologists are employed in a variety of settings depending on the services they provide and the client populations they serve. Some are employed in colleges and universities as teachers, supervisors, researchers, and service providers. Others are employed in independent practice providing counseling, psychotherapy; assessment; and consultation services to individuals, couples and families, groups, and organizations. Additional settings in which counseling psychologists practice include community mental health centers, Veterans Administration Medical Centers and other facilities, family services, health maintenance organizations, rehabilitation agencies, business and industrial organizations and consulting within firms. In 2012, the median salary for U.S. counseling psychologists was \$67,650.

1.2. Relationships, Variables, and Ethics

The relationship between a counselor and client is the feelings and attitudes that a client and therapist have towards one another, and the manner in which those feelings and attitudes are expressed. The relationship may be thought of in three parts: transference/countertransference, working alliance, and the real or personal relationship.

Transference can be described as the client's distorted perceptions of the therapist. This can have a great effect on the therapeutic relationship. For instance, the therapist may have a facial feature that reminds the client of their parent. Because of this association, if the client has significant negative/positive feelings toward their parent, they may project these feelings onto the therapist. This can affect the therapeutic relationship in a few ways. For example, if the client has a very strong bond with their parent, they may see the therapist as a father/mother figure and have a strong connection with their therapist. This can be problematic because as a therapist, it is not ethical to have a more than "professional" relationship with a client. It can also be a good thing, because the client may open up greatly to the therapist. In another way, if the client has a very negative relationship with their parent, the client may feel negative feelings toward the therapist. This can then affect the therapeutic relationship as well. For example, the client may have trouble opening up to the therapist because he/she lacks trust in their parent, thereby projecting these feelings of distrust onto the therapist.

Another theory about the function of the counseling relationship is known as the secure-base hypothesis, which is related to attachment theory. This hypothesis proposes that the counselor acts as a secure-base from which clients can explore and then check in with. Secure attachment to one's counselor and secure attachment in general have been found to be related to client exploration. Insecure attachment styles have been found to be related to less session depth than securely attached clients.

Counseling psychologists are interested in how culture relates to help seeking and counseling process and outcome. Helms' racial identity model can be useful for understanding how the relationship and counseling process might be affected by the client's and counselor's racial identity. Recent research suggests that clients who are Black are at risk for experiencing racial micro-aggressions from counselors who are White. Efficacy for working with clients who are lesbians, gay men, or bisexual might be related to therapist demographics, gender, sexual identity development, sexual orientation, and professional experience. Clients who

have multiple oppressed identities might be especially at-risk for experiencing unhelpful situations with counselors, so counselors might need help with gaining expertise for working with clients who are transgender, lesbian, gay, bisexual, or transgender people of color, and other oppressed populations. Gender role socialization can also present issues for clients and counselors. Implications for practice include being aware of stereotypes and biases about male and female identity, roles and behavior such as emotional expression. The APA guidelines for multicultural competence outline expectations for taking culture into account in practice and research.

Perceptions on ethical behaviors vary depending upon geographical location. Although, ethical mandates are similar throughout our global community. The standard ethical behaviors are centered on "doing no harm" and preventing harm. As counselors, it is standard that a counselor should take appropriate action to prevent harm. Ethical standards are similar in that you should shall not share information that is obtained through the counseling process without specific written consent by the client or legal guardian except to prevent clear, imminent danger to the client or others or when required to do so by a court order. Counselors are held to a higher standard than most professionals because of the intimacy of their therapeutic delivery. Counselors are not only to avoid fraternizing with their clients. They should avoid dual relationships, and never engage in sexual relationships. Counselors are to avoid receiving gifts, favors, or trade for therapy. In some communities, it may be avoidable given the economic standing of that community. In cases of children, children and the mentally handicapped may feel personally rejected if an offering is something such as a cookie. As counselors, a judgment call must be made, but in a majority of cases, avoiding gifts, favors, and trade can be maintained. Recent researches shows counseling is a very complex process, which has very slow effect on client so this is three or four counseling sessions are not ample to resolve the counseling purpose in a week. Some suggests an ideal time limit of session is 30 minutes per day while you are in rehab process.

The National Board for Certified Counselors states that there are important considerations to avoid exploitation before entering into a non-counseling relationship with a former client. Important considerations to be discussed include amount of time since counseling service termination, duration of counseling, nature and circumstances of client's counseling, the likelihood that the client will want to resume counseling at some time in the future; circumstances of service termination and possible negative effects or outcomes.

Ethical standards are created to help practitioners, clients and the community avoid any possible harm or potential for harm. Ethical standards are a guideline, but for specific standards they are mandates. Recognizing the differences is clear in a majority of organizational codes of ethics.

1.3. Training Process & Research Methods

Counseling psychologists are trained in graduate programs. Almost all programs grant a Ph.D., but a few grant a M.Couns, M.Ed, MA, Psy.D. or Ed.D. Most doctoral programs take 5–6 years to complete. Graduate work in counseling psychology includes coursework in general psychology and statistics, counseling practice, and research. Students must complete an original dissertation at the end of their graduate training. Students must also complete a one year full-time internship at an accredited site before earning their doctorate. In order to be licensed to practice, counseling psychologists must gain clinical experience under supervision, and pass a standardized exam. Counseling psychology includes the study and practice of counselor training and counselor supervision. As researchers, counseling psychologists may investigate what makes training and supervision effective. There is well-documented researches which shows that 6 clients can see a counselor under a program. As practitioners, counseling psychologists may supervise and train a variety of clinicians. Counselor training tends to occur in formal classes and training programs. Part of counselor training may involve counseling clients under the supervision of a licensed clinician. Supervision can also occur between licensed clinicians, as a way to improve clinicians' quality of work and competence with various types of counseling clients. As the field of counseling psychology formed in the mid-20th century, initial training models included Human Relations Training by Carkuff, Interpersonal Process Recall by Kagan, and Microcounseling Skills by Ivey. Modern training models include Egan's Skilled Helper model, and Hill's three stage (exploration, insight, and action) model. A recent analysis of studies on counselor training found that modeling, instruction, and feedback are common to most training models, and seem to have medium to large effects on trainees.

Research about the counseling process and outcome uses a variety of research methodologies to answer questions about if, how, and why counseling works. Quantitative methods include randomly controlled clinical trials, correlational studies over the course of counseling, or laboratory studies about specific counseling process and outcome variables. Qualitative research methods can involve conducting, transcribing and coding interviews; transcribing and/or coding

therapy sessions; or fine-grain analysis of single counseling sessions or counseling cases.

1.4. Introduction to Counseling Techniques Introduction

Counseling can be useful in many different circumstances, including mental illness, help in a stressful time and help overcoming addictions. Some people will attend counseling on an individual basis, while others will receive services in a group setting. Each of these settings requires different techniques to be implemented by the counselor.

Cognitive

The cognitive approach to therapy was designed to delve into the thought process and determine how that thought process affects the patient's behavior. The goal of this approach is to work on changing these thought processes and, in turn, changing the negative behavior. It is commonly used to treat various mental conditions, including ADHD, Alzheimer's and personality disorders. Counselors who use this approach use techniques, such as guided discovery, role playing and journaling to give the counselor insight into the patient's thought processes and helping him to change them.

Behavior Modification

Similar to cognitive therapy methods, behavior modification is used by therapists to correct negative behavior. The emphasis of this method is to teach the patient new behaviors to replace the negative ones. Counselors typically use this method for fixing the negative behaviors resulting from issues, such as substance abuse, insomnia and eating disorders. Medication is also sometimes a part of this type of counseling. Techniques that are employed with behavior modification include homework assignments, conditioning and desensitization.

Psychoanalytic

One of the most well-known types of therapy, psychoanalytic is also known as "talking therapy" in which the patient talks and the counselor listens. This type of counseling is more successful for treating emotional issues rather than actual mental conditions. This includes issues, such as difficulty expressing emotions, stress-related problems and feeling overwhelmed or out of control. The main aim

of this type of counseling is to allow a patient to talk out her issues and help her to sort them out so that she feels better.

Adlerian

Founded by Alfred Adler, the Adlerian approach to counseling focuses on the future. People typically look toward the future and set goals for themselves. When these goals become unrealistic, it can lead to negative behavior. The goal of the therapist in this approach is to refocus the patient's goals to help them to create a more positive future and break the cycle of their problems created from unrealistic goals. Counselors use techniques, such as analysis and investigation into the patient's life, both past and present, to help the patient refocus.

Patient-Centered

Some counselors use a patient-centered approach to their counseling sessions. This approach allows the patient to be in control of the sessions and to work through his issues with some intervention from a counselor. Those who use this method feel that a patient knows himself the best and is, therefore, more able to work through his problems in the right circumstances. For this method to be successful, the counselor must provide positive reinforcement, understanding and genuine concern.

Gestalt

The Gestalt approach to therapy, named after the German word for "whole," focuses on treating the whole person, rather than just the mind as many other therapy approaches do. In addition to helping the patient with the emotional and mental side of things, a counselor will also teach her to use good posture, breathing techniques and movement to overcome obstacles. The counselor will also help the patient focus on what she can do to improve her situation, rather than relying on others for her happiness.

Brief

Many of the therapy techniques take many appointments to complete the process. However, in some situations, brief counseling does just as well. This approach is also called solution-focused therapy. This method requires that the counselor finds the issue that the patient is dealing with and focuses on finding a resolution for that issue alone. Once the issue is isolated, the counselor will ask questions about what the patient is already doing in his life and what things are working. These

counselors are typically proponents of only changing those aspects of the patient's life that are not working for him.

Eclectic Therapy

Many counselors typically use eclectic therapy in their sessions with patients. Many different techniques fall under this approach to therapy. This is because a counselor will work with each individual patient or group of patients and tailor an approach that best fits each patient's needs. These counselors typically apply several different approaches and techniques during the course of treatment of an individual patient. This flexibility offers the most options for counselors and their patients. However, it can also be difficult for counselors to fully grasp all approaches well, therefore limiting the techniques that they can use successfully.