

# 1

## Introduction

### JOURNEY TOWARD THEORY INTEGRATION

#### Learning Objectives

1. Identify the role and purpose of counseling theory in working with clients.
2. Understand the author's philosophical stance on integrative counseling.
3. Understand the role of diversity in counseling and psychotherapy.
4. Explain how a counselor's values are to be considered in the counseling relationship.
5. Describe the characteristics of an effective counselor.
6. Explain the role of ethics in counseling practice and theory integration.
7. Identify central issues regarding the case of Justin.

#### Brief Overview

Most graduate-level students are required to develop knowledge of the theories of therapy as part of their educational and professional development. Typically, they are introduced to at least 10 theories from the major schools of psychotherapy, such as psychoanalysis, behavior, cognitive, learning, or client-centered therapy. The heart of this book is about choosing a theoretical orientation—meaning either a single theory or an integrated psychotherapy approach. A therapist without a theoretical approach to psychotherapy is like Alice in Wonderland asking the Cheshire cat which way she should go.

Alice came to a fork in the road.  
“Which road do I take?” she asked.  
“Where do you want to go?”  
responded the Cheshire cat.  
“I don't know,” Alice answered.

“Then,” said the cat, “it doesn't matter.”

—Lewis Carroll,  
*Alice in Wonderland*

Theories of psychotherapy are like the Cheshire cat. They provide a road map for us when we work with clients. Without such a map, therapists are only winging it. They're like Alice, wanting to go somewhere but not knowing where they want to go with a client. Effective therapists establish theoretical road maps or treatment plans for their clients.

#### Inner Reflections

Do you see any similarities between you and Alice? Any differences?

Would you be able to tell the Cheshire cat where you are going? Where would that be?

## The Role of Theories of Psychotherapy

A **theory** may be defined as a set of statements one uses to explain data for a given issue. Theories help people make sense out of the events that they observe. A theory provides the means by which predictions can be made, and it points out the relationships between concepts and techniques. A psychotherapy theory supplies a framework that helps therapists understand what they are doing (Norcross, Pfund, & Prochaska, 2013). It is a systematic way of viewing therapy and of outlining therapeutic methods to intervene to help others. It provides the basis for a therapist's deciding what the client's problem is, what can be done to help the client correct the problem, and how the relationship between the therapist and the client can be used to bring about the desired or agreed-on client change.

In psychotherapy, a theory provides a consistent framework for viewing human behavior, psychopathology, and therapeutic change. It supplies a means for therapists to deal with the impressions and information they form about a client during a therapy session. A psychotherapy theory helps therapists describe the clinical phenomena they experience, and it helps them to organize and to integrate the information they receive into a coherent body of knowledge that informs their therapy (Wampold, 2018).

A theory influences which human capacities will be examined and which will be ignored or reduced in importance. Therapists develop treatment interventions based on their underlying conceptions of pathology, mental and physical health, reality, and the therapeutic process (Tasca et al., 2015). A psychotherapy theory deals, either explicitly or implicitly, with the theorist's view of the nature of people, human motivation, learning, and behavioral change. Does the theorist believe that people are basically good or evil?

Theories may be measured against several criteria. The first criterion is clarity. Is the theorist clear in his or her outline of the basic assumptions that underlie the theory? Second, the various parts of a theory should be internally consistent and not contradict one another. Third, a theory should be comprehensive and explain as many events as possible. It should be precise, parsimonious, and contain testable hypotheses or propositions. Fourth, a theory should be heuristic and serve to promote further research. As additional research evidence is accumulated, the theory is further substantiated,

revised, or rejected. As you review the theories presented in this text, evaluate how well each adheres to these criteria.

A sample of how theory works in therapy can be illustrated by examining a therapy interview. A client comes to a therapist for assistance in dealing with a problem. The therapist begins the interview with some observations and thoughts about the client's problem and some possible interventions that might help to resolve the client's issues. The therapist's initial thinking or hunches serve as a hypothesis about what goals, interventions, and outcomes may reduce the client's symptoms. The therapist's hypothesis about the client's issues and needs is supported or rejected by his or her experience with the client.

The therapist's next step in theorizing is to have additional sessions with the client during which he or she observes what takes place in the interactions with the client. Based on his or her observations, the therapist formulates hypotheses about what is happening with the client. These hypotheses form part of the therapist's theory. For instance, a therapist may observe that it is important to use the first session to establish a working alliance with the client rather than to ask too many questions. That is, he or she observes the various conditions under which the client responds positively or negatively, and from such observations, he or she formulates generalizations that result in mini-theories about what is working with the client.

### Inner Reflections

List three ways that a theory of psychotherapy might be useful to you in your work with clients.

In the best of all possible worlds, how do you see yourself using a theory of psychotherapy?

This book subscribes to the prevailing view that no one therapy theory has a stronghold. Instead, there are many roads to client change.

### Inner Reflection

From what you know about theories of psychotherapy, do you believe that "the long-term dominance of major theories is over"?

### Inner Reflections

It is not easy choosing a single therapy orientation, let alone an integrative therapy approach.

What, if any, concerns do you have about finding a personal theory approach that works for you?

How do you plan to deal with those concerns?

There are ample reasons to examine your theoretical orientation in terms of ethical issues. In fact, if the shift toward evidence-based and manualized treatment (treatment following a psychotherapy manual) continues, clients may soon begin to sue their therapists on ethical grounds of failing to provide a basic standard of care because they failed to use the treatment approach that has been found empirically to be the most efficacious. Moreover, ethical codes transcend the various theoretical schools. You cannot just dismiss a standard of professional practice because your theoretical school endorses a certain practice. Ethical codes not only provide guidelines but also establish consequences for therapists' and psychologists' behavior.

## Integrative Psychotherapy: The Focus of This Book

A major contribution of this text is that it acknowledges from the beginning that the average practitioner will probably pick and choose from the various therapies what works for her or him. Oftentimes, however, a therapist might evidence scant theoretical rationale for selecting certain elements of a particular theory. There are pathways to psychotherapy integration; the picking and choosing that practitioners engage in does not have to be haphazard. To develop an integrated therapy perspective, one must have an in-depth knowledge of psychotherapy theories; a therapist cannot integrate what he or she does not know.

There has been a recurrent, 40-year finding that therapy theories and their related techniques have a limited influence on therapy outcome (Lambert, 1992). The majority of client improvement is attributable to factors common to the various psychotherapeutic approaches and not to factors specific to individual therapy theories. There is also a large body of research that shows that the personal qualities of the therapist contributed almost 3 times more to the variance of psychotherapy outcome than did the therapy theory framework used (Norcross et al., 2013).

This book provides guidelines for constructing an integrative psychotherapy practice. It encourages the therapist to ask certain questions of himself or herself, such as “What have I learned about my own values, my own culture and its influence on my behavior? How might my attitudes and beliefs promote or retard the establishing of an effective therapy relationship?”

## Definition of Integrative Psychotherapy

What is integrative psychotherapy? Integrative psychotherapy involves an attitude toward the practice of psychotherapy that affirms the underlying factors of different theoretical approaches to therapy (Stricker, 2010). Integrative psychotherapy takes into consideration many views of human functioning, including the psychodynamic, client-centered, behavior, cognitive, family therapy, Gestalt therapy, object relations, and psychoanalytic therapy. Therapists subscribe to the view that each theory is enhanced when integrated with another.

**Psychotherapy integration** has been conceptualized as an attempt to look beyond the confines of single-therapy approaches for the purpose of seeing what can be learned from other theoretical therapy schools (Stricker, 2010). It represents openness to different ways of integrating diverse therapy theories and techniques. Psychotherapy integration is not a particular combination of therapy theories; rather, it consists of a framework for developing an integration of theories that you find most appealing and useful.

Moreover, psychotherapy integration is based on several key beliefs. First, all theoretical therapy and personality models have limited applicability to clients in therapy. Second, the therapeutic relationship is much more important than any specific expert therapy or theoretical technique. Third, what clients think, feel, believe, and desire is more significant to therapy outcome than any academic or theoretical conceptualization (Hubble, Duncan, & Miller, 1999).

Psychotherapy integration is a process to which therapists must decide whether or not they want to commit themselves. This approach to therapy emphasizes the personal integration of theories of psychotherapy. Integrative psychotherapists maintain that there is an ethical obligation to dialogue with colleagues of diverse theoretical orientations and to remain informed of the developments in the field.

Psychotherapy integration is based on the belief that no one theory of psychotherapy has all the answers for all clients. Each theory conceptualizes human motivation and development with its own particular slant.

Dattilio and Norcross (2006) maintained that most clinicians currently acknowledge the limitations of basing their practices on a single theoretical system and are open to integrating several theories. Practitioners may find that several theories play crucial roles in their therapeutic approaches. As therapists accept that each theory has strengths and limitations, they become open to integrating different theoretical approaches into their clinical practices. To construct an integrative approach to therapy, you need to be very familiar with several theories and open to the idea that you can unify them in some kind of meaningful way. It is important to recognize that an integrative perspective to therapy requires a great deal of reading, research, clinical practice, and theorizing.

### The Need for Cultural Diversity and Psychotherapy Integration

I advocate taking an integrative perspective for theories of psychotherapy for other reasons. The world is changing rapidly. We have moved toward a global economy and a global workforce. Many countries in the world have experienced an influx of people from diverse nations. The United States, for instance, is becoming increasingly diverse, with citizens who have immigrated from all over the world. Understanding cultural differences is not just politically correct. It is absolutely necessary if therapists are going to be able to work with all Americans and not just those whose origin is Western countries.

For the most part, theories of psychotherapy are based on a Western view of life. It is only relatively recently that non-Western healing methods have been explored for the purpose of integrating them into Western psychotherapy. Moodley and West (2005) provided a rich description of a large number of psychotherapeutic healing methods from culturally diverse contexts that can be integrated into the current largely Western theories of psychotherapy. They contended, in part, that their review of non-Western healing approaches is necessary because Western psychology and psychotherapy have failed to address the needs of culturally diverse clients. They recommended that various culturally diverse approaches to healing be integrated into Western psychotherapy. Similarly, Wong and Wong (2006) discussed a number of culturally diverse approaches to be taken into account when managing stress.

While the broader world is moving toward psychotherapy integration, most textbooks on counseling

theory are still stuck in the past. There have been at least 40 books published on Buddhist mindfulness, yet few psychotherapy theory textbooks contain a section on mindfulness therapy. Clearly, the Western paradigm in psychotherapy is inadequate in addressing the needs of a culturally diverse population. The Western paradigm in psychotherapy is ethnocentric because it restricts the field to only those approaches that it defines as part of the helping profession. It eliminates most non-Western approaches by labeling them as belonging in the realm of the spiritual, philosophy, or superstition. Non-Western approaches are considered to be unscientific.

The major challenge is to find areas of commonality between Western psychotherapy and non-Western approaches. According to Santee (2007), the teachings of Buddhism, Daoism, and Confucianism are basically stress management programs. The Chinese believe, as do many Western therapists, that psychological disorders are caused by the chronic and repeated activation of the stress response. Given that the point of commonality between Western and Chinese approaches is stress management, there is room to integrate the culturally different approaches to healing. Santee (2007) has stated,

Once the commonality is established, theory and practice from non-Western approaches can be integrated for the purpose of informing, enhancing, and expanding the Western paradigm of counseling and psychotherapy. This being the case, it is necessary to build a bridge, if you will, between Western counseling and psychotherapy and non-Western approaches to allow for the transference of theory and technique. This bridge will allow for a solution to the previously noted problems of (1) the restrictive paradigm in Western counseling and psychotherapy and (2) the removal of ethnocentric bias. (p. 3)

Even though most counseling theory textbooks endorse multicultural competencies, very few consider non-Western approaches to psychotherapy. It might be more accurate to label such texts as describing Western approaches to psychotherapy (Ishii, 2000; Maeshiro, 2005; Yoshimoto, 1983). Your need to integrate theories of psychotherapy goes beyond just integrating Western theories. Consideration must also be given to integrating Eastern and Western approaches to psychotherapy.

Integrative psychotherapists maintain that there is an ethical obligation to dialogue with colleagues of

diverse theoretical orientations and to remain informed of the developments in the field. Psychotherapy integration is usually the end point of therapist training. To reiterate, before you can integrate your own therapy theory, you must know yourself as a therapist and understand your values, beliefs, and culture as well as the cultures of others.

### Inner Reflections

Do you think therapists should try to integrate theories of psychotherapy from the East and the West?

To what extent is it feasible to use Buddhist concepts in therapy for the average American?

Are the theories that we study in counseling theory courses culturally bound and Eurocentric?

## Psychotherapy Integration: Position or Process?

A therapist who is on an integrationist journey is confronted eventually with the question of whether or not psychotherapy integration is a position, process, or a combination of the two. Therapists who see psychotherapy integration primarily as a position to be arrived at tend to emphasize bringing together two or more theoretical approaches to produce a new integrative theory that stands on its own. Some individuals who advocate that psychotherapy integration is primarily a position may even push for a single paradigm that will define the psychotherapy profession.

The average integrationist will take the route of bringing together two or more existing approaches to create new integrative models. This approach to psychotherapy integration is open to criticism because it proliferates therapy approaches, and it does little to eliminate or reduce the number of therapies that already exist. Therapists who view integration as primarily a process view it as a quest that does not end. It is viewed as an ongoing process in a continual state of development and evolution.

Forming an integrative theory of psychotherapy is not an easy task. For most therapists, it takes years to become comfortable with an integrative way of providing therapy services. In developing such a perspective, it is important that you understand your own worldview, the worldviews of your clients, human development, characteristics of effective therapists, and your views

on the process of psychotherapy and ways of intervening. Each theory presents a different perspective from which to look at human behavior. If you are currently a student, it will take a while for you to develop a well-defined integrative theoretical model. This goal can be accomplished with much experience as well as reading and studying. Your first challenge is to master one or two theories of psychotherapy that resonate with you and that meet the needs of those with whom you work. Before mastering 20-plus counseling or psychotherapy theories, it is important that you take time to look inward to your own reasons for choosing to become a counselor, that you consider the characteristics of effective counselors, that you take an inventory of your values and cultural background, and that you become aware of basic ethical principles for counseling. You need to know and understand the differences between counseling and psychotherapy as well as counseling and advice-giving.

## Professional and Personal Issues for the Journey Toward Psychotherapy or Counseling Integration

### Definitions of Counseling and Psychotherapy

Counseling and psychotherapy may be conceptualized as overlapping areas of professional competence. Typically, **counseling** is conceived as a process concerned with helping normally functioning or healthy people to achieve their goals or to function more appropriately. In contrast, **psychotherapy** is usually described as reconstructive, remedial, in-depth work with individuals who suffer from mental disorders or who evidence serious coping deficiencies.

Historically, counseling has tended to have an educational, situational, developmental, and problem-solving focus. The helping professional concentrates on the present and what exists in the client's conscious awareness. Counseling may help people put into words why they are seeking help, encourage people to develop more options for their lives, and help them practice new ways of acting and "being in the world." Therapy is more a process of enabling a person to grow in the directions that he or she chooses.

In comparison to counseling, psychotherapy is considered a more long-term, more intense process that assists individuals who have severe problems in living. A significant part of the helping process is directed

toward uncovering the past. Typically, counseling is focused on preventive mental health, while psychotherapy is directed toward reparative change in a person's life. Whereas the goals of counseling are focused on developmental and educational issues, the goals of psychotherapy are more remedial—that is, directed toward some significantly damaged part of the individual. In general, counseling denotes a relatively brief treatment that is focused most on behavior. It is designed to target a specific problematic situation. Psychotherapy focuses more on gaining insight into chronic physical and emotional problems.

Usually, psychotherapy requires more skill than simple counseling. It is conducted by a psychiatrist, trained therapist, social worker, or psychologist. While a psychotherapist is qualified to provide therapy, a counselor may or may not possess the necessary training and skills to provide psychotherapy. Throughout this book, the terms *counselor*, *psychotherapist*, *helper*, *clinician*, and *mental health therapist* are used interchangeably; I acknowledge at the outset that there are differences among these terms.

Some individuals initially decide to enter the counseling profession because they have enjoyed giving advice to their friends about a number of issues. It is important to distinguish between advice-giving and counseling. Oftentimes, clients come to therapy because they are experiencing psychological pain in their lives, and they want that pain to stop. Wanting to stop their pain, some clients ask the counselor or therapist for advice. They approach the counselor with some variant of this statement: “Just tell me what to do to deal with this mess. I'm so confused. Anything you could tell me would be helpful.”

Psychological pain may blur temporarily a person's ability to solve what others might view as a simple problem. That is, emotional pain assumes a role in making individuals feel vulnerable and incapable of solving their own problems. Counselors who want to help a hurting client should avoid falling into the trap of advice-giving because advice-giving is not therapy. The therapy hour is a place where you can explore your feelings and learn all about those things you have struggled to hide from yourself and others. People come to therapy to achieve a better understanding of their inner world and their relationships with others. Advice-giving is a quick fix that makes you feel better for a short time period. Conversely, therapy takes time because it involves periods of deep reflection, insight, and change. Sometimes the best a counselor can do is just to sit with a client and to listen empathically

to the deep psychological hurts a client has endured. I remember sitting with one client who cried and cried and cried. Each time I offered her a tissue to wipe her eyes, she just took it and continued to cry without saying a word. Finally, after an extended period of crying, the client looked up at me and said, “Thanks, I needed someone to hear my tears. I've been wanting to cry for a long time, but there was no one to listen to my tears. You listened. Thanks.” That client helped me to understand the value of silence in therapy.

Effective therapists avoid the advice-giving role because it may deny a client the opportunity to work through personal thoughts and feelings about a situation. Advice-giving can also lead to the counselor's lecturing to the client (Evans, Hearn, Uhlemann, & Ivey, 2011). Moreover, giving advice to clients fosters their dependence on you as therapist. A major goal of counseling or psychotherapy is to help clients make their own independent choices and to accept the positive and negative consequences of their choices.

### Am I Suited for Becoming a Counselor?

I can remember the first day I sat in an Introduction to Counseling class. Even though I had registered and paid for the course, I was sitting in the class wondering if counseling were the correct profession for me. Did I want to become a counselor because I was tired of correcting stack loads of English papers, or was it because I enjoyed talking to many of my students after class?

One experience was important in helping me to make the shift from teaching to school counseling. I loved teaching literature—especially poetry and short stories. And sometimes the poems and short stories we discussed in class raised some issues that the students themselves were grappling with. For instance, students seemed to like the poem “Richard Cory,” who “glowed” when he walked. Everyone in the town wanted to be like Richard Corey, but one cool night, Richard Corey went home and put a bullet in his head. Students were responsive to the notion that they wish they could be like other people, but maybe everything is not as glamorous as it seems on the other side. One student responded that she felt a lot like the townspeople who wanted to be like Richard Corey. “It's like I have my face pressed against the window pane of life, and everyone is having fun but me,” she said. Class discussion revealed that there were many students in the room who felt the same way as she did. We talked after class, and I suggested that she meet with the school counselor—just to have someone to talk with about things in her life.

Gradually, I began to understand that I wanted to be a counselor whom students could turn to discuss whatever was going on in their minds and lives. Still, as I sat in my first class on Introduction to Counseling, I wondered if I had what it would take to become a counselor. So I sat in class, with half of my attention on what the professor was saying and half on my own inward questioning about whether or not I had made the right decision to become a school counselor. Looking back, I believe that I made the right choice to become a school counselor.

If truth were told, many students taking their first courses in counseling wonder if they would make a good counselor which leads me to the question that I have often been asked in class, “Do you think I would make a good counselor, or should I choose some other profession?” Usually I remain silent with some sort of quasi Rogerian response like, “I can’t make that decision for you. Perhaps as you find out more about what counselors do in their job, you’ll be in a better position to answer that question for yourself.”

I remember one student who asked me this question. Instead of answering her question directly, I asked, “Tell me what you think about people and the issues they might bring to counseling/therapy? Do you think people really can change their behavior and the way that they feel?”

The student responded to me, “I don’t think people can or really want to change. They might say they want to change, but deep down inside, they’re comfortable in their own mess, and they don’t want to change.”

Our class discussion gravitated to what I considered a basic counselor value—the belief and value that human beings can and do want to change, even though such change might be difficult to embrace. By the end of the year, that student conveyed to me privately that she had decided not to become a counselor. “Change,” she said. “I still believe what I said in the beginning of the semester. I don’t believe people actually want to change. They just pretend they want to change.”

### Negative and Positive Reasons for Becoming a Counselor

There are both positive and negative reasons given for becoming a counselor. Sometimes students are attracted to professional counseling because they have serious personality and adjustment problems (Nassar-McMillan & Niles, 2011). Some enter counseling because they want to provide “self-help” for their own personal problems. They believe that taking counseling courses will enable them to help both themselves

and others in solving life’s challenges. Others enter the counseling profession because they like the position of power and control they might assume over clients. Another negative motivator is that students enter the counseling profession because they have a need to be loved and adored by others—especially those who are experiencing difficulties and need their help.

Positive motivators for becoming a counselor include a person’s desire to help and empower others. Counselors-in-training might consider examining their best and worst qualities as well as their developmental histories and patterns of interpersonal relationships to determine if they are good candidates for becoming effective counselors.

### Should I Seek Therapy Before Becoming a Counselor or Therapist?

Individuals seeking to become counselors and therapists often raise this question: Should I get counseling for myself before trying to help others? Sometimes underlying this question is the nagging feeling that “there is something wrong with me” or “maybe I’m a little crazy myself.” There used to be a time when therapist training programs routinely recommended that psychologists and therapists obtain therapy for themselves. In many psychoanalytic training programs, therapy was required for all trainees. There are both advantages and disadvantages of obtaining in-depth therapy before one engages in psychotherapy. On the negative side, one therapist told me that he felt “drained” and “overexposed” from his psychoanalysis.

There are, however, some advantages of seeking psychotherapy for yourself before going out in the world to practice therapy. Sometimes therapists who have been through therapy themselves may be in a good position to empathize with their clients; they know what it feels like to be sitting in the chair opposite a therapist. After all, most professionals in a given area use the services of other professionals in their fields. Lawyers hire other lawyers, doctors have their own doctors, and so forth. Moreover, both the ethical codes for counselors (American Counseling Association [ACA], 2014) and psychologists (APA, 2017) recommend that therapists seek supervision under certain situations and guidelines. For instance, it is recommended that psychologists obtain supervision when the psychologist may be experiencing **countertransference** or legal issues, or when client’s issues exceed the psychologist’s level of competency. Psychologists who have experienced serious emotional trauma in their lives should seek therapy to ensure that their own trauma issues do not surface and

get out of hand when they are working with clients—especially those who have experienced similar trauma. There is no shame in seeking the services of another therapist. In fact, doing so may help one avoid ethical violations and lawsuits (Corey, Corey, Corey, & Callahan, 2015; Herlihy & Corey, 2015).

## Therapist Beliefs and Values: Relationship to Choosing a Theory

Therapists need to understand their beliefs, attitudes, and values prior to the end of their formal training. A *belief* can be defined as a judgment of relationship between an object and some characteristic of the object. Beliefs are cognitive constructs that can be distinguished from *attitudes* (positive or negative feelings toward an object) and *behavior* (action toward an object). Furthermore, beliefs can be distinguished from *values* because beliefs merely represent how an individual perceives the world. In contrast, values contain propositions about what should be. A **worldview** is a general outlook that a person has about life.

Therapists do not simply abandon their own values or worldview during the therapeutic process. It is impossible to work value-free with clients. Moreover, value clashes may occur when there are recognized cultural differences intruding in the therapy relationship. Values that have a potentially negative impact on the therapy relationship are those that deal with clients' and therapists' morality, ethics, and lifestyles. Sometimes counselors impose their values on clients when they exert direct influence over their beliefs, feelings, attitudes, and behaviors. Counselors impose their values on clients when they make direct statements designed to influence their clients through verbal or nonverbal means, such as looking away when a client talks or crossing one's arms when a client espouses values different from theirs.

Counselor self-awareness is an important tool to prevent imposing one's values on clients. Most ethical codes for helping professionals indicate that clinicians should not impose their values on clients. For instance, the 2014 *ACA Code of Ethics* states this in Section A.4.b. Personal Values:

Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants, and seek training in areas in which they are at risk

of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature. (ACA, 2014)

Therapists need to learn how to manage their values so that they do not interfere with the counseling process; that is, they must engage in what Kocet & Herlihy (2014) termed “values bracketing.” To work with a broad range of diverse clients, counselors set aside their own personal values. Counselors need to learn how to communicate their values without imposing them on clients. They should seek to maintain a neutral position—that is, they should ask themselves the following question: Have my values and beliefs influenced the manner in which I help my clients set goals? Counselors should seek clinical supervision when there are value conflicts between them and their clients (Herlihy, Hermann, & Greden, 2014).

### Inner Reflections

Imagine that you were told that you were going to be one of the lucky ones to build a 21st-century Walden Pond. The problem is that you can take only three of your values with you to this new community.

What three values would you take, and why?

How might these three values influence your practice of psychotherapy?

## Some Common Therapist or Counselor Values

A national survey of therapists and mental health practitioners found that certain values are held widely by practitioners. These values include assuming responsibility for one's actions; having a deepened sense of self-awareness; having job satisfaction; demonstrating the ability to give and receive affection; having a purpose for living; being open, honest, and genuine; and developing appropriate coping strategies for stressful life situations (Wampold, 2011).

One value that most therapists share is a respect for their clients. The therapist seeks to do no harm (Wampold, 2011). Therapy is not a neutral process. It is for better or for worse. Moreover, therapists do not look down on their clients because their clients have problems. They respect their clients as human beings who are searching for solutions to their problems and



pain. Psychotherapy involves a basic acceptance of the client's perceptions and feelings, even if they are at odds with the therapist's values. You must first accept the client where he or she is before you can contemplate who the client might become.

Therapists do not rush to judgment about people and their issues. You are not there to judge your clients or to give them your values. Instead, you are there to help them identify, explore, and find solutions to the values they have adopted. As a therapist, you neither judge nor condone a client's values; instead, you understand the client's point of view and let him or her know that you understand his or her point of view (Egan, 2002). Good therapists challenge clients to clarify their values and to make reasonable choices based on them. When you respect your clients, you are willing to enter their worlds to help them with their presenting issues.

Therapists also have a value of adopting a neutral posture. Being a therapist suggests that one has a dedication to helping other people without having a vested interest in the directions they choose to take. Therapists work toward helping clients make decisions without having investments in those decisions. They devise ways to avoid thinking about client problems during the times they are not in session with their clients.

The value of being neutral in the helping process allows therapists to establish boundaries between themselves and their clients. In learning to become a therapist, you learn how to become comfortable in the presence of others' discomfort. Clients may come to the therapy session full of rage and hurt. They may cry and scream. Therapists learn how to step back and assume a neutral posture, all the while taking the full force of the client's emotional energy. As helping professionals adopt a neutral position, they avoid getting caught up in the client's behaviors and dysfunctional communication patterns. Therapists who are neutral do not allow themselves to be manipulated by clients who try to get them to rescue them. Moreover, providing therapy to individuals from different ethnic, gender, and socioeconomic backgrounds requires therapists to transcend their internalized cultures.

### Characteristics of Effective Therapists or Counselors

What does it take to become an effective counselor? What kinds of specific attributes and skills should one have if he or she is considering becoming a counselor?

Effective counselors tend to be those who have excellent communication skills. They have a good ability to communicate their ideas and feelings to others and a natural ability to listen to others. Effective therapists are non-judgmental and accepting of others; they need to have the ability to establish rapport with others, to communicate client acceptance with warmth and understanding, and to be capable of giving their undivided attention to clients so that they cultivate clients' trust.

Wampold (2011, 2018) has posited that effective therapists or counselors have 14 qualities and actions. Some theoretical approaches emphasize some of these qualities more so than others. Ten of Wampold's list of 14 qualities for effective counselors are as follows:

1. Effective therapists/counselors have a broad range of interpersonal skills, among which include: (a) good communication style and verbal fluency; (b) interpersonal perception or the ability to discern what is taking place in people's interactions with each other, (c) ability to express themselves and to modulate their affect; (d) warmth and acceptance; (e) empathy; and (f) focus on other.
2. Effective therapists/counselors are capable of forming a working therapeutic alliance with a broad range of clients.
3. Clients of effective therapists/counselors feel that their therapist understands them, and trust is established between the two.
4. Effective therapists/counselors give the client an acceptable and adaptive explanation for his or her psychological distress such that the client feels that he or she can overcome or resolve the difficulties. Clients who accept therapists' explanations for their distress are inclined to engage in collaborative work with their therapists.
5. Effective therapists/counselors provide an acceptable standard of treatment care, as well as an acceptable treatment plan that is consistent with their explanations of clients' problems.
6. Effective therapists/counselors communicate hope and optimism to their clients. They help clients mobilize their strengths so that they can solve their problems. They are able to deal with client silence and to tolerate ambiguity.

7. Effective therapists/counselors become aware of their own countertransference issues. *Countertransference* may be defined as any of a therapist's projections that influence the manner in which they view and respond to a client. Countertransference occurs when a therapist's own issues become involved in the counseling relationship. Effective therapists do not inject their own psychological material into the therapy process unless such actions are therapeutic. They avoid countertransference issues and seek supervision when such issues arise during therapy.
8. Effective therapists/counselors are aware of the best evidence-based research related to their clients' problems or life challenges. They understand the biological, social, and psychological bases of the disorder or problem their clients are experiencing.
9. Effective therapists/counselors engage in continual professional development and improvement and they achieve what might be called the expected or the more than expected progress with their clients.

From my own strengths-based theory perspective, the effective therapist is one who helps clients recognize and marshal their strengths to deal effectively with their life challenges. Effective counselors help clients manage their weaknesses so that their shortcomings do not interfere with or prevent them from achieving their desired life or perceived purpose in living. Moreover, my view is that all therapy should be about helping clients connect with the feeling that there is hope for them, that their problems can be solved, and that they have the ability to achieve a better life for themselves. If therapy is designed primarily to tell a client what is wrong about him or her rather than what is right or good, then, in my opinion, that is not therapy.

#### Inner Reflections

Looking at your life now, where would you place yourself in the journey toward finding your personal theory of therapy? Are you as far along as you would like to be? What is pushing you forward, and what is holding you back?

## Ethical Issues in Starting Your Journey Toward Developing an Integrative Counseling Theory

Regardless of what theory or set of theories you adopt, it is important to understand ethics. Usually counselors take an entire course on ethical issues in counseling. This section is not intended to replace or to compete with the in-depth coverage of an ethics course. Instead, it is intended primarily to review key ethical issues that you should take into consideration as you start your journey to develop an integrative theory of counseling or psychotherapy.

Each helping profession adopts its own mandatory ethical codes. Mandatory ethics outline a profession's minimum level of acceptable practice and standard of care. Professional **codes of ethics** inform both practitioners and the general public about the responsibilities of the profession; they outline a standard against which practitioners can be held accountable, and they protect clients from unethical practices (Herlihy & Corey, 2015). Unethical counselors sometimes become the target of lawsuits. Clients who sue clinicians often cite the ethical and legal codes they have violated in their practice with them. Therapists should be aware of ethical issues related to clients' right of informed consent, the limits and exceptions of confidentiality regarding clients' records, the use of technology in working with clients, multicultural ethical issues, ethical issues in assessment and diagnosis, **evidence-based practice (EBP)**, and **dual or multiple relationships**. The sections that follow provide only a brief description of ethical issues related to the designated areas. A discussion of ethics and theories of psychotherapy is presented first.

## Ethics and Therapist Competency Related to Theories and Therapy Techniques

Virtually all codes of ethics for helping professions address the issue of professional competency. The issue of professional competency has a direct bearing on a counselor's or therapist's adoption and integration of theories of psychotherapy. Before adopting a theory of psychotherapy, therapists need to ask themselves if they are integrating theories within their boundaries of professional competence. The 2014 *ACA Code of Ethics*, Section C.2.a. Professional Responsibility delineates

Boundaries of Competence, the areas in which a counselor should consider practicing. It states,

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

Before adopting a theory as part of your counseling practice framework, you need to ask yourself the following questions: What steps do I need to take to become adequately trained within this theoretical perspective? Have I had sufficient practice in using this therapy approach? Am I competent in using the therapy techniques associated with my chosen therapy schools? What additional training or education do I need to become proficient in practicing my chosen therapy approach?

Therapists should not claim that they are experts in a particular psychotherapy approach without having adequate training in that orientation. Section C.2b. New Specialty Areas of Practice of the 2014 *ACA Code of Ethics* states,

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and protect others from possible harm.

Moreover, Section C.2.d Monitor Effectiveness requires counselors to monitor their effectiveness in using a theoretical orientation, and where necessary, they seek peer supervision to evaluate their efficacy as counselors. Counselors should be careful of trying to integrate theories that might have incompatible theories of human nature and possible change mechanisms.

### Theory Choice and Ethical Issues in Evidence-Based Practice

During the past several decades, psychologists have placed an emphasis on a sound scientific basis. The desire to make therapy more scientific led to **empirically**

**supported therapies**. Proponents of empirically supported therapies maintain that each psychotherapeutic approach should be tested in carefully controlled experimental research. Such research would demonstrate what psychotherapy approaches work and which do not, or worse yet, may even be harmful to clients. Managed health care companies have been in the forefront of the empirically supported therapy movement because they maintain that it will lead to the improved cost effectiveness of psychotherapy.

**Evidence-based practice (EBP)** is practice based on the belief that solid, empirical research as well as clinical experience should inform therapy and professional decision making regarding interventions to use. One criticism of the EBP movement is that it has been spurred on primarily by managed care (Deegar & Lawson, 2003), which is concerned primarily with efficiency and low cost for treatment for mental disorders. Another objection to EBP is that it is too mechanistic and leaves little room for considering individual differences and the relational aspects of psychotherapy. Despite these challenges to EBP, Norcross, Hogan, and Koocher (2008) maintained that EBP requirements are here to stay and that the basic goal of EBP is to increase the effectiveness of client treatment.

What do ethics have to do with EBP? Within the past few decades, there has been an increasing demand that counselors and therapists use evidence-based approaches in working with clients (Norcross & Lambert, 2011). EBP, sometimes also called **empirically supported treatments (ESTs)**, supports the view that therapists need to have up-to-date information on what treatments have been found to work with specific psychological disorders or problems (Edwards, Dattilio, & Broomley, 2004). The American Psychological Association (APA) Presidential Task Force on Evidence-Based Practice (2006) defined EBP as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (p. 273). Norcross et al. (2008) have outlined three cornerstones of EBP, and these are that therapists should (1) look for the best available research regarding treatment of their client’s disorder or problem; (2) rely on clinical expertise in delivering treatment; and (3) consider the client’s culture, characteristics, and culture.

There has been steady support for clinicians’ use of ESTs. In general, clinicians are encouraged to use therapy techniques that have empirical evidence to support their efficacy in client treatment (Norcross, Beutler, & Levant, 2006). For instance, Cukrowicz

and her colleagues (2005) found that ESTs resulted in better treatment outcomes than did non-ESTs. They reported that “patients who received ESTs not only got better than those who did not but they also got better with comparatively less therapeutic contact” (p. 335). Cukrowicz et al. (2005) concluded that “clinicians are well advised to use ESTs as a frontline treatment for their patients in order to remain consistent with ethical practice” (p. 336).

In choosing what theories you wish to include in your integrative theoretical framework, you might want to consider first the degree to which there is empirical support for its efficacy with clients who evidence a given psychological disorder. Next, evaluate your knowledge and competency related to the theory of psychotherapy. Do you have the skills and expertise to use effectively the techniques associated with the theoretical approach? Finally, is the theoretical approach compatible with your client’s cultural background as well as your own cultural and personal values?

### Ethics and Clients’ Right to Informed Consent

Regardless of what theoretical orientation a therapist chooses, clients have the ethical right of **informed consent**. That is, clients have a legal right to be informed about their therapy and the qualifications and techniques their therapist uses so that they can make decisions pertaining to it. Both professional counselors and psychologists are ethically bound to provide clients with informed consent (see ACA, 2014; APA, 2016). Informed consent ethical issues usually take place within the first session and as frequently thereafter as necessary to ensure that clients understand their rights and responsibility in the counseling relationship.

A number of counselor or therapist activities are involved in ensuring that clients have been given informed consent. For instance, the therapist informs the client the fee that he or she charges for services, when payment is to be made, and whether or not insurance payment will be processed and accepted (Berger & Newman, 2011). The therapist also discusses client appointments, the procedure for making them, and the length of a session.

The informed consent process entails having clients become aware of their therapists’ academic and professional credentials, their therapy theoretical orientation, and the types of interventions used they will use during therapy. Other features of the informed consent process include the goals of therapy, the therapists’

responsibilities toward the client, the clients’ responsibilities, and the limits and exceptions to client confidentiality as delineated in the particular state’s mental health laws and the relevant association’s ethical codes (Corey et al., 2015).

It is recommended that informed consent information be provided in written form and that therapists reserve time to discuss the document with clients (Nagy, 2011). A written informed consent protects both therapists and clients. It is recommended that students be required to construct an informed consent document at the conclusions of the psychotherapy theory course.

### The Limits and Exceptions of Confidentiality and Client Records

Confidentiality is an important pillar of therapy, and it is what distinguishes therapy from advice-giving. Confidentiality may be defined as a client’s right to privacy; it helps to create a sense of trust between therapist and client. Confidentiality is owned by the client and not by the counselor. It is the client who has the right to waive confidentiality or to permit information to be shared with another person or third party.

Although often confused with confidentiality, **privileged communication** is a legal concept that protects clients from having their confidential communications revealed in court proceedings without their permission (Corey et al., 2015). It is a legal term used to describe the degree to which communications made between client and therapist are private. Clients have an ethical right to confidentiality but a legal right to privileged communication as specified in a federal, state, and local statutes. Whether or not the communications between a client and therapists are designated as privileged communications varies across different states and jurisdictions. Not all therapists and counselors are treated the same with regard to privileged communication. While the communications between client and therapist in a private practice setting might be termed *privileged communications*, a different situation might exist for school counselors who generally are not included in the privileged communication arena.

Sometimes professional counselors ask what they should do if parents ask about their working with their minor child. Each state has minor consent laws that permit to obtain treatment for conditions such as substance abuse, mental health, and some reproductive health areas. The ACA code related to parents and confidentiality still leaves the issue of parental right to know about the progress of their kids in counseling. Section B.5.b.

Responsibility to Parents and Legal Guardians of the *ACA Code of Ethics* (ACA, 2014) states the following:

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the rights and responsibilities of parents/guardians over the welfare of the children/charges according to the law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients. (p. 7)

The duty to warn doctrine also places limitations on therapists' ability to keep matters related to clients confidential. The doctrine was established with the 1976 *Tarasoff* case in California (*Tarasoff v. Regents of the University of California*, 1976). In this case, a client who was a graduate student told his psychologist that he intended to kill a girl named Tatiana Tarasoff because she had rejected his advances. Although the psychologist informed the campus police and his supervisor, he did not warn the intended victim or her family. The graduate student murdered Tarasoff. The Tarasoffs sued the University of California Board of Regents and others for failure to notify Tatiana and her parents. After several years of appeal, the majority judges ruled that the psychologist had a duty to warn and protect an identifiable victim from the student's violence. That court's decision established the legal basis for duty to warn and protect. According to the *ACA Code of Ethics* (ACA, 2014), Section B.2, "the general requirement that counselors keep information confidential does not apply when the disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed" (p. 7).

Remley and Herlihy (2016) have enumerated a number of exceptions to confidentiality and privileged communication. In general, therapists and counselors are bound by law to break confidentiality in cases that show child abuse, elder abuse, disability abuse, and danger to self or others. In these circumstances, therapists have a duty to report or a duty to inform when such harm and danger to self and others takes place.

### Ethical Issues in Assessment and Diagnosis

The theories differ in their emphasis on the role of assessment either before or during therapy. Therapists

engage in assessment to identify problems and themes in a client's life. After therapists have engaged in a thorough assessment process, they make a diagnosis, which describes the mental disorder a client has in terms of a pattern of symptoms. The reader will find that cognitive behaviorists tend to emphasize assessment more so than theorists in the humanistic or constructivistic schools.

The *Diagnostic Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013; also referred to as the *DSM-5*) is the defining book for making diagnostic assessments. Therapists are expected to diagnosis clients using the framework provided in the *DSM-5*. As you study the therapeutic models presented in this book, review how assessment and diagnosis are used. Therapists are to become aware of how their own cultural background influences their assessment and diagnostic procedures.

There are both benefits and disadvantages of assessment and diagnosis. The benefits of diagnosis are that the *DSM-5* provides a common language for professionals and clients to describe disorders and that based on the list of symptoms identified, a framework may be developed that is helpful in treatment planning and that promotes health insurance reimbursement (Christensen, 2013).

In contrast, some of the drawbacks of diagnosis is sometimes clients are identified primarily by their diagnoses rather than on their uniqueness as human beings. Clients are discussed primarily in terms of their pathology rather than their strengths. Welfel and Patterson (2005) have pointed out that therapists tend to make three kinds of mistakes in the assessment and diagnosis phase of therapy. The first mistake takes place when the therapist mistakenly attributes social justice issues to mental health issues or when the therapist fails to diagnosis medical issues that are causing the problems. The second error occurs when the therapist maintains that there is only one acceptable diagnosis. The third error takes place when the therapist views clients only in terms of their diagnosis, as if the diagnosis is an absolute reality rather than an abstraction of reality. Therapists need to become familiar with the *DSM-5* in order to become skilled, ethical diagnosticians.

### Ethical Issues in Multicultural Counseling

Most ethical codes within the helping professions require that therapists and counselors take into consideration the client's cultural background during counseling. The theories presented in this book vary in the extent to which they address multicultural issues.

The APA (2017) has just published its own guidelines for evidencing cultural competency in working with culturally diverse clients. As you choose the theories to become a part of your integrative framework, examine how the theorist viewed culture. What steps will you take to modify any multicultural limitations that the psychotherapy theory might have? For the most part, I examine each major therapy theory discussed in terms of the theory's multicultural positives and blind spots.

Research studies have found that members of ethnic and racial minority groups are inclined to receive more serious psychological diagnoses than are those from majority ethnic groups (Jones-Smith, 2019). Ethical violations can take place when therapists attempt to counsel individuals without taking into account their cultural background. Therapists should seek supervision or consider referral when they believe that they do not have the cultural competency to work with their clients. I recommend that therapists engage in a continual process of learning about people from different cultures in order to develop a sense of cultural humility, which is discussed in more detail in Chapter 12.

### Ethical Issues in Dual or Multiple Relationships

Virtually all ethical codes within the helping professions state that therapists should avoid dual or multiple relationships. The ethical principle of dual or multiple relationships refers to the fact that therapists should hold only one type of relationship with their clients—therapist–client. Sometimes, however, therapists try to blend their professional relationship with a client with another type of relationship. For instance, they may combine being a therapist with that of a lover, or being both a counselor and teacher, or friend and therapist.

### Ethics and the Use of Technology

The digital age has brought to the forefront ethical concerns with the use of technology in counseling and psychotherapy (Jencius, 2015). Currently, counselors and psychologists run hundreds of websites advertising their services and communicating with their clients. The practice of cyber counseling—where the counselor might be hundreds of miles away from the client—is plagued by many ethical considerations around issues of client confidentiality as well as other matters. Technology-assisted counseling involves telephone, e-mail, and video services between clients and therapists.

In Guidelines for the Practice of Telepsychology, the APA (2013) has stated,

Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electronic means. . . . Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text, and Internet. (e.g., self-help websites, blogs, and social media)

The APA guidelines identified two important components of the telepsychology guidelines, involving (1) the psychologist's competency in the use of the telecommunications being used and (2) the need to ensure that the client fully understands the increased risks to loss of security and confidentiality when using telecommunication technologies.

Based on the previously given APA guidelines on telepsychology, counselors and therapists need to be concerned if a desktop or laptop computer containing confidential information is stolen from an office or car. Ethical issues are also raised when other individuals hack into therapists' computers that are connected to the Internet, and confidential information related to a client is stolen. There are numerous ways therapists might become embroiled in ethical issues using telephones and faxes. For instance, a therapist and client might discuss confidential information over the telephone, unaware that their conversation is being overheard by someone close by because one of them is using a cell phone in public. Another problem also takes place when a therapist faxes confidential information to a client or a supervisor, unaware that the fax machine is shared by others. Clients and therapists should take into account privacy issues before agreeing to send e-mail messages to each other. It is recommended that e-mail messages be restricted to technical information, such as appointment times.

Jurisdictional and licensing issues may surface when therapists and clients live in different states with different licensing regulations for therapists. It is important to note that some state regulatory boards require counselors to hold licenses in both the states in which they are licensed to practice and the locations in which their clients live. The National Board for Certified Counselors (2012) has published useful guidelines and standards related to the counseling relationship and client confidentiality in telecounseling services.

## CASE ANALYSIS

### JUSTIN

Justin is currently under PINS (Persons in Need of Supervision) with the Utah District Family Court because he has repeatedly gotten into trouble at school and because he was with some boys who stole items from the local Walmart. Justin denied that he stole anything, but because he was with the boys who did steal, he was given a citation for appearance in family court. The court has informed Justin that he must meet with it periodically and that he must not get into any more trouble; otherwise, he may be placed in a residential treatment facility that has a school for young boys. The family court judge has specifically stated that Justin must improve his grades in school and that he must not get into any more fights in school. The judge will obtain periodic reports from his school to see whether Justin is acting responsibly.

The judge has also indicated that if the school and Justin's mom, Sandy, can come up with a workable plan to improve Justin's grades, this will serve as a mitigating factor in the judge's decision to let Justin remain at home or to send him to a residential treatment facility. Furthermore, Justin must be on time for all court appearances, because he was late for the past two appearances. The court has also assigned Justin a probation officer who will gather the material from his school and mother for the purposes of reporting back to the judge and giving his recommendations for Justin. The judge has placed the question on his file: What will it take to save Justin? Can he be helped?

Justin could achieve much higher than what he has performed academically in school. He complains that he can't seem to remember all that he reads and that he can't focus his attention on reading an entire chapter. Justin has asked for a tutor, but his school has been unable to provide one for him on a personal basis. Justin

sometimes acts up in his class. While everyone else is reading or working on an assignment in class, Justin gets up and starts walking around the classroom. Sometimes he pokes a student or makes fun of one of the smarter students in the class. He has gotten into several fights at school and has been suspended for fighting at least three times. The principal has indicated that if he gets into another fight in school, he may be expelled.

Despite these observations, Justin's art teacher seems to believe in him. She has indicated that Justin has a lot of raw talent for painting. Despite his considerable talents in painting, Justin paints very little. Last year, he won the school's artistic award for painting.

Except for standardized tests, Justin has not been tested in school. He has met the guidance therapist and psychologist on only two occasions. This semester he has received three Ds and two Cs; he is in a regular seventh-grade class. Justin told his mother that he did not like the psychologist or the guidance therapist because they seemed to act like they thought he was crazy or mentally challenged. Both the psychologist and the guidance therapist read the riot act to Justin, and they tried to impress on him the seriousness of his behavior. Also, they informed him that if he ever wanted to talk about what was going on, their doors would be open. Neither the guidance therapist nor the psychologist has contacted his mother. Justin's teachers have called her at home about his acting-out behavior in class and his dismal academic performance. Sandy has visited the school about Justin on at least three occasions, but each time, she felt unwelcome.

Justin believes that, for the most part, he is on his own—that is, except for his brother, mother, and “homeboys.” According to his philosophy, you have to get someone before he gets you.

He was glad that he had his homeboys to back him up. His homeboys were his real family. He could trust them because they would not leave him, and they would fight for him if anyone tried to jump him.

Although Justin is biracial, he hangs out primarily with African American kids. He does have a few White friends, but two of these individuals shy away from him because they are performing reasonably well in school, and Justin gets into so much trouble that the two do not want to be associated with him. Justin hangs out with kids older than he is. For instance, the third White kid he hangs out with is 16 years old, and he is a member of a gang.

Justin's older brother, James, has been in repeated trouble with the law. Just this past semester, he dropped out of school after completing the 10th grade. James smokes pot on a regular basis. Most of James's friends are in a gang. Justin looks up to his older brother. In a surprising admission, James said that he wanted things to be better for Justin than what he has experienced in his life. Sometimes James would make Justin complete his homework. It's clear that there is a strong bond between Justin and James.

For the most part, Justin hangs around with a small group of people who seem to look up to him for leadership. Justin "gets over" in part because of his good looks. He has curly brown hair, green eyes, and his skin color is of a caramel hue. He is slender and agile. Justin has evidenced only passing interest in girls.

Justin suffers from feelings of inferiority because of his mixed racial parents. Students at school sometime refer to him as half-breed, and that is one of the reasons that he got into a fight. People at the mall and other places ask him where his mom is, even when she is near him. When he points to his White mother, they say something like, "Oh, I'm sorry. I didn't know that she was your mother."

In addition, Justin has inferiority feelings about the low grades he has received in his courses. Sometimes, he feels just like hauling off and hitting a couple of the bright kids—just because they think that they are all that much. On his standardized IQ test, Justin scores within an average range; however, his performance IQ component score is higher than his verbal IQ score. Except for art class, many of the so-called bright students mock him in class—not so much with words but by their looks to each other whenever he is called on by the teacher. They expect that he either won't have the right answer or that he will say something really stupid. Justin won an award for having the best artwork for a seventh grader.

Justin's relationship with his mother is tumultuous. One day he loves her, and the next day he is cursing and yelling at her, especially if she disciplines him. Sandy loves Justin very deeply; she calls him her baby. When Sandy becomes angry with Justin, she curses him out and sometimes hits him. Sandy has said that Justin is all that she has left. In addition, Sandy needs some training in parenting because sometimes she hosts pot parties in her home with Justin and James present. She excuses this with the explanation that pot helps her to cope, and her kids should do as she says, not as she does.

Sandy can't seem to get a handle on understanding Justin and his needs. One minute he is smoking like an adult and cursing, and the next minute he is crying like a little baby. For instance, he cried in court and in the car on the way home because the judge told him that if his behavior did not change he was going to send him to the county's residential treatment center for wayward and out of control boys. As if to encourage him, the judge did praise the residential treatment center and noted that several of the boys he sent there to get their lives straight came out and did well. These boys completed college and obtained good jobs.

*(Continued)*



(Continued)

Justin's mother has attended 1 year of community college. She said that she breastfed Justin and that she used to read stories to him at night. At best, however, Sandy belongs to a lower socioeconomic group. She says that as soon as the court gets out of her life, she is going to get a full-time job. She keeps a neat house, but she is challenged in doing so. Justin and James provide little assistance in keeping the house clean and organized. In addition, Sandy is challenged when setting up structure for her children to follow. For instance, Justin and James eat whenever they want, with no set time for dinner or for getting up and completing homework or chores.

Justin's response to the court has been mixed. He has arrived more than 20 minutes late on two occasions. His mother has to call him repeatedly to get out of bed so that he wouldn't be late for court. Justin has struck up a positive relationship with his probation officer. For the most part, Bob, the probation officer, has given encouraging reports to the presiding judge. One consequence of these reports is that they have kept Justin from being sent to the residential treatment facility. Bob is concerned, however, that Justin is not going to make it. He points to Justin's brother, James, and the life of crime he has lived.

Justin is terrified that the court will take him away from his mother and place him in the residential treatment facility for boys. Most of the time, he covers up this fear with a great deal of posturing and bravado. Justin says that he is going to do better in school, but thus far, he has not achieved very much. Moreover, he and his mother have failed to come up with a workable plan for the improvement that the judge indicated he would consider a favorable action in Justin's case. Every time Sandy mentions creating a plan, Justin says that he will do it tomorrow. The truth of the matter is that Sandy has

few clues regarding how to go about creating a plan for helping Justin to deal successfully with his issues at home and at school.

When the therapist asked Justin about his earliest memories, he first said that he couldn't remember anything when he was very young. "It's all kind of like nothing is there. It's as if my entire life did not happen when I lived in Chicago. I keep trying to remember what my house looked like, but I can't remember anything." The therapist paused for a few moments.

"Tell me about your father. What do you remember about your father?"

Justin's eyes began to fill with tears, and he began fidgeting in his chair, signaling that he was uncomfortable with the therapist's line of questioning. The therapist reached over and handed Justin a tissue to wipe his watery eyes. "My question has resulted in your tears, Justin. Can you tell me about those tears? What are they saying to you?"

"Tears can't talk. You know that."

"But sometimes they provide a signal to us that we are experiencing pain. I sometimes cry when I am sad. I also cry sometimes when I am very, very happy."

In response to his therapist, Justin added, "My mom cries when my brother and I get into trouble. She says that we are trying to send her to the crazy house."

"We laugh at her. She's supposed to be a grown-up, but she cries when things don't go the way that she wants them to be."

"So, how do you feel Justin, about your tears as we are talking together?"

"Embarrassed . . . like I'm a baby or something. I'm no baby. I know how to take care of myself."

Justin went on to discuss his relationship with his father, whom he barely remembered.

His earliest memory of his father was with his mother and father arguing loudly in the kitchen. Justin tried to get in between his parents with a plea that they not fight anymore. First, his father knocked him to the floor, but when he began crying his father picked him up and said, “Hey, Champ, big boys don’t cry.” Then, seemingly catching himself from this outburst of anger, he said, “Come on,” cajoling Justin, who was still crying, and he took his fist and

he playfully touched him a couple of times with fake punches.

Justin said that this was his last memory of his father—asking him to be strong when he really just wanted to be comforted by his father. For Justin, the memory of his father was both positive and negative. He could never understand why his father was not like the fathers he had seen on television. Justin’s family was at war then—much in the same way that it is now embroiled in turmoil.

## SUMMARY

This chapter has introduced you to the concept of theories in psychotherapy. A theory can be a good thing if it provides a well-thought-out, organized way of conceptualizing human development and behavior.

Emphasis was placed on the idea that therapists must consider integrating Eastern and Western approaches to psychotherapy. Currently, there is evidence of a movement to incorporate Eastern approaches to psychotherapy as evidenced by the fact that three relatively new cognitive behavioral therapies (CBTs; dialectical behavior therapy [DBT], acceptance and commitment therapy [ACT], and mindfulness-based cognitive therapy [MBCT]) have incorporated mindfulness and other Asian approaches to psychotherapy.

Counselors’ values have an important influence on their choice of a therapy theoretical framework and on their interactions with clients. Counselors need to become aware of their values and the impact that they have on the counseling relationships. Counselors respect the right of their clients to hold values different from theirs. They should

avoid value imposition on clients, defined as counselors’ attempt to define a client’s values. Both the ACA and the APA maintain that it is unethical for counselors to engage in value imposition toward their clients.

This chapter has reviewed important ethical issues that most counselors and therapists will have to take into consideration in their practice. Therapists need to become aware of the ethical codes that guide their profession. Some basic ethical issues involve informed consent, client confidentiality, assessment and diagnosis, multiculturalism, multiple relationships in the counseling process, and EBP.

The process of choosing a theory can be described as a long process, and for some individuals, it can be a lifelong process that involves continually evaluating, incorporating, and fine-tuning one’s practice to conducting psychotherapy. Psychotherapy integration has become the norm rather than the exception. Most therapists are choosing to incorporate aspects of several theoretical models in their therapy practice. Ethical codes for counseling and psychology maintain that therapists should be competent in their use of theories of psychotherapy.

## SUPPLEMENTAL AIDS

### Discussion Questions

1. “*Why I want to become a therapist*”: Divide into groups of four or five people. Designate one person as the group recorder. Each student writes down and describes three reasons why he or she wants to become a counselor or a therapist. The group’s recorder keeps track of these reasons. What common themes came forth from the group? What differences did you find in the reasons that people gave for wanting to choose the helping profession? Each group reports back to the class as a whole so that students will be able to examine their own reasons for becoming a counselor or a therapist as well as the reasons that their classmates give.
2. Discuss five values you have that might have an impact on how you would approach psychotherapy with a client.
3. Discuss three reasons why you either would or would not choose to enter psychotherapy for yourself before conducting psychotherapy with a client.
4. What factors are important in choosing a theoretical orientation? Discuss at least three factors that you will take into consideration when you choose your own integrative approach to psychotherapy?
5. Discuss the level of activity you think you would be comfortable with in conducting therapy: high, medium, or low activity in counseling. Explain.

## GLOSSARY OF KEY TERMS

**codes of ethics** Designed to provide formal statements for ensuring protection of client rights while also enumerating standards of competency for counselors and psychologists. Ethical codes provide guidelines for the professional conduct of its members.

**counseling** A process concerned with helping normally functioning or healthy people to achieve their goals or to function more appropriately.

**countertransference** A therapist’s unconscious wishes and fantasies toward a client or any therapists’ projections that influence the manner in which they view and respond to a client.

**dual or multiple relationships** Take place when a therapist combines his or her role as a therapist with another role, such as a teacher or friend. These multiple roles may conflict with each other.

**empirically supported treatments (ESTs)** Psychological treatments designed for a specific disorder, such as panic disorder, that have been shown to be effective in controlled research. Empirically supported therapies are those that have been found to be effective in scientific studies that meet rigid criteria of randomized clinical

trials (RCTs). The designation of empirically supported therapy means that treatment must have been found to be better off than clients who received no treatment and that outcomes are at least equal to those reached by alternative therapies that have been found to be helpful.

**evidence-based practice (EBP)** Practice based on the belief that solid, empirical research as well as clinical experience should inform therapy and professional decision making regarding interventions to use.

**informed consent** The right of clients to be informed about their therapy (theoretical orientation, techniques, length of therapy, and so forth) so that they can make autonomous decisions related to it. Informed consent is a client right provided for in counseling and psychological codes of ethics.

**privileged communication** Legal term used to describe the privacy of counselor–client communication. Which professionals are given privileged communication varies by state.

**psychotherapy** A long-term, intensive helping process that assists individuals who have severe problems in living—usually described as reconstructive, remedial,

in-depth work with individuals who suffer from mental disorders or who evidence serious coping deficiencies.

**psychotherapy integration** An approach to psychotherapy integrating, in a meaningful way, two or more theories of psychotherapy for the expressed purpose of meeting the needs of a therapist and his or her clients.

**theory** Set of statements one uses to explain data for a given issue; provides the means by which predictions

can be made and points out the relationships between concepts and techniques. A psychotherapy theory supplies a framework that helps therapists understand what they are doing.

**worldview** May be defined as the way in which he or she constructs meaning in the world. A worldview contains the different beliefs, values, and biases a person develops as a result of having been raised in a given culture.

## WEBSITE MATERIALS

Additional exercises, journals, annotated bibliography, and more are available on the open-access website at <https://study.sagepub.com/jonessmith3e>.

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