

# Counselling Supervision

## Lecture 3

### THEORIES OF COUNSELLING SUPERVISION

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# **THEORIES OF COUNSELLING PRACTICE**

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## **3.1 Introduction**

In this lecture, we will explore the various theories of counselling practice. We will relate the theories to counselling supervision.

## **3.2 Expected Learning Outcomes**

By the end of this lecture, you should be able to:

- a) Explain the theories of counselling practice.
- b) Relate the theories of counselling practice to counselling supervision.

### **3.3 Meaning of the term theory**

A theory is a set of accepted beliefs or organized principles that explain and guide analysis and one of the ways that theory is defined is that it is different from practice, when certain principles are tested. Theories help counselors understand the dynamics of human behavior and choose therapeutic approaches appropriate to specific clients and situations. Psychological theories come alive in the counselor's mind if they are seen as extensions of life experiences of various theorists.

### **3.4 Brief overview of theories in counselling**

Psychoanalytic therapy; this is a method of psychotherapy that focuses on the unconscious factors that motivate behaviour. The first six years of human development are viewed as the determinants of later development in personality. Inborn drives particularly sexual are also stressed in the personality development. The key figure in psychoanalysis is Sigmund Freud.

Behaviour therapy; the basic assumption of this approach is that behaviour is learnt and as such it can be unlearned. Principles of learning such as reinforcement, extinction, shaping of behaviour, and modelling are employed. This caters for a wide range of clients' presenting problems. A great emphasis is paid on precision and detail in assessing the clients' problems and then determining the appropriate interventions. The proponents of behaviour therapy are B. F. Skinner, Arnold Lazarus, and Albert Bandura.

Person centered therapy; Pioneered by Carl Rogers, its main emphasis is on understanding and caring for the client. This contrasts significantly with approaches that dwell mostly on diagnosis, advice or persuasion. The main aspects of the Person centered approach are; genuineness, unconditional positive regard

and empathy. These aims at building an atmosphere of trust whose effect is to foster change on the part of the client.

Solution focused brief therapy; this approach in therapy is based on solution building as opposed to problem solving, hence its title, solution focused, and not problem focused. Exploring current resources and future hopes, it is a brief therapy often lasting about five sessions. Solution focused brief therapy is known to be effective across a wide range of problems. It is also cost effective.

### **3.5 Theories of Counselling Practice**

#### **3.5.1 Psychoanalytic Theory**

Psychoanalysis was Freud's base of the person and personality. He devoted most of his life to the formulation and extension of this theory. He explored the meaning of his own dreams and he got insight into the dynamics of personality and development. He based his theory on observations of primarily middle and upper class patients of the Victorian era. As the originator of psychoanalysis, Freud distinguished himself as an intellectual giant. Psychoanalysis has become the benchmark against which other theories are measured (Corey 2009, P. 60).

#### **Basic assumptions:**

The following are the assumptions;

Psychic energy; it is used in planning, thinking, feeling and remembering. This energy comes from two main drives. These are the life and sexual instincts also known as libido and the death instinct known as thanatos.

Psychic determinism; this means that everything that people do has a specific cause, and nothing is accidental. Psychoanalysis therefore sets out to unearth these hidden causes by bringing them into the conscious from the unconscious.

The unconscious; Sigmund Freud believed that people are driven mainly by the unconscious. The unconscious is the bedrock of desires, motivations and conflicts. According to Freud, the urges of the subconscious are in conflict with the societal expectations.

Structure of the mind; they include Id, Ego, and the Super-ego. Personality is shaped by the way psychic conflicts are resolved.

Defense mechanisms; they are used to protect the ego from anxiety.

### **Therapeutic goals**

The main objective of the psychoanalytic approach is to make the unconscious conscious and to strengthen the ego so that behaviour is based more on reality and less on instinctual cravings or irrational guilt (Corey 2009, P. 69). Successful therapy restructures an individual's character and modifies their personality. This is done through bringing out the unconscious material through a deep probing of the past which in turn provides insight to the therapist and the client alike. To the client there is a re-experiencing of the feelings, and the memories are relived.

### **Therapeutic techniques**

The following are basic techniques used in psychoanalysis;

Maintaining the analytic framework; this consists of setting up procedures, such as the frequency of the therapy sessions, consistency of the meetings, starting and ending the sessions on time, among other things. This exercise is in itself a therapeutic factor. Therapists do their best to maintain a consistent pattern during therapy.

Free Association; the relaxed client is left to talk about anything that comes to mind regardless of how painful, nonsensical or irrelevant it may be. Free association gives access to the unconscious wishes and conflicts. The work of the therapist is to identify the repressed material that is locked in the subconscious. Disruptions in association serve as cues to anxiety arousing material. The therapist interprets the material with the insight of the client.

Interpretation; this consists of the counsellor pointing out, explaining, and even teaching the clients the meaning of behaviour that is manifested in dreams, free association, resistances, and the therapeutic relationship itself. The function of interpretations is to allow the Ego to assimilate new material and to speed up the process of uncovering further unconscious material (Corey 2009, P. 75). The interpretation should always start from the surface and go only as deep as the client is willing to go, and also when the phenomenon being interpreted is close to conscious awareness.

Dream analysis; this is considered to be one of Freud's most original and important contributions. He considered them as symbolic wish fulfilment and royal roads to the unconscious. When one is asleep, there is less resistance and a few things from the subconscious come to awareness in symbolic form. The content that the client reports to having dreamt about is known as the manifest content. The most important part of the dream is that which has been disguised by the dream because the content is found unacceptable to the conscious. It is known as the latent content. In the interpretation of dreams, Freudian's have the distinct tendency to find sexual meanings.

Analysis and interpretation of resistance; when a client avoids a topic, sleeps during therapy, or draws a complete blank, it is usually an indication that the client is nearing something in his free associations that he unconsciously finds threatening. Resistance has the effect of blocking the client and the therapist from gaining insights.

Analysis and interpretation of transference; transference occurs when a client projects feelings towards the therapist while such feelings belong to significant others in the client's life. Transference in therapy brings to surface the repressed emotions that have been troubling the client for so long. The client is able to through this process re-experience a variety of feelings that out of therapy would be inaccessible. Transference provides to the client a here and now insight into the effects of their past onto their present functioning.

### **3.5.2 Behavioral Approaches**

The behavior approach to therapy is a sharp departure from psychoanalysis with its focus being on observable behavior, learning experiences that promote change. In this approach, client's assessment determines the mode of treatment. Evaluation is ongoing and informs on the progress of the treatment. **Therapeutic goals** The general goal of behaviour therapy is to increase personal choice and to create new conditions for learning (Corey, 2009, p. 238). One outstanding aspect of behaviour therapy is its emphasis on setting specific goals. The therapist in collaboration with the client determines the goals. The focus of therapy is on specific identified behaviors, which become the target for therapy. An exploration of the reasons as to why the client persists with that behavior follows. Among the presented behaviors, a selection is made of the ones to begin with, and all this time by the therapist and the client. Assessment is ongoing throughout therapy to determine goals achievement. The client's role during the process of therapy is an active one.

## **Therapeutic techniques**

Imagery-based technique; in systematic desensitization, the therapist in collaboration with the client isolates/identifies specific triggers that cause the client anxiety. These situations are then graded as per the degree of anxiety they elicit from the client. That is they are organized on a continuum from mildly stressful to very threatening.

While the client is deeply relaxed, he/she is instructed to imagine each event. Relaxation and anxiety are incompatible and through progressive relaxation, the client eventually ceases to experience the anxiety. The item is then repeated or the hierarchy adjusted until the client can visualize the scene without anxiety, when the therapist can move on to the next level. Where possible, real- life exposure is used and is most effective.

Cognitive restructuring; The argument behind this treatment technique is that dysfunctional thinking is at least in part responsible for emotional disorders (Wedding & Corsini p. 241). The therapist helps the client analyze and then revise their dysfunctional assumptions. Using reason and evidence, the distorted thought patterns are replaced with more accurate, and functional ones.

Assertiveness and Social skills training; Unassertive people fail to express their emotions or stand up for their rights. Thus they are often exploited by others, feel anxious in social situations and lack self-esteem (Wedding & Corsini). The therapist may model for the client appropriate assertive behaviour. Expressive behaviour in this case will be body posture, voice training, and eye contact. This is then followed by transfer of learning where this newly learned assertive behaviour is carried out in the real world.

Self-control procedures; the therapist works with the client towards setting goals and standards to guide behaviour. The goal set should be specific, realistic, measurable and short-term. When a client is successful in meeting their goals, they feel reinforced and this increases the possibility of maintaining the new behaviour. Token economy; this refers to a system of individual reinforcement of target behaviours in which tokens are administered and exchanged later for backup reinforcers. To be effective, reinforcement is only given when a person increases or decreases behaviour as per the goals of therapy.

### **3.5.3 Person- Centered Therapy**

Introduction The person centered approach is based on concepts from the Humanistic Psychology, Carl Rogers being the most influential. It also shares many concepts and values with the existential perspective. Rogers' basic assumption is that people are essentially trustworthy, have a vast potential for understanding themselves and resolving problems without direct intervention on the therapist's part, and that they are capable of self-directed growth if they are involved in a specific kind of therapeutic relationship. The quality of the therapist-client relationship is seen as the determinant of the counselling outcomes. This contrasts significantly with other approaches that stress on techniques as the determining factor. Carl Rogers revolutionized psychotherapy by emphasizing on the client as the agent of change for self, and as having the capacity for self-healing.

**Key concept** View of human nature; Rogers saw humans at their deepest levels to be essentially positive, having the fundamental innate motive of all living organisms, that is the actualizing tendency to grow, to heal when injured, and to develop ones full potential ( Flanagan & Flanagan 2004, P.168). Thus people are essentially forward moving, constructive, and realistic. Rogers believed that at the core of an individual is a trustworthy, positive center. According to Rogers, therapists need only to communicate three attributes to their clients in order to facilitate their growth. These are: a) congruency, b) unconditional positive regard, and c) accurate empathic understanding. If therapists are able to communicate the three mentioned attributes, the client becomes less defensive and more open to him or herself and their world. The client is also likely to behave in pro-social and constructive ways.

The assumption here is that people will be in a position to find their own ways when they are free. The focus of therapy in this case then is to set conditions (core conditions) that will enable the client to engage in meaningful self-exploration.

Actualizing tendency; also describes as an innate tendency for humans to heal, grow and fulfill their potential actualizing tendency is also defined as the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism. Both the psychological and biological aspects of growth constitute this process. Growth is always in the direction of autonomy and this leads to internal regulation of the individual's existence. Growth is also towards greater levels of complexity.

Self-verses self-concept; as humans grow and experience the world, a portion of this experience becomes labeled as the self. It develops through interaction with others and involves awareness of being and functioning. The self-concept on the other hand constitutes all the experiences that the person recognizes as “me”. For example when one discovers that he or she is good in athletics, this experience becomes part of their self-concept.

According to Rogers, if experiences were inconsistent with our self-concepts, or are negatively valued, then it becomes difficulty for the person to accept and accommodate them in their self- concept. For example, if it is difficult for me to get up in the morning, then my self-concept could include the construct that I am not a morning person. If there are negative values associated with not being a morning person, this experience will contribute to a negative self-concept to the degree to which I allow myself to acknowledge it.

Conditions of worth; conditions of worth arise when an individual perceives that some aspects of themselves are evaluated negatively by persons important to them. What follows is that the individual begins to deny those parts of them that are negatively evaluated. This can be explained by the intense need for love that resides within an individual.

Initially conditions of worth are external. That is, they are reactions of significant others such as parents who value behaviour differentially. After a while, the conditions are internalized as parts of the self. Conditions of worth are often based on societal rules and as such, they are always inconsistent with the actualizing tendency.

Internal/ external locus of evaluation; Internal locus of evaluation refers to the way an individual assesses him or herself while external locus of evaluation is how much the individual needs to be evaluated by others. For example some people will need to be complimented by others in order to feel that they have done a good job in the case of the external locus of evaluation while in the case of internal locus of evaluation, one is able to tell him or herself that the work they have done is good and genuinely feel happy.

### **Therapeutic conditions**

The therapist works to create an environment that will facilitate for the clients growth by providing the necessary and sufficient conditions for change. These conditions are known as the core conditions. They are; Congruence; also translates to genuineness, transparency, or realness. Congruence refers to the counsellor's awareness of his experience during therapy. Through authenticity, the therapist serves as a model of a human being struggling toward greater realness (Corey 2009, P 174). According to Rogers, the more the therapist is himself or herself in the relationship, putting up no professional facade, the greater is the likelihood that the client will change and grow in a constructive manner. The therapist is cautioned against burdening the client in his effort to become real, by for instance disclosing his total self to the client. What it means is that the therapist does not deny himself the feelings of his experience in therapy but is willing to express what he feels. For example he may feel sad about the clients loss if that the client's problem situation in therapy, so he is free to express this.

Rogers is cognizant of the fact that no one can be completely aware of his experience all of the time. The therapist however should be present and aware of his experience in the moment of interaction with the client.

Unconditional positive regard; the counsellor approaches the client with complete acceptance and caring. Carl Rogers always spoke of “prizing” to describe this attitude. The therapist's caring should not be possessive, or so that the client can like the therapist. Through unconditional positive regard, the therapist communicates to the client that the client is valued the way he or she is and that it is ok to have the feelings that the client has without the risk of losing the therapist's acceptance.

It is important to note that acceptance in this case is the recognition of the client's right to have his or her feelings but it is not the approval of all behaviour. Rogers notes that if therapists have little respect for their clients or an active dislike or disgust, the therapeutic work may not be fruitful.

Accurate empathic understanding; the Counselor tries to appreciate the client's situation from the client's point of view, showing an emotional understanding of and sensitivity to the client's feelings throughout the therapy session. In other systems of therapy, empathy with the client would be considered a preliminary step to enabling the therapeutic work to proceed; but in person-centered therapy, it actually constitutes a major portion of the therapeutic work itself. A primary way of conveying this empathy is by active listening that shows careful and perceptive attention to what the client is saying. In addition to standard techniques, such as eye contact, that are common to any good listener, person-centered therapists employ a special method called reflection, which consists of paraphrasing and/or summarizing what a client has just said.

This technique shows that the therapist is listening carefully and accurately, and gives clients an added opportunity to examine their own thoughts and feelings as they hear them repeated by another person. Generally, clients respond by elaborating further on the thoughts they have just expressed.

## **Therapeutic techniques**

Rogers' most outstanding contribution to the field of therapy is that the quality of the therapeutic relationship is the main cause of growth and not the use of techniques in counselling. The person-centered philosophy is based on the assumption that clients have resourcefulness for positive movement without the counsellor assuming an active, direct role (Corey 2009, P. 176). The therapist's presence in therapy is viewed as being most powerful in bringing therapeutic change and particularly when qualities and skills such as accepting, respecting, understanding and respecting are honestly expressed by the therapist. As the Person centered approach evolves, therapists have come up with a variety of ways through which this presence is expressed.

### **3.5.4 Solution Focused Theory**

This is an approach in therapy that is based on solution-building rather than solving problems. It is mainly concerned with how individuals view solutions to problems. Current resources and future hopes are explored as opposed to present problems and past causes. This mode of therapy usually takes place in three to five sessions hence the term brief therapy. Brief therapy is based on the premise that the clearer a client is about his or her goals, the more the likelihood that they will be achieved. The main focus therefore of this type of therapy is finding ways to elicit and describe future goals. It is an effective mode of therapy to quite a range of problem situations. Basic assumptions about solution focused Brief Therapy (SFBT)

by Waller and Peller 1992, 2000, in Corey 2009, P. 379 are: Individuals who come to therapy do have the capability of behaving effectively, even though this effectiveness may be temporarily blocked by negative cognitions. Problem focused thinking prevents people from recognizing effective ways they have dealt with problems. There are advantages to a positive focus on solutions and on the future. If clients can re-orient themselves in the direction of their strengths using solution-talk, there is a good chance therapy can be brief. There are exceptions to every problem. By talking about these exceptions, clients can get control over what had seemed to be an insurmountable problem. The climate of these expectations allows for the possibility of creating solutions. Rapid changes are possible when clients identify exceptions to their problems. Clients often present only one side of themselves. Solution focused therapists invite clients to examine another side of the story they are presenting. Small changes pave the way for larger changes. Often times, small changes are all that are needed to resolve problems that clients bring to therapy. Clients want to change, have the capacity to change and are doing their best to make change happen. Therapists should adopt a cooperative stance with clients rather than devising strategies to control resistive patterns. When therapists find ways to cooperate with people, resistance does not occur. Clients can be trusted in their intention to solve their problems. There are no “right” solutions to specific problems that can be applied to all people. Each individual is unique and so, too, is each solution.

View of human nature

Solution focused counselling has a positive social constructivist view of human nature as it sees people as basically healthy and competent to deal with life. Its view of human nature further sees reality as differing from one person to another and from culture to culture (Jones-Smith, 2011. P. 403). We construct our own reality based on our social interactions with others. Different cultures have divergent understandings of the world, and so are the people within those worlds. Solution focused counselling espouses a non-normative view which is client determined. This is because every person is to a great extent an expert in solving their own problems. Inside every human being resides an innate ability to construct solutions to our problems that enhance our lives. Through this process we construct our realities which become our stories. This therefore means that there are no “right” solutions to problems and as such clients can be trusted to come up with their own solutions. People who come to therapy have the capacity to live effectively, even though this capability may be blocked temporarily by current situations or by their negative cognitions. Therapeutic process Solution focused brief therapy takes on a collaborative approach between the therapist and the client. This is based on the understanding that clients are the experts when it comes to their own lives and as such they are aware of what has or has not worked for them in the past. This also means that they have an idea of what might work for them in future. This means that the clients are involved in the therapeutic process throughout. The following steps characterize the process of therapy. These are:

(i). Finding out what clients want rather than what they do not want. Here the clients are given an opportunity to describe their own problems. The role of the therapist at this level is to establish how he or she can be useful to the client based on the need presented.

(ii). Instead of looking at pathology and giving labels to the clients, look for what is working, or their assets, and encourage them to use them more. Thus the client continues moving in the direction that things are working.

(iii). If what the client is doing is not working, then the client is encouraged to try something different

(iv). Therapy is kept brief by having each session as a complete one. That is as if it were the last and only session.

### **Therapeutic techniques**

Establishing a collaborative relationship; this constitutes the development of a working alliance between the client and the therapist. It also means that throughout therapy, it is never lost to the counsellor that the client is the true expert.

Pre-therapy change; the assumption in this case is that by simply scheduling for a counselling session, the act in itself sets in motion a series of positive changes in the client. The counsellor may enquire what the client has done differently from the time they scheduled the session. This way the counsellor brings to light what the client has done by himself or herself to bring out positive change. This encourages the client to rely more on their resources and less on the counsellor.

Exception questions; solution focused brief therapy is based on the assumption that there were times in the client's life when the problems they face today were not there. These times are referred to as exceptions. By directing the client through questioning to these exception times, the therapist increases the chances that the client will work towards solutions. It is also a reminder to the client that the problems have not existed throughout their lives and that things can go back to the way they used to be or even improve. The therapist asks the client what has to happen for these exceptions to occur more often.

The miracle question; this is the main technique in solution focused brief therapy and it is what is used to set up therapeutic goals. The therapist asks “if a miracle happened overnight such that when you wake up you find your problem has been solved, what would be different?” Often times the clients will give a positive answer which is actually the solution to their problem and the therapist then encourages him or her to imagine the changed situation and state what they would do differently. This technique is important in that it opens to the client a wealth of possibilities thus the client can dream and begins to consider a life that is not full of problems. The client’s future starts to look bright. Scaling question; this is used when change in the clients experience is not easily observable. For example the therapist may ask, “on a scale of one to ten describe how bad you think the situation is” this allows the client to appreciate the progress they have made in as far as their problem is concerned and as such they can pay closer attention to what needs to be done. Formula first session task; this is a form of homework that the therapist gives to the client between the first and the second session. During the second session, the client is required to give his or her observation and say what they would like to happen in the future. This has the effect of showing the client that finding a solution is possible. The home work helps the client to expect change as opposed to wondering whether it will take place or not. Therapist feedback to clients; towards the end of the session, solution focused brief therapists set aside a 5 to 10 minutes break to summarize the session for the client. The summary is structured in such a way that it has three basic parts; a) compliments-these are genuine affirmations of what the client has accomplished so far in the duration that therapy has been taking place. When done properly, it encourages the client and builds hope in them that they can achieve the solutions they are looking for. b) bridge- this is the second task and links the compliments to the suggestions. It provides the rationale for making the suggestions in the next stage. c) Suggesting a

task- the third stage is where the therapist suggests task to the client and which can be seen as homework. The client may be required to pay attention to particular aspects in his or her life. This self –monitoring helps the client to notice changes when they happen, and what their role in the same has been. The gist of the therapist’s summary is basically what the client needs to do more of, and differently so as to obtain solutions. Termination; termination has to be a goal from the beginning to avoid the client becoming dependent on the counsellor. Scaling can be used to clarify endings with 0 being the beginning of the sessions and 10 being the morning of the miracle. Termination should be handled with a lot of care to avoid leaving the client with a feeling of devastation. It is also important that the therapist helps the client identify challenges that they may anticipate on the gains already made in therapy. At this point the solution focused brief therapy has basically achieved its objective which is to terminate upon finding a solution.

### **3.7 Summary**

In this lecture, we have discussed the meaning of theory, explored the various theories of counselling practice, the key concepts and techniques. We have attempted to relate the counselling theories to counselling supervision.

### **3.8 Further Reading**

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