



SCHOOL COUNSELING

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Introuduction:

Counseling psychology is a professional specialty area within the science and profession of psychology. The specialty emerged shortly after World War II encompassing concepts and procedures from the vocational guidance, mental hygiene, and mental measurement movements. Counseling is the provision of assistance and guidance in resolving personal, social, or psychological problems and difficulties, especially by a professional.

The History Of Counseling Research

If counseling is to mature into a socially desirable, politically supported and academically respected profession, it has to justify itself as

being a worth while activity that society should support.

There are three core questions that those advocating Counseling as a serious response to a number of personal and social issues must have ready answers for :

1.Does it work?

2.How does it work?

3.Is it cost-effective and how can we best provide it?

The history of Counseling research is essentially the history of attempts to answer these questions.

It can be helpful if we view this narrative as having evolved over four phases.

Counseling & Psychotherapy Phase:

Phase one research – 1940s to 1960s

Does Counseling work? Can we measure some worthwhile benefits that the clients have received as a result of coming to Counseling?

The core question for the phase one researcher was: Does psychotherapy work?

Eysenck (1952, 1992b) famously claimed that about 65 percent of all neurotics who were treated by non-behavioral psychotherapy improved substantially over a two-year period.

The problem for Counselors and psychotherapists is that he also found that untreated control groups apparently recovered equally well.

As with all psychological research, argument rages over whether or not Eysenck's studies really did show what Eysenck claims they showed.

However, many modern-day researchers believe that they have answered Eysenck's devastating(destructive) attack. This controversy rages on.

Phase two research – 1960s to 1980s

How does Counseling and psychotherapy work?

Phase one research was largely characterized by the ‘uniformity(likeness) myth’.

This myth supposed that all the clients treated with a particular therapy would respond in the same way. In other words, the treatment method was more important than who delivered it or to whom it was delivered.

No attention was paid to differences in clients’ or therapists’ qualities.

So, as Paul (1967) phrased it, the core question for phase two researchers was: What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances? Is one kind of Counseling more effective than another? The evidence is that most

therapies delivered by most therapists to most clients have similar outcomes (Lambert, 2004).

Phase three research – 1980s to date

Is Counseling and psychotherapy cost effective?

How can we best provide it?.

In today's managerial climate (Inglis, 1989), society usually demands that these two questions should be answered authoritatively. the core question is:

Are we are giving value for money?

On the surface, it would appear to be a sensible quantitative approach to investigating these two questions if we simply measured the effectiveness of some 'super-therapies' that allegedly(claimed) integrate the core beneficial qualities of all the apparently useful therapy methods.

There is also evidence that counseling by any method, even when provided by means of a

limited number of sessions, is cost-effective (Department of Health, 2001b).

However, in cases where clearly the clients have benefited from long-term therapy, it may be that the change processes are too slowly achieved to be noted by researchers using quantitative approaches.

In such cases, maybe a qualitative investigation might be a better way of finding out what's really going on.

Phase four research – current and future

What sort of help should be provided for the emotionally troubled? This asks Counselors and psychotherapists two questions:

- 1. Does modern thinking still agree that Counseling and psychotherapy work?**
- 2. Is Counseling and psychotherapy superior to other forms of treatment, such as general**

practitioner (GP) care or psychiatric medication? Modern studies, such as Stiles et al. (2007), still routinely find that there are no significant outcome differences that can be found between any of the models of psychotherapy. This has led to researchers asking **a third important question:**

3. Can we find a way of treating the emotionally troubled that is cheaper than psychotherapy? When comparative therapy studies are carried out, anyone overviewing the literature will see that CBT(Counseling Behavior Therapy) is often included as one of the therapy models being evaluated. The fact is that, although CBT is usually shown as being very useful, it is also routinely shown as being no more effective than any other form of therapy.

CBT is not a ‘super-therapy’. One advantage that it does have is that it is a rapid form of treatment and so it is very appealing to the patient. Furthermore, it is claimed easy to train people to deliver CBT (they don’t even need to be first trained as psychotherapists). In other words, CBT is cheap.

WHAT ARE THE DIFFERENCES BETWEEN PSYCHOTHERAPY AND COUNSELING?

Years ago, Patterson (1973) answered this question directly by claiming: “There are no essential differences between counseling and psychotherapy” (p. xiv). Of course, Patterson’s comment could be taken to mean that although there are no essential differences between counseling and psychotherapy, there are unessential differences.

Corsini and Wedding (2000), who stated: Counseling and psychotherapy are the same qualitatively; they differ only quantitatively; there is nothing that a psychotherapist does that a counselor does not do. (p. 2)

This suggests that both counselors and psychotherapists engage in the same behaviors listening, questioning, interpreting, explaining, advising, and so on, but may do so in different proportions.

Generally, psychotherapists are less directive, go a little deeper, work a little longer, and charge a higher fee. In contrast, counselors are slightly more directive, work more on developmentally normal -but troubling- issues, work more overtly on practical client problems, work more briefly, and charge a bit less for their services. Of course, in the case of individual counselors and psychotherapists, each of these rules may be

reversed. For example, some counselors work longer with clients and charge more, whereas some psychotherapists work more briefly with clients and charge less.

At the very least, there are strong similarities between counseling and psychotherapy. At the most, they may be considered identical. Because we use the words counseling and psychotherapy interchangeably.

WHAT IS COUNSELING?.

In some settings, an evaluative or judgmental distinction is made between counseling and psychotherapy.

In fact, Alfred Adler might claim that counseling has an inferiority complex with respect to its older sibling, psychotherapy (Adler, 1958). Or, perhaps more accurately, it could be claimed that psychotherapy has a superiority complex with

respect to its younger rival, counseling. Either way, at some point you may notice or experience a judgmental-sounding side to the distinction between psychotherapy and counseling.

Overall, counselors have struggled with the definition of their craft in ways similar to psychotherapists.

Further, the consumers of counseling services can't exactly articulate what their concerns are, what counseling can and can't do for them, or what they want when it's over. (Kottler & Brown, 2008, pp. 16–17).

As with the term psychotherapy, a good definition of counseling is hard to find, Here's **a sampling:**

- Counseling is the artful application of scientifically derived psychological knowledge

and techniques for the purpose of changing human behavior” (Burke, 1989, p. 12).

- Counseling consists of whatever ethical activities a counselor undertakes in an effort to help the client engage in those types of behavior that will lead to a resolution of the client’s problems” (Krumboltz, 1965, p. 3).

- Counseling is an activity for working with relatively normal-functioning individuals who are experiencing developmental or adjustment problems” (Kottler & Brown, 1996, p. 7).

With both lists of definitions in mind, we turn now to the question of the differences between counseling and psychotherapy.

Counseling is an art and science. It’s a short term, interpersonal, theory based, helping profession. Its aim is to resolve developmental and situational difficulties.

Counseling helps to bring change in life: Change in thought; Change in emotion; and Change in behavior. Both the **American Counseling Association (ACA) and Division 17 (Counseling Psychology) of the **American Psychological Association (APA)** have defined counseling on numerous occasions. Their definitions contain a number of common points, some of which follow. **Counseling is a profession.** Practitioners should complete a prescribed course of study usually leading to a master's degree or a doctorate degree. Counselors are members of organizations that set professional and ethical standards and promote state licensing and certification by national associations (Wittmer & Loesch, 1986).**

The process of certification and licensing and the adherence to ethical codes assure the public that

the counselor meets minimal educational and professional standards.

Counselors should possess personal qualities of maturity, empathy, and warmth. Overall, counseling is active and differs considerably from passively listening to problems. Counseling deals with personal, social, vocational, empowerment, and educational concerns. Counselors work only in areas in which they have expertise. These areas may include intra- and interpersonal concerns related to school or college adjustment, psychological health, aging, marriage/family issues, employment, and rehabilitation.

Counseling is conducted with persons who are considered to function within the “normal range”. Clients have adjustment, development, or situational concerns; and their problems require short-term intervention. They are not considered “sick” but “stuck”. Sometimes they

just need information, but usually they are looking for a way to clarify and use the information they already possess. Counseling is theory-based and takes place in a structured setting.

Counselors draw from a number of theories and work in a structured environment, such as an office setting, with various individuals, groups and families.

Counseling is a process in which clients learn how to make decisions and formulate new ways of behaving, feeling, and thinking. Counselors focus on the goals their clients wish to achieve. Clients explore their present levels of functioning and the changes that must be made to achieve personal objectives.

Thus, counseling involves both choice and change, evolving through distinct stages such as

exploration, goal setting, and action (Brammer, 1993; Egan, 1990).

Counseling encompasses various subspecialties. Subspecialties include school or college counseling, marriage and family counseling, psychological health counseling, gerontological counseling, rehabilitation counseling, addiction counseling, and career counseling. Each has specific educational and experimental requirements for the practitioners.

Thus, counseling can be more precisely defined as relatively short-term, interpersonal, theory-based processes of helping persons who are basically psychologically healthy resolve developmental and situational problems. Counseling activities are guided by ethical and legal standards and go through distinct stages from initiation to termination. Personal, social, vocational, and educational matters are all areas of concern; and

the profession encompasses a number of subspecialties. A practitioner must complete a required course of study on either the master's or doctoral level.

Important goals of counseling are as: Facilitating behavioral change; Enhancing one's coping skill; Promoting decision making; Improving relationships; and Facilitating one's potentials.

COUNSELING SKILLS

Counseling skills, used to communicate and build relationships are central to care. Work with children, young people and adults, with colleagues in multidisciplinary teams, in partnerships across agencies, and activities for continuing professional development all require attention to the detail of speaking and relating.

The core business of social work is still ‘people’ and ‘talk’. Communicating, face to face, on the telephone, by email, by letter and in written reports remains a key skill. This is underpinned by the values of conveying respect and combating discrimination and disadvantage, using a knowledge base which has been developed from the social sciences over the second half of the twentieth century and redefined as society changes. Social work moves into the twenty-first century with a distinctive contribution to offer society and a more secure knowledge base on which to draw for practice.

The relationship between counseling and social work. has always been complex and interactive. As two distinct activities they share some theoretical origins and ways of thinking. Professionals who qualified in the 1960s and 70s

were grounded in casework principles based on psychodynamic theoretical underpinnings. Since those times social work training has moved in other directions adopting social learning (behavioral) theories, ecological and systems theories and a range of derivative practice methods (Seden 2001 and 2005). Through the radical and Marxist approaches of the 80s and the development of anti-discriminatory and anti-oppressive practice in the 90s it has reclaimed the original pre-occupation with social inequalities, injustice and social exclusion, working with people's own six Counseling skills in social work practice strengths and abilities using advocacy and empowerment strategies, despite a climate of resource constraint(limit).

There Are Seven Main Categories Of People Who Either Use Or Might Use Counseling Skills To Help Others To Cope With These Concerns:

1- Professional Counselors and psychotherapists. Specialists who are suitably trained, accredited and paid for their Counseling services. Such people can include clinical and Counseling psychologists, psychiatrists and social workers.

2- Paraprofessional Counselors. People trained in Counseling skills who use them as part of their jobs, yet who do not hold an accredited Counseling or psychotherapy qualification. Some social workers fall into this category, whereas others may be qualified Counselors and psychotherapists.

3- Voluntary Counselors. People trained in Counseling skills or with full counselor training who work on a voluntary basis in settings such as

Relate in the UK or Relationships Australia, youth counseling services, church-related agencies and numerous other voluntary agencies.

4- Counseling, psychotherapy and helping trainees. Trainees using counseling skills on supervised placements as part of Counseling, psychotherapy and helping courses.

5- Helpers using Counseling skills as part of their jobs. Here the main focus of the job may be nursing, teaching, pastoral work, supervising or managing and providing services such as finance, law, funerals, trade union work and so on. These jobs require people to use counseling skills some of the time if they are to be maximally effective.

6- Peer helpers. People who use Counseling skills as part of peer helping or support networks of varying degrees of formality. Such peer support

networks frequently cover areas of diversity such as culture, race, sexual orientation, and focused support for women or men.

7- Informal helpers. All of us have the opportunity to assist others, be it in the role of partner, parent, relative, friend or work colleague.

GUIDANCE AND COUNSELING

Guidance and Counseling is defined as a planned and organized work aimed at assisting the trainee to understand himself/herself and his/her abilities and develop his/her potentialities in order to solve problems and achieve psychological, social, educational and professional compatibility, and also to achieve objectives within the framework of teachings.

Guidance is a kind of advice or help given to the individual especially students, on matters like

choosing course of study or career, work or preparing for vocation, from a person who is superior in the respective field or an expert. It is the process of guiding, supervising or directing a person for a particular course of action. The process aims at making students or individuals aware of the rightness or wrongness of their choices and importance of their decision, on which their future depends.

The term counseling is defined as a therapy, in which a person (client) discusses freely about his/her problems and share feelings, with the counselor, who advises or helps the client in dealing with the problems. It focuses on a person's strengths, assets, environmental interactions, educational background, career development and personality. It aims at discussing those problems which are related to

personal or socio-psychological issues, causing emotional pain or mental instability that makes you feel uneasy. The counselors listens the problems of client with empathy and discuss it, in a confidential environment. Counseling is not just giving advice or making a judgment, but helping the client to see clearly the root of problems and identify the potential solutions to the issues. The counselor also changes the viewpoint of the client, to help him/her take the right decision or choose a course of action. It will also help the client to remain intuitive and positive in the future.

Guidance and Counseling complement each other though there are some differences. Guidance is a group of planned services that include counseling, it provides the trainee with miscellaneous information to upgrade his/her feeling of responsibility, understand himself/herself and know his/her abilities and provide guidance

services to trainees. Counseling on the other hand is the procedural aspect of guidance; it is therefore the interaction that comes as a result of the vocational relationship between a specialized counselor and his/her client where the counselor assists the client to understand himself/herself and his/her abilities and talents to achieve self and environmental compatibility in order to attain the appropriate degree of psychological health in light of the techniques and specialized skills of the guidance process.

The concept of guidance and counseling reflect a common meaning that includes awareness, assistance and change of behavior to the better, but still there is a differences between the two concepts :

****An advice or a relevant piece of information given by a superior, to resolve a problem or**

overcome from difficulty, is known as guidance. Counseling refers to a professional advice given by a counselor to an individual to help him/her in overcoming from personal or psychological problems.

**** Guidance is preventive in nature, whereas counseling tends to be healing, curative or remedial.**

**** Guidance assists the person in choosing the best alternative. But counseling tends to change the perspective, to help him/her get the solution by himself/ herself.**

**** Guidance is a comprehensive process that has an external approach. On the other hand, counseling focuses on in-depth and inward analysis of the problem, until client understand and overcome from it completely.**

**** Guidance is taken on education and career related issues whereas counseling is taken when**

the problem is related to personal and socio-psychological issues.

**** Guidance is given by a guide who can be any person superior or an expert in a particular field. As opposed to counseling, which is provided by counselors, who possess high level of skill and undergone through professional training.**

**** Guidance can be open and so the level of privacy is less. Unlike counseling, wherein complete secrecy is maintained.**

**** Guidance can be given to an individual or group of individuals at a time. On the contrary, counseling is always one to one.**

**** In the guidance, the guide takes the decision for the client. In contrast to counseling, where the counselor empowers the client to take decisions on his/her own.**

It is clear that guidance and counseling are two different terms. The guidance aims at giving solutions while counseling aims at finding problems, working over it and then resolving it. However, both the process attempts to solve the problems of the client whereby the participation of both client and the expert should be there.

The Counselor As A Therapeutic Person

Because counseling is an intimate form of learning, it demands a practitioner who is willing to be an authentic person in the therapeutic relationship. It is within the context of such a person-to-person connection that the client experiences growth. If we hide behind the safety of our professional role, our clients will likely keep themselves hidden from us.

If we strive for technical expertise alone, and leave our own reactions and self out of our work,

the result is likely to be ineffective counseling. Our own genuineness can have a significant effect on our relationship with our clients. If we are willing to look at our lives and make the changes we want, we can model that process by the way we reveal ourselves and respond to our clients. If we are inauthentic, our clients will probably pick that up and be discouraged by it. Our clients can be encouraged by our way of being with them. If we model authenticity by engaging in appropriate self-disclosure, our clients will tend to be honest with us as well.

I believe that who the psychotherapist is directly relates to his or her ability to establish and maintain effective therapy relationships with clients. But what does the research reveal about the role of the counselor as a person and the therapeutic relationship on psychotherapy outcome? Abundant research indicates the

centrality of the person of the therapist as a primary factor in successful therapy (Norcross & Lambert, 2011; Norcross & Wampold, 2011). Clients place more value on the personality of the therapist than on the specific techniques used (Lambert, 2011).

Norcross and Lambert (2011) cite considerable evidence indicating that the person of the psychotherapist is inextricably intertwined with the outcome of psychotherapy. Indeed, evidence-based psychotherapy relationships are critical to the psychotherapy endeavor.

Techniques themselves have limited importance in the therapeutic process. Wampold (2001) conducted a meta-analysis of many research studies on therapeutic effectiveness and found that the personal and interpersonal components are essential to effective psychotherapy, whereas techniques have relatively little effect on

therapeutic outcome. The contextual factors—the alliance, the relationship, the personal and interpersonal skills of the therapist, client agency, and extra-therapeutic factors—are the primary determinants of therapeutic outcome. This research supports what humanistic psychologists have maintained for years: “It is not theories and techniques that heal the suffering client but the human dimension of therapy and the ‘meetings’ that occur between therapist and client as they work together” (Elkins, 2009, p. 82). In short, both the therapy relationship and the therapy methods used influence the outcomes of treatment, but it is essential that the methods used support the therapeutic relationship being formed with the client.

Personal Characteristics Of Effective Counselors

Particular personal qualities and characteristics of counselors are significant in creating a therapeutic alliance with clients.

My views regarding these personal characteristics are supported by research on this topic (Norcross, 2011; Skovholt&Jennings, 2004).

I do not expect any therapist to fully exemplify all the traits described in the list that follows. Rather, the willingness to struggle to become a more therapeutic person is the crucial variable. This list is intended to stimulate you to examine your own ideas about what kind of person can make a significant difference in the lives of others.

- **Effective therapists have an identity.** They know who they are, what they are capable of becoming, what they want out of life, and what is essential.

- **Effective therapists respect and appreciate themselves.** They can give and receive help and love out of their own sense of self-worth and strength. They feel adequate with others and allow others to feel powerful with them.
- **Effective therapists are open to change.** They exhibit a willingness and courage to leave the security of the known if they are not satisfied with the way they are. They make decisions about how they would like to change, and they work toward becoming the person they want to become.
- **Effective therapists make choices that are life oriented.** They are aware of early decisions they made about themselves, others, and the world. They are not the victims of these early decisions, and they are willing to revise them if necessary. They are committed to living fully rather than settling for mere existence.

- **Effective therapists are authentic, sincere, and honest.** They do not hide behind rigid roles or facades. Who they are in their personal life and in their professional work is congruent.
- **Effective therapists have a sense of humor.** They are able to put the events of life in perspective. They have not forgotten how to laugh, especially at their own foibles and contradictions.
- **Effective therapists make mistakes and are willing to admit them.** They do not dismiss their errors lightly, yet they do not choose to dwell on them, either.
- **Effective therapists generally live in the present.** They are not riveted to the past, nor are they fixated on the future. They are able to experience and be present with others in the “now.”
- **Effective therapists appreciate the influence of culture.** They are aware of the ways in which their own culture affects them, and they respect

the diversity of values espoused by other cultures. They are sensitive to the unique differences arising out of social class, race, sexual orientation, and gender.

- **Effective therapists have a sincere interest in the welfare of others.** This concern is based on respect, care, trust, and a real valuing of others.

- **Effective therapists possess effective interpersonal skills.** They are capable of entering the world of others without getting lost in this world, and they strive to create collaborative relationships with others. They readily entertain another person's perspective and can work together toward consensual goals.

- **Effective therapists become deeply involved in their work and derive meaning from it.** They can accept the rewards flowing from their work, yet they are not slaves to their work.

- **Effective therapists are passionate.** They have the courage to pursue their dreams and passions, and they radiate a sense of energy.
- **Effective therapists are able to maintain healthy boundaries.** Although they strive to be fully present for their clients, they don't carry the problems of their clients around with them during leisure hours. They know how to say no, which enables them to maintain balance in their lives.

This picture of the characteristics of effective therapists might appear unrealistic. Who could be all those things? Certainly I do not fit this bill! Do not think of these personal characteristics from an all-or-nothing perspective; rather, consider them on a continuum. A given trait may be highly characteristic of you, at one extreme, or it may be very uncharacteristic of you, at the other extreme.

personal therapy for the counselor:

Discussion of the counselor as a therapeutic person raises another issue debated in counselor education: Should people be required to participate in counseling or therapy before they become practitioners? My view is that counselors can benefit greatly from the experience of being clients at some time, a view that is supported by research. Some type of self-exploration can increase your level of self-awareness. This experience can be obtained before your training, during it, or both, but I strongly support some form of personal exploration as vital preparation in learning to counsel others.

Orlinsky and colleagues suggest that personal therapy contributes to the therapist's professional work in the following **three ways:**

(1) as part of the therapist's training, personal

therapy offers a model of therapeutic practice in which the trainee experiences the work of a more experienced therapist and learns experientially what is helpful or not helpful; (2) **a beneficial experience in personal therapy** can further enhance a therapist's interpersonal skills that are essential to skillfully practicing therapy; and (3) **successful personal therapy can contribute to a therapist's ability** to deal with the ongoing stresses associated with clinical work.

In his research on personal therapy for mental health professionals, Norcross (2005) states that lasting lessons practitioners learn from their personal therapy experiences pertain to interpersonal relationships and the dynamics of psychotherapy. Some of these lessons learned are the centrality of warmth, empathy, and the personal relationship; having a sense of what it is like to be a therapy client; valuing patience and

tolerance; and appreciating the importance of learning how to deal with transference and countertransference. By participating in personal therapy, counselors can prevent their potential future countertransference from harming clients.

Issues Faced By Beginning Counselors / Therapists

The major issues that most of us typically face, particularly during the beginning stages of learning how to be counsellors/therapists. When you complete formal course work and begin facing clients, you will be challenged to integrate and to apply what you have learned. At that point some real concerns are likely to arise about your adequacy as a person and as a professional. Here are some **useful guidelines** for your reflection on becoming an effective counselor.

- Dealing With Your Anxieties

Most beginning counselors have ambivalent feelings when meeting their first clients. A certain level of anxiety demonstrates that you are aware of the uncertainties of the future with your clients and of your abilities to really be there for them. A willingness to recognize and deal with these anxieties, as opposed to denying them, is a positive sign. That we have self-doubts is normal; it is how we deal with them that matters.

One way is to openly discuss our self-doubts with a supervisor and peers. The possibilities are rich for meaningful exchanges and for gaining support from fellow interns who probably have many of the same concerns and anxieties.

- Being Yourself and Self-Disclosure

Because you may be self-conscious and anxious when you begin counseling, you may have a

tendency to be overly concerned with what the books say and with the mechanics of how to proceed. Inexperienced therapists too often fail to appreciate the values inherent in simply being themselves. If we are able to be ourselves in our therapeutic work and appropriately disclose our reactions in counseling sessions, we increase the chances of being authentic. It is this level of genuineness and presence that enables us to connect with our clients and to establish an effective therapeutic relationship with them.

It is possible to err by going to extremes in two different directions. At one end are counselors who lose themselves in their fixed role and hide behind a professional facade. These counselors are so caught up in maintaining stereotyped role expectations that little of their personal selves shows through. Counselors who adopt this behavior will likely remain anonymous to clients,

and clients may perceive them as hiding behind a professional role.

The most productive form of self-disclosure is related to what is going on between the counselor and the client within the counseling session. The skill of immediacy involves revealing what we are thinking or feeling in the here and now with the client, but be careful to avoid pronouncing judgments about the client. When done in a timely way, sharing persistent reactions can facilitate therapeutic progress and improve the quality of our relationship with the client. Even when we are talking about reactions based on the therapeutic relationship, caution is necessary, and discretion and sensitivity are required in deciding what reactions we might share.

- Avoiding Perfectionism

Perhaps one of the most common self-defeating beliefs with which we burden ourselves is that we must never make a mistake. Although we may well know *intellectually* that humans are not perfect, emotionally we often feel that there is little room for error. To be sure, you *will* make mistakes, whether you are a beginning or a seasoned therapist. If our energies are tied up presenting an image of perfection, this will affect our ability to be present for our clients. I tell students to question the notion that they should know everything and be perfectly skilled. I encourage them to share their mistakes or what they perceive as errors during their supervision meetings. Students willing to risk making mistakes in supervised learning situations and willing to reveal their self-doubts will find a direction that leads to growth.

- Being Honest About Your Limitations

You cannot realistically expect to succeed with every client. It takes honesty to admit that you

cannot work successfully with every client. It is important to learn when and how to make a referral for clients when your limitations prevent you from helping them. However, there is a delicate balance between learning your realistic limits and challenging what you sometimes think of as being “limits.”

Before deciding that you do not have the life experiences or the personal qualities to work with a given population, try working in a setting with a population you do not intend to specialize in. This can be done through diversified field placements or visits to agencies.

- Understanding Silence

Silent moments during a therapeutic session may seem like silent hours to a beginning therapist, yet this silence can have many meanings. The client may be quietly thinking about some things

that were discussed earlier or evaluating some insight just acquired.

The client may be waiting for the therapist to take the lead and decide what to say next, or the therapist may be waiting for the client to do this. Either the client or the therapist may be distracted or preoccupied, or neither may have anything to say for the moment. The client and the therapist may be communicating without words. The silence may be refreshing, or the silence may be overwhelming. Perhaps the interaction has been on a surface level, and both persons have some fear or hesitancy about getting to a deeper level. When silence occurs, acknowledge and explore with your client the meaning of the silence.

- Dealing With Demands From Clients

A major issue that puzzles many beginning counselors is how to deal with clients who seem to make constant demands. Because therapists feel they should extend themselves in being helpful, they often burden themselves with the unrealistic idea that they should give un-selfishly, regardless of how great clients' demands may be. These demands may manifest themselves in a variety of ways. Clients may want to see you more often or for a longer period than you can provide. They may want to see you socially. Some clients may expect you to continually demonstrate how much you care or demand that you tell them what to do and how to solve a problem. One way of heading off these demands is to make your expectations and boundaries clear during the initial counseling sessions or in the disclosure statement.

- Dealing With Clients Who Lack Commitment

Involuntary clients may be required by a court order to obtain therapy, and you may be challenged in your attempt to establish a working relationship with them.

It is possible to do effective work with mandated clients, but practitioners must begin by openly discussing the nature of the relationship. Counselors who omit preparation and do not address clients' thoughts and feelings about coming to counseling are likely to encounter resistance. It is critical that therapists not promise what they cannot or will not deliver. It is good practice to make clear the limits of confidentiality as well as any other factors that may affect the course of therapy.

In working with involuntary clients, it is especially important to prepare them for

the process; doing so can go a long way toward lessening resistance.

- Tolerating Ambiguity

Many beginning therapists experience the anxiety of not seeing immediate results. They ask themselves: “Am I really doing my client any good? Is the client perhaps getting worse?” I hope you will learn to tolerate the ambiguity of not knowing for sure whether your client is improving, at least during the initial sessions. Realize that oftentimes clients may seemingly “get worse” before they show therapeutic gains. Also, realize that the fruitful effects of the joint efforts of the therapist and the client may manifest themselves after the conclusion of therapy.

- Becoming Aware of Your Countertransference

Working with clients can affect you in personal ways, and your own vulnerabilities and countertransference are bound to surface. If you are unaware of your personal dynamics, you are in danger of being overwhelmed by a client's emotional experiences. Beginning counselors need to learn how to "let clients go" and not carry around their problems until we see them again. The most therapeutic thing is to be as fully present as we are able to be during the therapy hour, but to let clients assume the responsibility of their living and choosing outside of the session. If we become lost in clients' struggles and confusion, we cease being effective agents in helping them find solutions to their problems. If we accept responsibility for our clients' decisions, we are blocking rather than fostering their growth.

Countertransference, defined broadly, includes any of our projections that influence the way we perceive and react to a client. This phenomenon occurs when we are triggered into emotional reactivity, when we respond defensively, or when we lose our ability to be present in a relationship because our own issues become involved.

- Developing a Sense of Humor

Therapy is a responsible endeavor, but it need not be deadly serious. Both clients and counselors can enrich a relationship through humor. What a welcome relief when we can admit that pain is not our exclusive domain. It is important to recognize that laughter or humor does not mean that clients are not respected or work is not being accomplished. There are times, of course, when laughter is used to cover up anxiety or to escape from the experience of facing threatening material.

The therapist needs to distinguish between humor that distracts and humor that enhances the situation.

- Sharing Responsibility With the Client

You might struggle with finding the optimum balance in sharing responsibility with your clients. One mistake is to assume full responsibility for the direction and outcomes of therapy. This will lead to taking from your clients their rightful responsibility of making their own decisions. It could also increase the likelihood of your early burnout. Another mistake is for you to refuse to accept the responsibility for making accurate assessments and designing appropriate treatment plans for your clients. How responsibility will be shared should be addressed early in the course of counseling. It is your responsibility to discuss specific matters such as length and overall duration of the sessions,

confidentiality, general goals, and methods used to achieve goals. It is important to be alert to your clients' efforts to get you to assume responsibility for directing their lives.

Declining to Give Advice Quite often clients who are suffering come to a therapy session seeking and even demanding advice. They want more than direction; they want a wise counselor to make a decision or resolve a problem for them. However, counseling should not be confused with dispensing information. Therapists help clients discover their own solutions and recognize their own freedom to act. Even if we, as therapists, were able to resolve clients' struggles for them, we would be fostering their dependence on us. They would continually need to seek our counsel for every new twist in their difficulties. Our task is to help clients make independent choices and accept the

consequences of their choices. The habitual practice of giving advice does not work toward this end.

- Defining Your Role as a Counselor

One of your challenges as a counselor will be to define and clarify your professional role. As you read about the various theoretical orientations in Part 2, you will discover the many different roles of counselors that are related to these diverse theories. As a counselor, you will likely be expected to function with a diverse range of roles.

- Learning to Use Techniques Appropriately

When you are at an impasse with a client, you may have a tendency to look for a technique to get the sessions moving. As discussed in Chapter 1, relying on techniques too much can lead to mechanical counseling. Ideally, therapeutic techniques should evolve from the therapeutic

relationship and the material presented, and they should enhance the client's awareness or suggest possibilities for experimenting with new behavior. Know the theoretical rationale for each technique you use, and be sure the techniques are appropriate for the goals of therapy. This does not mean that you need to restrict yourself to drawing on procedures within a single model; quite the contrary. However, it is important to avoid using techniques in a hit-or-miss fashion, to fill time, to meet your own needs, or to get things moving. Your methods need to be thoughtfully chosen as a way to help clients make therapeutic progress.

- Developing Your Own Counseling Style

Be aware of the tendency to copy the style of a supervisor, therapist, or some other model. There is no one way to conduct therapy, and wide

variations in approach can be effective. You will inhibit your potential effectiveness in reaching others if you attempt to imitate another therapist's style or if you fit most of your behavior during the session into the procrustean bed of some expert's theory. Your counseling style will be influenced by your teachers, therapists, and supervisors, but don't blur your potential uniqueness by trying to imitate them. I advocate borrowing from others, yet at the same time, doing it in a way that is distinctive to you.

- Maintaining Your Vitality as a Person and as a Professional

Ultimately, your single most important instrument is the person you are, and your most powerful technique is your ability to model aliveness and realness. It is of paramount importance that we take care of ourselves, for

how can we take care of others if we are not taking care of ourselves? We need to work at dealing with those factors that threaten to drain life from us and render us helpless. I encourage you to consider how you can apply the theories you will be studying to enhance your life from both a personal and a professional standpoint.

Learn to look within yourself to determine what choices you are making (and not making) to keep yourself vital. If you are aware of the factors that sap your vitality as a person, you are in a better position to prevent the condition known as professional burnout. You have considerable control over whether you become burned out or not. You cannot always control stressful events, but you do have a great deal of control over how you interpret and react to these events. It is important to realize that you cannot

continue to give and give while getting little in return. There is a price to pay for always being available and for assuming responsibility over the lives and destinies of others. Become attuned to the subtle signs of burnout rather than waiting for a full-blown condition of emotional and physical exhaustion to set in. You would be wise to develop your own strategy for keeping yourself alive personally and professionally.

- Self-monitoring is a crucial first step in self-care.

If you make an honest inventory of how well you are taking care of yourself in specific domains, you will have a framework for deciding what you may want to change. By making periodic assessments of the direction of your own life, you can determine whether you are living the way you want to live. If not, decide what you are

willing to actually *do to make* changes occur. By being in tune with yourself, by having the experience of centeredness and solidness, and by feeling a sense of personal power, you have the foundation for integrating your life experiences with your professional experiences. Such an awareness can provide the basis for retaining your physical and psychological vitality and for being an effective professional.

Counseling professionals tend to be caring people who are good at taking care of others, but often we do not treat ourselves with the same level of care. Self-care is not a luxury but an ethical mandate. If we neglect to care for ourselves, our clients will not be getting the best of us. If we are physically drained and psychologically depleted, we will not have much to give to those with whom we work. It is not possible to provide

nourishment to our clients if we are not nourishing ourselves.

Mental health professionals often comment that they do not have time to take care of themselves. My question to them is, “Can you afford *not* to take care of yourself?” To successfully meet the demands of our professional work, we must take care of ourselves physically, psychologically, intellectually, socially, and spiritually. Ideally, our self-care should mirror the care we provide for others. If we hope to have the vitality and stamina required to stay focused on our professional goals, we need to incorporate a wellness perspective into our daily living. Wellness is the result of our conscious commitment to a way of life that leads to zest, peace, vitality, and happiness.

Counseling Theories Approaches

Professional counselors apply a variety of clinical approaches in their work, and there are hundreds of clinical counseling approaches to choose from. The most recent edition of The SAGE Encyclopedia of Theory in Counseling and Psychotherapy lists over 300 different approaches to counseling practice. So how do counselors come to know what approach is the right one for them? To answer that question, it is first necessary to understand that no one counseling approach is better than the rest. That is because counseling approaches are based upon theories about human function and change as opposed to hard evidence.

Determining whether one counseling approach works better than another is difficult, because there are so many variables to consider in the

counseling process. For example, if we try to compare the effectiveness of two counselors applying the same theoretical model, there can be major differences in the counseling outcome due to differences in the clients' histories and situations, differences in the counselors' communication styles, and even differences in client and counselor mood on the day of the comparison.

Such differences are hard to control for experimentally, thus making it almost impossible to prove that one approach to counseling is the absolute best way. Without such proof, it becomes the responsibility of counselors to do all they can to see that the treatment model(s) they apply are the best ones to address each client's needs. That responsibility starts with becoming familiar with the models that have shown to be most beneficial in actual practice.

Fortunately, almost all of the many individual theoretical models of counseling fall into one or more of five major theoretical categories: humanistic, cognitive, behavioral, psychoanalytic and holistic/integrative therapy.

Counseling Theories: Exploring 5 Major Theoretical Categories

a- Psychoanalytic Theories:

Psychoanalytic counseling theories hold that psychological problems result from the present-day influence of unconscious psychological drives or motivations stemming from past relationships and experiences. Dysfunctional thought and behavior patterns from the past have become unconscious "working models" that guide clients toward continued dysfunctional thought and behavior in their present lives.

Psychoanalytic counselors strive to help their clients become aware of these unconscious working models so that their negative influence can be understood and addressed. Some currently preferred therapies grounded in psychoanalytic theory include psychoanalysis, attachment therapy, object relations therapy and Adlerian therapy.

Psychoanalysis or psychodynamic theory, also known as the “historical perspective,” has its roots with Sigmund Freud, who believed there were unconscious forces that drive behavior. The techniques he developed, such as free association (freely talking to the therapist about whatever comes up without censoring), dream analysis (examining dreams for important information about the unconscious), and transference (redirecting feelings about certain people in one’s life onto the therapist) are still used by

psychoanalysts today. uses this theory to train counselors, and it is embedded throughout the counselor training process. In general, psychotherapists and counselors who use this approach direct much of their focus and energy on analyzing past relationships and, in particular, traumatic childhood experiences in relation to an individual's current life. The belief is that by revealing and bringing these issues to the surface, treatment and healing can occur. This theory is highly researched, and as the field of neuroscience advances, counselors are finding how psychodynamic theory can actually positively affect a client's brain. Psychodynamic theory can be more time intensive in comparison to some short-term theories because it involves changing deeply ingrained behaviors and requires significant work on understanding one's self.

b- Behavioral Theory:

Behavioral counseling theories hold that people engage in problematic thinking and behavior when their environment supports it. When an environment reinforces or encourages these problems, they will continue to occur. Behavioral counselors work to help clients identify the reinforcements that are supporting problematic patterns of thinking and acting and replace them with alternative reinforcements for more desirable patterns. Currently preferred therapies based in behavior theory include behavior therapy, dialectical behavior therapy, multimodal therapy.

Behavioral theory is based on the belief that behavior is learned. Classic conditioning is one type of behavioral therapy that stems from early theorist Ivan Pavlov's research. Pavlov executed

a famous study using dogs, which focused on the effects of a learned response (e.g., a dog salivating when hearing a bell) through a stimulus (e.g., pairing the sound of a bell with food).

B. F. Skinner developed another behavioral therapy approach, called operant conditioning. He believed in the power of rewards to increase the likelihood of a behavior and punishments to decrease the occurrence of a behavior. Behavioral therapists work on changing unwanted and destructive behaviors through behavior modification techniques such as positive or negative reinforcement.

c- Cognitive Theories:

In the 1960s, **psychotherapist Aaron Beck** developed cognitive theory. This counseling theory focuses on how people's thinking can change feelings and behaviors.

Cognitive counseling theories hold that people experience psychological and emotional difficulties when their thinking is out of sync with reality. When this distorted or "faulty" thinking is applied to problem-solving, the result understandably leads to faulty solutions. Cognitive counselors work to challenge their clients' faulty thinking patterns so clients are able to derive solutions that accurately address the problems they are experiencing. Currently preferred cognitive-theory-based therapies include cognitive behavior therapy, reality therapy, motivational interviewing, and acceptance and commitment therapy.

Cognitive therapists utilize the counseling relationship to educate their clients about how thinking affects feelings and behaviors. Cognitive therapists formally or informally assess clients'

patterns of thinking and how their beliefs have contributed to their current problems. A variety of techniques can then be employed to help clients challenge and modify problematic cognitions. For example, the counselor and client often discuss the veracity of the client's beliefs and whether they can be defended rationally.

Over the past several decades, cognitive therapy has been increasingly integrated with behavior counseling into a broad category labeled **cognitive behavioral therapy (CBT)**. Both cognitive and behavioral counseling were developed during the mid-20th century, in part because of the dissatisfaction by some with Sigmund Freud's psychoanalysis and because of emerging research on human cognition and behavior.

So, Cognitive and behavioral therapy are often combined as one form of theory practiced by

counselors and therapists. Cognitive behavioral therapy, or **CBT**, has been found - in research [External link](#) - to help with a number of mental illnesses including anxiety, personality, eating, and substance abuse disorders.

d- Humanistic Theories:

Humanistic counseling theories hold that people have within themselves all the resources they need to live healthy and functional lives, and that problems occur as a result of restricted or unavailable problem-solving resources. Humanistic counselors see their role not as one of directing clients in how to address their problems but, rather, as one of helping clients to discover and access within themselves the restricted resources they need to solve problems on their own. Some currently preferred humanistic counseling therapies include person-centered,

existential, emotion-focused, Gestalt and positive psychology.

Humanistic Counseling Theories include client-centered, gestalt, and existential therapies. **Carl Rogers developed client-centered therapy**, which focuses on the belief that clients control their own destinies. He believed that all therapists need to do is show their genuine care and interest. Gestalt therapists' work focuses more on what's going on in the moment versus what is being said in therapy. Existential therapists help clients find meaning in their lives by focusing on free will, self-determination, and responsibility.

e- Holistic/Integrative Therapy

Holistic and integrative therapy involves integrating various elements of different theories to the practice. In addition to traditional talk therapy, holistic therapy may include nontraditional therapies such as hypnotherapy or guided imagery. The key is to use the techniques and psychotherapy tools best suited for a particular client and problem.

There are various therapies that counselors can choose to study, but the type of theory matters less than the success of the relationship between client and therapist.

Most of these theories are characterized by the following important ingredients:

- A concept of how people develop throughout the life span. Typically, this involves a sequence of stages and describes important factors that are likely to influence development.
- Criteria for mental health, with characteristics of unhealthy or disordered emotional functioning either explicitly or implicitly stated. This information is important in helping people set realistic treatment goals and in assessing progress.
- Information on how to promote healthy development and help people reduce symptoms and enhance their coping skills and satisfaction with their lives.

- A description of the role of the effective counselor and the desired relationship between client and counselor. Nearly all theories of counseling currently recognize the powerful impact of the therapeutic alliance and offer clinicians ways to collaborate effectively with their clients. A safe and healing environment and a caring, skilled, and trustworthy counselor are essential to successful treatment.
- Strategies and interventions that counselors can use to help people achieve their counseling goals. Examples include reflections of feeling, modification of cognitive distortions, and systematic desensitization.
- Information on treatment parameters such as duration and frequency of sessions; whether to use individual, group, or family treatment; and benefits of medication and other adjunct services.

- **Delineation(description) of those people who are most likely to benefit from this treatment approach. This is most likely to be presented in terms of symptoms and disorders that are amenable to treatment via this approach, but might also discuss such factors as gender, age, cultural background, and other factors.**

Purposes of Counseling Theories and Therapies:

Although, of course, counselors cannot master all the important counseling theories and therapies, most counselors have a few preferred theories that they use with confidence and competence. Their skills in those therapeutic approaches enable them to do the following:

- **Decide whether they are likely to be able to help a particular person with a given set of concerns.**

- Collaborate with clients in establishing goals that are realistic in terms of the treatment approach that is being use.
- Develop an overall plan for helping people achieve their goals.
- Individualize treatment by emphasizing and selecting interventions and strategies that are most likely to be helpful to a particular person.
- Assess a person's progress against that made by other people who received similar treatment and modify treatment if it does not seem effective.
- Deepen their knowledge of and skill in their chosen theory through experience, reading, training, and supervision.

Four Categories of Counseling Theories and Therapies

Although counseling theories and therapies overlap considerably, they can be organized into four broad groups. Each group is characterized by its primary emphasis (**background, behavior, emotions, thoughts**), as well as its theoretical rationale.

a-Theories and Therapies Emphasizing Background

Freud, viewed as the father of psychotherapy, advanced the first widely studied theory of therapy. Although Freud's work dates back to the late 19th century, well before the advent of the counseling profession, Freud's ideas established the groundwork for all the mental health professions. Freud viewed the first 5 years of life, along with the parent-child connection and

interactions during those years, as the major determinants of a person's subsequent psychological development. Therapy sought to make the unconscious conscious and, through the transference relationship, to rectify shortcomings of the child's early connection to the parent.

Freud's followers, as well as those who later expanded and revised his concepts and strategies, include many of the early and seminal thinkers in mental health. In addition, current conceptions of brief psychodynamic therapy developed by Gerald Klerman, Hans Strupp, and others, also are rooted in Freudian thinking.

Although relatively few counselors today practice Freudian psychoanalysis, many view people from a psychodynamic perspective and believe that understanding of people's early histories is essential to their personal growth. Strategies such as interpretation, analysis of repetitive patterns,

free association, exploration of transference and countertransference, modification of defense mechanisms, and discussion of early recollections all reflect the influence of Freud and others who emphasized the importance of people's history and background.

b- Theories and Therapies Emphasizing Behavior

Theories emphasizing behavior and behavioral change represent the second wave of counseling theories and therapies. Gaining attention during the 1950s and 1960s and becoming a powerful force in the mental health professions, these approaches presented both an alternative and a challenge to psychoanalysis. Behavior therapy takes the stance that behavior is learned through exposure, modeling, conditioning, experiences, rewards, and punishments. In light of this, behavior that is unhealthy, nonproductive, or harmful to the self or others can be unlearned

and replaced with new and more effective behaviors.

The foundations of behavior counseling can be found in the work of Ivan Pavlov and John W. Watson. Others, including B. F. Skinner, John Dollard and Neal Miller, Joseph Wolpe, and Albert Bandura, used both research and theory to develop strategies to promote behavioral change. More recent theorists, including Arnold Lazarus, Donald Meichenbaum, Albert Ellis, Aaron Beck, and William Glasser, have further expanded on the application of behavior counseling by combining that approach with cognitive therapy. The popularity of solution-focused therapy also has promoted the importance and power of behavioral change.

Behavior counseling focuses on present manifestations of observable behaviors and targets a broad range of behaviors, including

substance use, eating, interpersonal skills, self-care, study habits, executive functioning, exercise, parenting, working and playing, and many others. Behaviors are viewed in context and a collaborative alliance of counselor and client is viewed as essential. Treatment typically begins by establishing a baseline or clear picture of the nature and severity of the undesirable behavior. Goal setting promotes motivation, facilitates development of change strategies, and helps people move forward. Behavior counseling incorporates a wide range of strategies to facilitate change, such as education, skill training, reinforcement, desensitization, relaxation, behavioral rehearsal, and many others. Peer and group support, as well as relapse prevention, often help to solidify gains.

c- Theories and Therapies Emphasizing Emotions

Carl Rogers, through his development of what is now called person-centered counseling, deserves most of the credit for bringing the third wave of counseling theories to the fore. With his emphasis on people's emotions and his deep respect for people's ability to grow and change in positive ways, Rogers humanized the counseling profession. He believed that counseling would be more effective if counselors could join with their clients on an emotional level, feel appreciation and empathy for them, help them express their emotions fully, and use their own resources to enhance their self-esteem and improve their lives. Rogers's work brought attention to the importance of the human potential and actualization, self-esteem, and the client-counselor relationship. Most counselors now appreciate the importance of the therapeutic

alliance and the facilitative conditions that enhance that relationship. In addition, Rogers's deep respect for each person led to an appreciation of the importance of phenomenological approaches, those that seek to understand people's views of the world and their unique perspectives.

Although adherence to a pure person-centered treatment approach seemed to decline after Rogers's death, his emphasis on emotions had a profound impact on counseling theories and therapies. During his lifetime, other approaches emphasizing feelings, such as Gestalt therapy, developed by Fritz and Laura Perls, and existential therapy also garnered attention. Important current treatment approaches such as narrative therapy, constructivist therapy, feminist therapy, and motivational interviewing reflect Rogers's emphasis on empathy,

phenomenology, and the therapeutic alliance. These newer approaches have contributed to a deeper appreciation for the tenets of person-centered counseling.

d- Theories and Therapies Emphasizing Thoughts

Albert Ellis, who initially developed rational emotive behavior therapy in the 1950s, led the way in the development of cognitive theories and therapies of counseling. His efforts to help people identify dysfunctional thoughts or irrational beliefs and replace them with thoughts that are valid, logical, flexible, and helpful gave counselors yet a fourth perspective on the process of change. The subsequent work of Aaron Beck provided more structure, as well as additional effective tools, to counselors who emphasized cognitions in their work.

Ellis, Beck, and other cognitive therapists hold that thoughts are the most powerful and

successful route to effect change. They suggest that people's emotions and behaviors, as well as their views of the world, grow out of their thoughts and that, if they can change those thoughts in positive and healthy ways, they will be more likely to make positive changes in emotions and actions. Like behavior counseling, cognitive therapy is a structured but flexible approach that usually focuses on the present, seeks to effect fairly rapid change, and involves client-counselor collaboration. Cognitive therapy also draws heavily on a wide range of treatment strategies, such as affirmations and self-talk, thought stopping, imagery, and, most important, transformation of dysfunctional and unhealthy thoughts into healthy and helpful ones.

Integrated and Eclectic Counseling Theories and Therapies.

This entry on counseling theories and therapies has focused on four broad approaches to treatment, distinguished by whether they emphasize background, emotions, behaviors, or cognitions. Counselors also should keep in mind the growing trend toward eclectic and integrated approaches. Examples include Arnold Lazarus's multimodal therapy, Developmental Counseling and Therapy (DCT) developed by Allen Ivey and his colleagues, and [the trans-theoretical model developed by James Prochaska and others](#). Most integrated counseling theories and therapies are still in the formative stages. However, this is a growing area of the profession, and we can anticipate expansion and refinement of integrated approaches.

Counseling Careers

If you are looking to become a counselor, there are several different careers and specializations that you may consider. Counselors often work in a wide array of settings - even when in one specific career. Sometimes you may find a mental health counselor at a hospital, police station, in a family's home or in private practice. Depending upon your career choice and specialization, your counseling career path could bring you to all corners of the community you serve.

Types of Counseling Careers:

- Mental Health Counselor

Mental health counselors provide therapeutic support to clients faced with mental, emotional and/or behavioral health issues, such as anxiety,

depression, stress, low self-esteem and other concerns.

A mental health counselor is a licensed professional who provides care for clients with emotional and behavioral issues. They typically see clients on a recurring schedule to help with an ongoing issue. Counselors use psychotherapy, cognitive-behavioral therapy and other models of psychological treatment that they've learned from an accredited mental health counseling degree program.

A mental health counselor is not the same as a psychiatrist, which is a medical professional who is licensed to prescribe medication for diagnosed disorders. Counselors may work in teams with other types of health professionals to provide comprehensive care to a client in need.

- School Counselor

Professional school counselors provide services to students to support their academic, personal, and social development while working with teachers, administrators and parents.

School counselors, also known as guidance counselors, play a vital role that supports student success, classroom effectiveness and overall school harmony. The term school counselor can be used broadly to define some counseling roles in a school setting.

Although there are many roles to choose from, the steps to becoming a school counselor and working with a specific age group, such as elementary school students is the same process as working with middle or high school students. Your path to become a school counselor may vary from the steps listed in this article.

Through advocacy, and collaboration, and leadership, professional school counselors sustain a safe learning environment and fair access to educational experiences for all students. A comprehensive school counseling program addresses the needs of all students, regardless of learning level, disability or socioeconomic status through academic, personal, and social/emotional development support.

- Career Counselor

Career counseling helps individuals understand themselves and the world of work to make solid occupational, education, and life decisions.

For vocational and academic planning, some individuals may seek the assistance of a career coach or counselor. By applying career development theories, facilitation skills, informal and formal assessment, and case management,

career counselors provide students, job seekers, and professionals with the support and guidance needed to reach their career goals.

Career development can be a lifelong process with ongoing opportunities to improve. Career counseling helps individuals understand themselves and the world of work to make solid occupational, education, and life decisions.

- Child Counselor

Child and adolescent counselors help children and teens with physical, emotional, or mental roadblocks that impede healthy development.

Children and adolescents progress through many life changes and challenges in their family, peer groups, schools, and other environments. Treating young clients requires appropriate

training, a special level of patience and the ability to connect with both children and their families. Children and adolescent counselors provide their clients with coping skills to achieve emotional and mental health.

The challenges facing their young clients include attention disorders, learning difficulties and behavioral issues, as well as the emotional impact of divorce, death, serious illness, or emotional trauma brought on by child abuse, familial issues or bullying. Teenage clients also present a wide array of concerns such as dealing with peer pressure, eating disorders, self-mutilation, drug abuse, sexual confusion, depression, anxiety and in some cases the early signs of a serious mental illness.

- College Counselor

College counselors provide college students with a variety of supports in order to promote overall academic, mental and behavioral wellness.

Contrary to some beliefs, college counseling does not directly entail the work with admissions or even academic advising. A college counselor is typically an individual with at least a master's level education in counseling, psychology, social work or education. Each college counselor may be involved with different responsibilities that are pertinent to the college counseling centers mission. Whether college counselors are providing individualized attention to a student, running a small group session, or assessing risk for the student population, the college counseling center assists students through addressing their presenting concerns and promoting greater

wellness. It's a powerful opportunity for professional counselors as they have the ability to impact the lives of people on the cusp of adulthood, often facing a wide array of choices and opportunities.

- Grief Counselor

Grief counselors support client growth from profound loss, death of a loved one, debilitating injury, terminal illness, divorce, or other personal bereavements.

Grief counseling professionals specialize in work with clients who are coping with profound loss — whether this is the death of a loved one, a debilitating injury, terminal illness, divorce, or other significant personal bereavements. In establishing a counselor-client relationship, the practitioner must first determine what type of grief reaction their client is exhibiting. Every

individual grieves in their own way, some experience depression, anxiety, or extreme stress while others may experience a feeling of relief, happiness, or confusion. No matter what a client is experiencing, counselors in this field assist their clients in exploring their emotions and the perception of their grief.

- Military Counselor

Military counselors assist active duty, veterans and their families on mental, emotional and social concerns related to the military lifestyle and experience.

Active duty military personnel, veterans and their families seek counseling help for a wide variety of mental, emotional and social needs. Military personnel may require assistance during training, deployment, transition from active duty and in retirement. They may face a variety of

psychological and social issues including depression and anxiety, posttraumatic stress disorder, substance abuse and family and marital issues. Additionally, personnel returning home may seek support with their transition back to civilian life, including career and education assistance.

Counseling services within the military are also provided to military families. **Military OneSource** provides non-medical counseling to help military personnel and their families navigate the military lifestyle and the challenges that they may face. These services include addressing marital problems, parenting, stress management, and grief and/or loss to include a few.

- Pastoral Counselor

In pastoral settings, counselors combine therapy with theological training to offer patients a unique and integrated approach to sessions.

Pastoral counseling combines counseling with theological training to offer clients a unique and integrated approach to therapeutic treatment. A pastoral counselor is a licensed mental health professional who has also had religious training and/or theological education. Clinical services are non-sectarian and respect the spiritual commitments, religious beliefs and traditions of clients, including couples, families, mental health clients and substance abusers. Pastoral counseling may incorporate collaborative community based services, training and education to improve the well-being of people in need.

Pastoral counselors provide therapeutic support and spiritual guidance to people in need of all ages and circumstances. The unique orientation and listening perspective that pastoral counselors provide helps those in need find peace, forgiveness and acceptance.

- Rehabilitation Counselor:

For individuals with physical, mental, developmental, and/or emotional disabilities, rehabilitation counselors assist them in leading fulfilling and successful independent lives.

Although sometimes mistaken for addiction professionals, rehabilitation counselors are certified by the **Commission on Rehabilitation Counselor Certification (CRCC)** and directly work with individuals with physical, mental, developmental, and emotional disabilities to live independently. **Rehabilitation counselors may**

provide a wide range of services from assessment, case management, and program research to interventions to remove environmental barriers, job analysis and development, and consultation services with other agencies.

Some counselors in the rehabilitation field are referred to as vocational. These counselors work specifically with employment issues with older students and adults. Other populations that may encounter rehabilitation counseling include students transitioning from school to work, veterans, and elderly people in adaptation to changes in their lifestyle.

- Substance Abuse Counselor:

Substance abuse and addiction counselors work with clients to support their mental and

physical health in order to accurately provide a holistic treatment of substance abuse disorders.

Substance abuse is categorized as the change that takes effect to one's brain while under the influence of an addictive drug substance. Substance abuse counselors evaluate a client's mental and physical state in order to best assess their readiness for treatment before working with them to develop skills and behaviors that are necessary to recover from their addiction or to modify their behavior. While some may believe that substance abuse and addiction occurs to people with low moral principles or lack of willpower, it is actually the effect that the chemical makeup of these substances has on the individual's body and mind.

The prevalence and wide-reaching impact of drug addiction are the source of ongoing concern for our government, health care industry,

schools, and employers. According to the Substance Abuse and Mental Health Service Administration's *2018 National Survey on Drug Use and Health External link* , an estimated 20.3 million people aged 12 or older had a substance use disorder, including illicit drugs and/or alcohol. Substance abuse counseling is a need for this nation that is increasing with health care reforms and societal changes.

Counseling Licensure:

The practice of counseling at the master's level is often regulated through licensure. Areas of practice include non-profit, educational and health care organizations, as well as private practice. Licensed professional counselors, also known as licensed mental health counselors, provide mental health care to millions of Americans. These counselors make up a high

percentage of the professionals employed by community mental health clinics, agencies and organizations. Some counselors are employed within health plans and managed health care organizations. State licensing requirements for professional counselors typically include: possession of a master's or doctoral degree in counseling, an internship, a minimum of 3,000 hours of supervised clinical experience and passage of the National Counselor Examination (NCE) or a similar state-recognized exam.

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