



**lectures in**

# **Counseling Psychology**

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## **What is Counseling Psychology and What Does a Counseling Psychologist Do?**

Counseling psychology provides clients of all ages with psychotherapy that helps them alleviate stress, improve their well-being, resolve crises and function in a more healthful manner. Counseling psychology is similar to clinical psychology, the difference being that clinical psychology normally only treats patients with psychological problems serious enough to require institutional care, while counseling psychology normally treats clients who aren't institutionalized.

Counseling psychologists specialize in treating clients with mental or emotional issues related to their daily life, such as adjusting to changes in marital status, career or family life. There doesn't have to be "something wrong with" a person who seeks out a counseling psychologist.

Counseling psychologists are trained in treating serious conditions, so they at times take on patients with serious disorders, though they're more apt to refer them to a clinical psychologist or a psychiatrist. Counseling psychologists aren't usually allowed to prescribe or administer pharmaceutical, leaving that job to psychiatrists.

Some of the most common issues that counselors address include:

- Physical disabilities
- Stress management
- Family problems
- Issues from childhood
- Substance abuse
- Adjustments to a new social situation

- Personality dysfunction
- Work issues
- Depression and anger management
- Rehabilitation from injury
- Eating disorders

Counselors are trained to handle a wide variety of problems, but some counselors specialize in dealing with a certain type of issue (like substance abuse or marital problems), while others specialize in treating a certain age group (like adolescents). Some counselors lean toward a certain philosophical approach to psychotherapy, such as behavioral, cognitive,

Counseling psychology is a general practice and health service provider specialty in professional psychology. It focuses on how people function both personally and in their relationships at all ages. Counseling psychology addresses the emotional, social, work, school and physical health concerns people may have at different stages in their lives, focusing on typical life stresses and more severe issues with which people may struggle as individuals and as a part of families, groups and organizations. Counseling psychologists help people with physical, emotional and mental health issues improve their sense of well-being, alleviate feelings of distress and resolve crises. They also provide assessment, diagnosis, and treatment of more severe psychological symptoms.

counseling psychologists tend to ascribe to humanistic and person-centered theoretical orientations and are often employed at universities and university counseling centers and in human service settings, such as mental health centers and family services (Brems & Johnson, 1997; Norcross et al., 1998; Norcross, 2000). Counseling psychologists tend to work with healthier patients who have less severe psychological problems. Their work focuses more on emotional, social and

physical issues that arise from typical life stresses or more serious issues associated with school, work or family settings (Norcross, 2000). Counseling psychologists might see patients for relationship issues, substance abuse counseling, career counseling, difficulty adapting to life changes and other such issues.

The years an individual spend in school often shape their future. The school years are marked by academic, social and personal growth. But whether a person is in elementary, high school or college, school can also be a stressful period in a person's life.

In addition to academic concerns, such as passing classes and completing assignments, there are also social pressures and personal issues, which students may be facing. It's easy to understand why school is not always smooth sailing.

School counselors can play an important role in helping students of all ages navigate through their education. They work alongside instructors as part of the educational team to provide assistance to students and their families. School counselors evaluate a student's needs and implement a comprehensive counseling program that addresses academic, career, social and personal issues, which may interfere with a student's academic success.

Counselors may use various tools, such as aptitude tests to help students determine career goals. Although they are not therapists, they may also provide direct one on one counseling to students and their parents.

It's important to understand, school counselors work with all types of students, not just the top students or the students in trouble. They also provide support to parents and teachers.

A school counseling degree is designed to prepare graduates to counselor and support students throughout their academic career. Students in a school counseling degree program develop the skills needed to assist students with concerns including career planning, academic problems and social development needs.

School counseling degree programs combine classes in education, psychology and counseling to have a broad understating of the social and emotional issues that may get in the way of a student's academic performance. There are a few different types of degrees for those who want to become school counselors including a bachelor's degree, master's degree and a doctorate.

School counseling is 100-plus years old. It evolved shaped by various economic, social and educational forces guided by the work of many individuals. The ASCA National Model, first published in 2003 and now in its fourth edition, is a product of this evolution. By embracing knowledge from the past, we can learn how school counseling evolved from a position, to a service, to a program, the organizational concept embedded in the ASCA National Model. By welcoming the future we can combine the insights gained from the past with new knowledge, enabling us to continue to develop and fully implement comprehensive school counseling programs in every school district in the country.

School counseling as we know it today began as vocational guidance in the early 1900s. It was established in schools as a position occupied by administrators and teachers. No organizational structure was provided other than a list of duties. In the 1920s school counseling began to change, shaped by the mental hygiene, psychometric and child study movements. As a result, a more clinically oriented approach to school counseling emerged. This signaled a shift away from economic issues to psychological issues with an emphasis on counseling for personal



adjustment. During the 1930s, discussion took place concerning the various personnel responsible for school counseling, the duties they performed, and their selection and training. A major mile-stone occurred with the creation of a new organizational structure called pupil personnel services. Within that structure, the concept of guidance services emerged. The field of school counseling had moved from a position with a list of duties to a position with a list of duties organized by guidance services all under the overall structure of pupil personnel services. The 1940s and 1950s saw the expansion and extension of counseling in the schools. The literature during years 1941–1945 focused on contributions to the war effort. After 1945, attention returned to the need for counseling in the schools and on ways to improve the services provided. The selection and training of school counselors also received attention and support with the passage of the Vocational Education Act of 1946 and the National Defense Education Act (NDEA) of 1958. In addition, the American School Counselor Association was established in 1952. A major issue being debated in the 1960s and 1970s concerned the nature of school counseling. Was it more psychological in nature featuring counseling as a major intervention? Was it more educational in nature featuring a broader array of interventions including counseling but also information, assessment, placement and follow-up activities? Although school counseling at the elementary level had been discussed previously, it wasn't until the 1960s that it became a reality. NDEA, amended in the 1960s, stimulated training practices and procedures that set elementary school counseling apart from secondary school counseling. The 1960s and 1970s also witnessed increasing concern about the services model of school counseling. Calls for change came from a variety of sources ending up in the beginning development of a comprehensive program approach to school counseling. The concept of a program for school counseling began to take form in the 1960s and 1970s and then became a major way to organize and manage school

counseling in the schools in the 1980s, 1990s and into the 21st century. During this time many states developed state models. Training programs to help personnel in school districts plan, design and implement comprehensive school counseling programs also were initiated. The role and functions of school counselors was of concern during the 1980s and 1990s. Some writers advocated the role of human development specialist; others recommended the role of change agent. Predominating roles were coordinating, counseling and consulting. Tied to the role and function issue was the issue of terminology. Is it guidance, guidance and counseling or school counseling? Although progress was made in developing, implementing and evaluating comprehensive school counseling programs in the first decade of the 21st century, discussion continued about program purposes and the work of school counselors. Should the focus be educational (academic), vocational (career) or social/emotional (mental health)? Some writers focused on academic achievement and career but not social/ emotional or mental health. Other writers urged the opposite with mental health issues needing more attention. Still other writers urged the adoption of a holistic approach emphasizing attention to all three areas. During this same decade discussion about program purposes and school counselors' roles continued with some writers emphasizing an advocacy change agent focus. Others talked about the need to emphasize collaboration. Still others recommended school counselors do more indirect work and less direct work with students. Finally there was a movement for school counselors to become more data-oriented, using data to identify school concerns and student needs. The development and implementation of school counseling programs across the country grew in the first decade of the 21st century. This growth was stimulated by the publication of the ASCA National Model in 2003 and its adoption by many states and school districts. A second edition was published in 2005, followed by a third edition in 2013 and the fourth edition in 2019. As the second decade of the

21st century began, an ongoing issue for school counseling was accountability. Although this has been part of professional discussion since the 1920s, and much work was done over the ensuing years, there is a renewed sense of urgency today concerning accountability. The literature makes it clear that evaluation is here to stay and needs to be designed and carried out to not only demonstrate effectiveness but also to improve the work of school counselors. What will the next 100 years be like? No one knows for sure, but if the next 100 years are like the first 100 years, school counseling will continue to evolve. The forces that shaped school counseling so far will continue to do so, and discussion about purposes and organization will continue. So, while no one knows what the future holds, current literature suggests that at least for the near future students and their parents in school districts across the country will continue to benefit from having fully implemented school counseling programs. Embrace the past, welcome the future.

## **School Counselors**

The School Counselor Association is a professional organization supporting school counselors, school counseling students/interns, school counseling program directors/supervisors and school counselor educators. School counselors have unique qualifications and skills to address pre-K–12 students’ academic, career and social/emotional development needs. These standards are the ethical responsibility of all school counseling professionals.

School counselors are advocates, leaders, collaborators and consultants who create systemic change by providing equitable educational access and success by connecting their school counseling programs to the district’s mission and

improvement plans. School counselors demonstrate their belief that all students have the ability to learn by advocating for an education system that provides optimal learning environments for all students.

All students have the right to:

- Be respected, be treated with dignity and have access to a comprehensive school counseling program that advocates for and affirms all students from diverse populations including but not limited to: ethnic/racial identity, nationality, age, social class, economic status, abilities/disabilities, language, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity, emancipated minors, wards of the state, homeless youth and incarcerated youth. School counselors as social-justice advocates support students from all backgrounds and circumstances and consult when their competence level requires additional support.
- Receive the information and support needed to move toward self-determination, self-development and affirmation within one's group identities. Special care is given to improve overall educational outcomes for students who have been historically underserved in educational services.
- Receive critical, timely information on college, career and postsecondary options and understand the full magnitude and meaning of how college and career readiness can have an impact on their educational choices and future opportunities.
- Privacy that should be honored to the greatest extent possible, while balancing other competing interests (e.g., best interests of students, safety of

others, parental rights) and adhering to laws, policies and ethical standards pertaining to confidentiality and disclosure in the school setting.

- A safe school environment promoting autonomy and justice and free from abuse, bullying, harassment and other forms of violence.

## **Purpose**

In this document, ASCA specifies the obligation to the principles of ethical behavior necessary to maintain the high standards of integrity, leadership and professionalism. The ASCA Ethical Standards for School Counselors were developed in consultation with state school counseling associations, school counselor educators, school counseling state and district leaders and school counselors across the nation to clarify the norms, values and beliefs of the profession.

The purpose of this document is to:

- Serve as a guide for the ethical practices of all school counselors, supervisors/directors of school counseling programs and school counselor educators regardless of level, area, population served or membership in this professional association.
- Provide support and direction for self-assessment, peer consultation and evaluations regarding school counselors' responsibilities to students, parents/guardians, colleagues and professional associates, schools district employees, communities and the school counseling profession.
- Inform all stakeholders, including students, parents/guardians, teachers, administrators, community members and courts of justice of best ethical

practices, values and expected behaviors of the school counseling professional.

## **A. Responsibility to Students**

### **A.1. Supporting Student Development**

#### **School counselors:**

- a. Have a primary obligation to the students, who are to be treated with dignity and respect as unique individuals.
- b. Aim to provide counseling to students in a brief context and support students and families/guardians in obtaining outside services if the student needs long-term clinical counseling.
- c. Do not diagnose but remain acutely aware of how a student's diagnosis can potentially affect the student's academic success.
- d. Acknowledge the vital role of parents/guardians and families.
- e. Are concerned with students' academic, career and social/emotional needs and encourage each student's maximum development.
- f. Respect students' and families' values, beliefs, sexual orientation, gender identification/expression and cultural background and exercise great care to avoid imposing personal beliefs or values rooted in one's religion, culture or ethnicity.
- g. Are knowledgeable of laws, regulations and policies affecting students and families and strive to protect and inform students and families regarding their rights.
- h. Provide effective, responsive interventions to address student needs.
- i. Consider the involvement of support networks, wraparound services and educational teams needed to best serve students.

- j. Maintain appropriate boundaries and are aware that any sexual or romantic relationship with students whether legal or illegal in the state of practice is considered a grievous breach of ethics and is prohibited regardless of a student's age. This prohibition applies to both in-person and electronic interactions and relationships.

## **A.2. Confidentiality**

School counselors:

- A. Promote awareness of school counselors' ethical standards and legal mandates regarding confidentiality and the appropriate rationale and procedures for disclosure of student data and information to school staff.
- B. Inform students of the purposes, goals, techniques and rules of procedure under which they may receive counseling. Disclosure includes informed consent and clarification of the limits of confidentiality. Informed consent requires competence, voluntariness and knowledge on the part of students to understand the limits of confidentiality and, therefore, can be difficult to obtain from students of certain developmental levels, English-language learners and special-needs populations. If the student is able to give assent/consent before school counselors share confidential information, school counselors attempt to gain the student's assent/consent.
- C. Are aware that even though attempts are made to obtain informed consent, it is not always possible. When needed, school counselors make counseling decisions on students' behalf that promote students' welfare.
- D. Explain the limits of confidentiality in developmentally appropriate terms through multiple methods such as student handbooks, school counselor

department websites, school counseling brochures, classroom lessons and/or verbal notification to individual students.

- E. Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student. Serious and foreseeable harm is different for each minor in schools and is determined by students' developmental and chronological age, the setting, parental rights and the nature of the harm. School counselors consult with appropriate professionals when in doubt as to the validity of an exception.
- F. Recognize their primary ethical obligation for confidentiality is to the students but balance that obligation with an understanding of parents'/guardians' legal and inherent rights to be the guiding voice in their children's lives. School counselors understand the need to balance students' ethical rights to make choices, their capacity to give consent or assent, and parental or familial legal rights and responsibilities to make decisions on their child's behalf.
- G. Promote the autonomy of students to the extent possible and use the most appropriate and least intrusive method to breach confidentiality, if such action is warranted. The child's developmental age and the circumstances requiring the breach are considered, and as appropriate, students are engaged in a discussion about the method and timing of the breach. Consultation with peers and/or supervision is recommended.
- H. In absence of state legislation expressly forbidding disclosure, consider the ethical responsibility to provide information to an identified third party who, by his/her relationship with the student, is at a high risk of contracting a disease that is commonly known to be communicable and fatal. Disclosure requires satisfaction of all of the following conditions:



1. Student identifies partner, or the partner is highly identifiable
  2. School counselor recommends the student notify partner and refrain from further high-risk behavior
  3. Student refuses
  4. School counselor informs the student of the intent to notify the partner
  5. School counselor seeks legal consultation from the school district's legal representative in writing as to the legalities of informing the partner
- I. Request of the court that disclosure not be required when the school counselor's testimony or case notes are subpoenaed if the release of confidential information may potentially harm a student or the counseling relationship.
  - J. Protect the confidentiality of students' records and release personal data in accordance with prescribed federal and state laws and school board policies.
  - K. Recognize the vulnerability of confidentiality in electronic communications and only transmit student information electronically in a way that follows currently accepted security standards and meets federal, state and local laws and board policy.
  - L. Convey a student's highly sensitive information (e.g., a student's suicidal ideation) through personal contact such as a phone call or visit and not less-secure means such as a notation in the educational record or an e-mail. Adhere to state, federal and school board policy when conveying sensitive information.
  - M. Advocate for appropriate safeguards and protocols so highly sensitive student information is not disclosed accidentally to individuals who do not have a need to know such information. Best practice suggests a very limited number of educators would have access to highly sensitive information on a need-to-know basis.

- N. Advocate with appropriate school officials for acceptable encryption standards to be utilized for stored data and currently acceptable algorithms to be utilized for data in transit.
- O. Avoid using software programs without the technological capabilities to protect student information based upon currently acceptable security standards and the law.

### **A.3. Comprehensive Data-Informed Program**

#### **School counselors:**

- a. Collaborate with administration, teachers, staff and decision makers around school-improvement goals.
- b. Provide students with a comprehensive school counseling program that ensures equitable academic, career and social/ emotional development opportunities for all students.
- c. Review school and student data to assess needs including, but not limited to, data on disparities that may exist related to gender, race, ethnicity, socio-economic status and/or other relevant classifications.
- d. Use data to determine needed interventions, which are then delivered to help close the information, attainment, achievement and opportunity gaps.
- e. Collect participation, Mindsets & Behaviors and outcome data and analyze the data to determine the progress and effectiveness of the school counseling program. School counselors ensure the school counseling annual student outcome goals and action plans are aligned with district's school improvement goals.
- f. Use data-collection tools adhering to confidentiality standards as expressed in A.2.

- g. Share data outcomes with stakeholders.

## **A.4. Academic, Career and Social/Emotional Plans**

### **School counselors:**

- A. Collaborate with administration, teachers, staff and decision makers to create a culture of postsecondary readiness
- B. Provide and advocate for individual students' pre-K–postsecondary college and career awareness, exploration and postsecondary planning and decision making, which supports the students' right to choose from the wide array of options when students complete secondary education.
- C. Identify gaps in college and career access and the implications of such data for addressing both intentional and unintentional biases related to college and career counseling.
- D. Provide opportunities for all students to develop the mindsets and behaviors necessary to learn work-related skills, resilience, perseverance, an understanding of lifelong learning as a part of long-term career success, a positive attitude toward learning and a strong work ethic.

## **A.5. Dual Relationships and Managing Boundaries**

### **School counselors:**

- a. Avoid dual relationships that might impair their objectivity and increase the risk of harm to students (e.g., counseling one's family members or the children of close friends or associates). If a dual relationship is unavoidable, the school counselor is responsible for taking action to eliminate or reduce

the potential for harm to the student through use of safeguards, which might include informed consent, consultation, supervision and documentation.

- b. Establish and maintain appropriate professional relationships with students at all times. School counselors consider the risks and benefits of extending current school counseling relationships beyond conventional parameters, such as attending a student's distant athletic competition. In extending these boundaries, school counselors take appropriate professional precautions such as informed consent, consultation and supervision. School counselors document the nature of interactions that extend beyond conventional parameters, including the rationale for the interaction, the potential benefit and the possible positive and negative consequences for the student and school counselor.
- c. Avoid dual relationships beyond the professional level with school personnel, parents/guardians and students' other family members when these relationships might infringe on the integrity of the school counselor/student relationship. Inappropriate dual relationships include, but are not limited to, providing direct discipline, teaching courses that involve grading students and/or accepting administrative duties in the absence of an administrator.
- d. Do not use personal social media, personal e-mail accounts or personal texts to interact with students unless specifically encouraged and sanctioned by the school district. School counselors adhere to professional boundaries and legal, ethical and school district guidelines when using technology with students, parents/guardians or school staff. The technology utilized, including, but not limited to, social networking sites or apps, should be endorsed by the school district and used for professional communication and the distribution of vital information.

## **A.6. Appropriate Referrals and Advocacy**

### **School counselors:**

- a. Collaborate with all relevant stakeholders, including students, educators and parents/guardians when student assistance is needed, including the identification of early warning signs of student distress.
- b. Provide a list of resources for outside agencies and resources in their community to student(s) and parents/guardians when students need or request additional support. School counselors provide multiple referral options or the district's vetted list and are careful not to indicate an endorsement or preference for one counselor or practice. School counselors encourage parents to interview outside professionals to make a personal decision regarding the best source of assistance for their student.
- c. Connect students with services provided through the local school district and community agencies and remain aware of state laws and local district policies related to students with special needs, including limits to confidentiality and notification to authorities as appropriate.
- d. Develop a plan for the transitioning of primary counseling services with minimal interruption of services. Students retain the right for the referred services to be done in coordination with the school counselor or to discontinue counseling services with the school counselor while maintaining an appropriate relationship that may include providing other school support services.
- e. Refrain from referring students based solely on the school counselor's personal beliefs or values rooted in one's religion, culture, ethnicity or personal worldview. School counselors maintain the highest respect for

student diversity. School counselors should pursue additional training and supervision in areas where they are at risk of imposing their values on students, especially when the school counselor's values are discriminatory in nature. School counselors do not impose their values on students and/or families when making referrals to outside resources for student and/or family support.

- f. Attempt to establish a collaborative relationship with outside service providers to best serve students. Request a release of information signed by the student and/or parents/guardians before attempting to collaborate with the student's external provider.
- g. Provide internal and external service providers with accurate, objective, meaningful data necessary to adequately assess, counsel and assist the student.
- h. Ensure there is not a conflict of interest in providing referral resources. School counselors do not refer or accept a referral to counsel a student from their school if they also work in a private counseling practice.

## **A.7. Group Work**

School counselors:

- a. Facilitate short-term groups to address students' academic, career and/or social/emotional issues.
- b. Inform parent/guardian(s) of student participation in a small group.
- c. Screen students for group membership.

- d. Use data to measure member needs to establish well-defined expectations of group members.
- e. Communicate the aspiration of confidentiality as a group norm, while recognizing and working from the protective posture that confidentiality for minors in schools cannot be guaranteed.
- f. Select topics for groups with the clear understanding that some topics are not suitable for groups in schools and accordingly take precautions to protect members from harm as a result of interactions with the group.
- g. Facilitate groups from the framework of evidence-based or research-based practices.
- h. Practice within their competence level and develop professional competence through training and supervision.
- i. Measure the outcomes of group participation (participation, Mindsets & Behaviors and outcome data).
- j. Provide necessary follow up with group members.

## **A.8. Student Peer-Support Program**

### **School counselors:**

- a. Safeguard the welfare of students participating in peer-to-peer programs under their direction.
- b. Supervise students engaged in peer helping, mediation and other similar peer-support groups. School counselors are responsible for appropriate skill development for students serving as peer support in school counseling programs. School counselors continuously monitor students who are giving peer support and reinforce the confidential nature of their work. School

counselors inform peer-support students about the parameters of when students need to report information to responsible adults.

## **A.9. Serious and Foreseeable Harm to Self and Others**

### **School counselors:**

- a. Inform parents/guardians and/or appropriate authorities when a student poses a serious and foreseeable risk of harm to self or others. When feasible, this is to be done after careful deliberation and consultation with other appropriate professionals. School counselors inform students of the school counselor's legal and ethical obligations to report the concern to the appropriate authorities unless it is appropriate to withhold this information to protect the student (e.g. student might run away if he/she knows parents are being called). The consequence of the risk of not giving parents/guardians a chance to intervene on behalf of their child is too great. Even if the danger appears relatively remote, parents should be notified.
- b. Use risk assessments with caution. If risk assessments are used by the school counselor, an intervention plan should be developed and in place prior to this practice. When reporting risk-assessment results to parents, school counselors do not negate the risk of harm even if the assessment reveals a low risk as students may minimize risk to avoid further scrutiny and/or parental notification. School counselors report risk assessment results to parents to underscore the need to act on behalf of a child at risk; this is not intended to assure parents their child isn't at risk, which is something a school counselor cannot know with certainty.
- c. Do not release a student who is a danger to self or others until the student has proper and necessary support. If parents will not provide proper support,



the school counselor takes necessary steps to underscore to parents/guardians the necessity to seek help and at times may include a report to child protective services.

- d. Report to parents/guardians and/or appropriate authorities when students disclose a perpetrated or a perceived threat to their physical or mental well-being. This threat may include, but is not limited to, physical abuse, sexual abuse, neglect, dating violence, bullying or sexual harassment. The school counselor follows applicable federal, state and local laws and school district policy.

## **A.10. Underserved and At-Risk Populations**

### **School counselors:**

- a. Strive to contribute to a safe, respectful, nondiscriminatory school environment in which all members of the school community demonstrate respect and civility.
- b. Advocate for and collaborate with students to ensure students remain safe at home and at school. A high standard of care includes determining what information is shared with parents/ guardians and when information creates an unsafe environment for students.
- c. Identify resources needed to optimize education.
- d. Collaborate with parents/guardians, when appropriate, to establish communication and to ensure students' needs are met.
- e. Understand students have the right to be treated in a manner consistent with their gender identity and to be free from any form of discipline, harassment or discrimination based on their gender identity or gender expression.

- f. Advocate for the equal right and access to free, appropriate public education for all youth, in which students are not stigmatized or isolated based on their housing status, disability, foster care, special education status, mental health or any other exceptionality or special need.
- g. Recognize the strengths of students with disabilities as well as their challenges and provide best practices and current research in supporting their academic, career and social/emotional needs.

## **A.11. Bullying, Harassment and Child Abuse**

### **School counselors:**

- a. Report to the administration all incidents of bullying, dating violence and sexual harassment as most fall under Title IX of the Education Amendments of 1972 or other federal and state laws as being illegal and require administrator interventions. School counselors provide services to victims and perpetrator as appropriate, which may include a safety plan and reasonable accommodations such as schedule change, but school counselors defer to administration for all discipline issues for this or any other federal, state or school board violation.
- b. Report suspected cases of child abuse and neglect to the proper authorities and take reasonable precautions to protect the privacy of the student for whom abuse or neglect is suspected when alerting the proper authorities.
- c. Are knowledgeable about current state laws and their school system's procedures for reporting child abuse and neglect and methods to advocate for students' physical and emotional safety following abuse/neglect reports.
- d. Develop and maintain the expertise to recognize the signs and indicators of abuse and neglect. Encourage training to enable students and staff to have

the knowledge and skills needed to recognize the signs of abuse and neglect and to whom they should report suspected abuse or neglect.

- e. Guide and assist students who have experienced abuse and neglect by providing appropriate services.

## **A.12. Student Records**

### **School counselors:**

- a. Abide by the Family Educational Rights and Privacy Act (FERPA), which defines who has access to students' educational records and allows parents the right to review and challenge perceived inaccuracies in their child's records.
- b. Advocate for the ethical use of student data and records and inform administration of inappropriate or harmful practices.
- c. Recognize the difficulty in meeting the criteria of sole-possession records.
- d. Recognize that sole-possession records and case notes can be subpoenaed unless there is a specific state statute for privileged communication expressly protecting student/school counselor communication.
- e. Recognize that electronic communications with school officials regarding individual students, even without using student names, are likely to create student records that must be addressed in accordance with FERPA and state laws.
- f. Establish a reasonable timeline for purging sole-possession records or case notes. Suggested guidelines include shredding paper sole-possession records or deleting electronic sole-possession records when a student transitions to the next level, transfers to another school or graduates. School counselors do not destroy sole-possession records that may be needed by a court of law,

such as notes on child abuse, suicide, sexual harassment or violence, without prior review and approval by school district legal counsel. School counselors follow district policies and procedures when contacting legal counsel.

## **A.13. Evaluation, Assessment and Interpretation**

### **School counselors:**

- a. Use only valid and reliable tests and assessments with concern for bias and cultural sensitivity.
- b. Adhere to all professional standards when selecting, administering and interpreting assessment measures and only utilize assessment measures that are within the scope of practice for school counselors and for which they are licensed, certified and competent.
- c. Are mindful of confidentiality guidelines when utilizing paper or electronic evaluative or assessment instruments and pro- grams.
- d. Consider the student's developmental age, language skills and level of competence when determining the appropriateness of an assessment.
- e. Use multiple data points when possible to provide students and families with accurate, objective and concise information to promote students' well-being.
- f. Provide interpretation of the nature, purposes, results and potential impact of assessment/evaluation measures in language the students and parents/guardians can understand.
- g. Monitor the use of assessment results and interpretations and take reasonable steps to prevent others from misusing the information.
- h. Use caution when utilizing assessment techniques, making evaluations and interpreting the performance of populations not represented in the norm group on which an instrument is standardized.

- i. Conduct school counseling program assessments to determine the effectiveness of activities supporting students' academic, career and social/emotional development through accountability measures, especially examining efforts to close information, opportunity and attainment gaps.

## **A.14. Technical and Digital Citizenship**

### **School counselors:**

- a. Demonstrate appropriate selection and use of technology and software applications to enhance students' academic, career and social/emotional development. Attention is given to the ethical and legal considerations of technological applications, including confidentiality concerns, security issues, potential limitations and benefits and communication practices in electronic media.
- b. Take appropriate and reasonable measures for maintaining confidentiality of student information and educational records stored or transmitted through the use of computers, social media, facsimile machines, telephones, voicemail, answering machines and other electronic technology.
- c. Promote the safe and responsible use of technology in collaboration with educators and families.
- d. Promote the benefits and clarify the limitations of various appropriate technological applications.
- e. Use established and approved means of communication with students, maintaining appropriate boundaries. School counselors help educate students about appropriate communication and boundaries.
- f. Advocate for equal access to technology for all students.

## **A.15. Virtual/Distance School Counseling**

### **School counselors:**

- a. Adhere to the same ethical guidelines in a virtual/distance setting as school counselors in face-to-face settings.
- b. Recognize and acknowledge the challenges and limitations of virtual/distance school counseling.
- c. Implement procedures for students to follow in both emergency and nonemergency situations when the school counselor is not available.
- d. Recognize and mitigate the limitation of virtual/distance school counseling confidentiality, which may include unintended viewers or recipients.
- e. Inform both the student and parent/guardian of the benefits and limitations of virtual/distance counseling.
- f. Educate students on how to participate in the electronic school counseling relationship to minimize and prevent potential misunderstandings that could occur due to lack of verbal cues and inability to read body language or other visual cues that provide contextual meaning to the school counseling process and school counseling relationship.

## **B. Responsibilities to Parents/Guardians, School and Self**

### **B.1. Responsibilities to Parents/Guardians**

#### **School counselors:**

- a. Recognize that providing services to minors in a school setting requires school counselors to collaborate with students' parents/ guardians as appropriate.

- b. Respect the rights and responsibilities of custodial and noncustodial parents/guardians and, as appropriate, establish a collaborative relationship with parents/guardians to facilitate students' maximum development.
- c. Adhere to laws, local guidelines and ethical practice when assisting parents/guardians experiencing family difficulties interfering with the student's welfare.
- d. Are culturally competent and sensitive to diversity among families. Recognize that all parents/guardians, custodial and noncustodial, are vested with certain rights and responsibilities for their children's welfare by virtue of their role and according to law.
- e. Inform parents of the mission of the school counseling program and program standards in academic, career and social/ emotional domains that promote and enhance the learning process for all students.
- f. Inform parents/guardians of the confidential nature of the school counseling relationship between the school counselor and student.
- g. Respect the confidentiality of parents/guardians as appropriate and in accordance with the student's best interests.
- h. Provide parents/guardians with accurate, comprehensive and relevant information in an objective and caring manner, as is appropriate and consistent with ethical and legal responsibilities to the student and parent.
- i. In cases of divorce or separation, follow the directions and stipulations of the legal documentation, maintaining focus on the student. School counselors avoid supporting one parent over another.

## **B.2. Responsibilities to the School**

### **School counselors:**

- a. Develop and maintain professional relationships and systems of communication with faculty, staff and administrators to support students.
- b. Design and deliver comprehensive school counseling programs that are integral to the school's academic mission; driven by student data; based on standards for academic, career and social/emotional development; and promote and enhance the learning process for all students.
- c. Advocate for a school counseling program free of non-school-counseling assignments identified by "The ASCA National Model: A Framework for School Counseling Programs" as inappropriate to the school counselor's role.
- d. Provide leadership to create systemic change to enhance the school.
- e. Collaborate with appropriate officials to remove barriers that may impede the effectiveness of the school or the school counseling program.
- f. Provide support, consultation and mentoring to professionals in need of assistance when in the scope of the school counselor's role.
- g. Inform appropriate officials, in accordance with school board policy, of conditions that may be potentially disruptive or damaging to the school's mission, personnel and property while honoring the confidentiality between the student and the school counselor to the extent feasible, consistent with applicable law and policy.
- h. Advocate for administrators to place in school counseling positions certified school counselors who are competent, qualified and hold a master's degree or higher in school counseling from an accredited program.
- i. Advocate for equitable school counseling program policies and practices for all students and stakeholders.



- j. Strive to use translators who have been vetted or reviewed and bilingual/multilingual school counseling program materials representing languages used by families in the school community.
- k. Affirm the abilities of and advocate for the learning needs of all students. School counselors support the provision of appropriate accommodations and accessibility.
- l. Provide workshops and written/digital information to families to increase understanding, improve communication and promote student achievement.
- m. Promote cultural competence to help create a safer more inclusive school environment.
- n. Adhere to educational/psychological research practices, confidentiality safeguards, security practices and school district policies when conducting research.
- o. Promote equity and access for all students through the use of community resources.
- p. Use culturally inclusive language in all forms of communication.
- q. Collaborate as needed to provide optimum services with other professionals such as special educators, school nurses, school social workers, school psychologists, college counselors/ admissions officers, physical therapists, occupational therapists, speech pathologists, administrators.
- r. Work responsibly to remedy work environments that do not reflect the profession's ethics.
- s. Work responsibly through the correct channels to try and remedy work conditions that do not reflect the ethics of the profession.

### **B.3. Responsibilities to Self**

#### **School counselors:**

- a. Have completed a counselor education program at an accredited institution and earned a master's degree in school counseling.
- b. Maintain membership in school counselor professional organizations to stay up to date on current research and to maintain professional competence in current school counseling issues and topics. School counselors maintain competence in their skills by utilizing current interventions and best practices.
- c. Accept employment only for those positions for which they are qualified by education, training, supervised experience and state/national professional credentials.
- d. Adhere to ethical standards of the profession and other official policy statements such as ASCA position statements and role statements, school board policies and relevant laws. When laws and ethical codes are in conflict school counselors work to adhere to both as much as possible.
- e. Engage in professional development and personal growth throughout their careers. Professional development includes attendance at state and national conferences and reading journal articles. School counselors regularly attend training on school counselors' current legal and ethical responsibilities.
- f. Monitor their emotional and physical health and practice wellness to ensure optimal professional effectiveness. School counselors seek physical or mental health support when needed to ensure professional competence.
- g. Monitor personal behaviors and recognize the high standard of care a professional in this critical position of trust must maintain on and off the job. School counselors are cognizant of and refrain from activity that may diminish their effectiveness within the school community.

- h. Seek consultation and supervision from school counselors and other professionals who are knowledgeable of school counselors' ethical practices when ethical and professional questions arise.
- i. iMonitor and expand personal multicultural and social-justice advocacy awareness, knowledge and skills to be an effective culturally competent school counselor. Understand how prejudice, privilege and various forms of oppression based on ethnicity, racial identity, age, economic status, abilities/disabilities, language, immigration status, sexual orientation, gender, gender identity expression, family type, religious/spiritual identity, appearance and living situations (e.g., foster care, homelessness, incarceration) affect students and stakeholders.
- j. Refrain from refusing services to students based solely on the school counselor's personally held beliefs or values rooted in one's religion, culture or ethnicity. School counselors respect the diversity of students and seek training and supervision when prejudice or biases interfere with providing comprehensive services to all students.
- k. Work toward a school climate that embraces diversity and promotes academic, career and social/emotional development for all students.
- l. Make clear distinctions between actions and statements (both verbal and written) made as a private individual and those made as a representative of the school counseling profession and of the school district.
- m. Respect the intellectual property of others and adhere to copyright laws and correctly cite others' work when using it.

## **C. School Counselor Administrators/Supervisors**

School counselor administrators/supervisors support school counselors in their charge by:

- a. Advocating both within and outside of their schools or districts for adequate resources to implement a comprehensive school counseling program and meet their students' needs.
- b. Advocating for fair and open distribution of resources among programs supervised. An allocation procedure should be developed that is nondiscriminatory, informed by data and consistently applied.
- c. Providing opportunities for professional development in current research related to school counseling practice and ethics.
- d. Taking steps to eliminate conditions or practices in their schools or organizations that may violate, discourage or interfere with compliance with the ethics and laws related to the profession.
- e. Monitoring school and organizational policies, regulations and procedures to ensure practices are consistent with the ASCA Ethical Standards for School Counselors.

## **School Counselor Roles & Ratios**

School counselors are highly educated, professionally certified individuals who help students succeed in school and plan their career. An integral part of the total education system, school counselors help students form healthy goals, mindsets and behaviors. With the aid of a school counselor, students learn to develop effective collaboration and cooperation skills, to practice perseverance, to develop time management and study skills, and to learn self-motivation and self-direction habits.

The School Counselor's Role School counselors design and deliver school counseling programs that improve student outcomes. They lead, advocate and collaborate to promote equity and access for all students by connecting their school counseling program to the school's academic mission and school improvement plan. They uphold the ethical and professional standards of ASCA and promote the development of the school counseling program based on the following areas of the ASCA National Model: define, deliver, manage and assess.

School counselors create school counseling programs based on three sets of standards that define the profession. These standards help school counselors develop, implement and assess their school counseling program to improve student outcomes.

**ASSESS** To achieve the best results for students, school counselors regularly assess their program to:

- determine its effectiveness in helping all students succeed
- inform improvements to their school counseling program design and delivery
- show how students are different as a result of the school counseling program.

School counselors typically do the following:

- Help students understand and overcome social or behavioral challenges
- Analyze data to identify factors, such as poor attendance, that negatively affect academic performance
- Advise individuals and small groups based on their needs
- Work with students to develop skills that support learning, such as effective time management and study habits

- Evaluate students' abilities and interests through aptitude assessments and interviews
- Collaborate with teachers and families to help students plan academic, career, and social goals
- Teach students and school staff about specific topics such as bullying and drug use
- Present options to students for educational or vocational plans after graduation
- Maintain records as required
- Report cases of possible neglect or abuse and refer students and parents to resources for additional support

The specific duties of school counselors vary with their students' ages.

**Elementary school counselors** visit classrooms or meet with students individually or in groups to help them develop their social and academic skills. They also meet with parents or guardians to discuss the child's strengths and weaknesses, challenges, or special needs. School counselors work with teachers and administrators to ensure that the curriculum addresses students' developmental and academic needs.

**Middle school counselors** work with school staff and families to help students improve their decision-making, study, and social skills. These counselors support students going through challenges in school or at home and offer one-on-one meetings to discuss these challenges. Middle school counselors also assist students in their transition to high school, preparing them for the next level of academic and social development.

**High school counselors** advise students in making academic and career plans. Many help students overcome personal issues that interfere with their academic development. They help students choose classes and plan for their lives after

graduation. Counselors provide information about choosing and applying for colleges, training programs, financial aid, and internships and apprenticeships. They may present career lessons to help students learn how to search and apply for jobs.

## **D. School Counseling Intern Site Supervisors**

### **Field/intern site supervisors:**

- a. Are licensed or certified school counselors and/or have an understanding of comprehensive school counseling programs and the ethical practices of school counselors.
- b. Have the education and training to provide clinical supervision. Supervisors regularly pursue continuing education activities on both counseling and supervision topics and skills.
- c. Use a collaborative model of supervision that is on-going and includes, but is not limited to, the following activities: promoting professional growth, supporting best practices and ethical practice, assessing supervisee performance and developing plans for improvement, consulting on specific cases and assisting in the development of a course of action.
- d. Are culturally competent and consider cultural factors that may have an impact on the supervisory relationship.
- e. Do not engage in supervisory relationships with individuals with whom they have the inability to remain objective. Such individuals include, but are not limited to, family members and close friends.

- f. Are competent with technology used to perform supervisory responsibilities and online supervision, if applicable. Supervisors protect all electronically transmitted confidential information.
- g. Understand there are differences in face-to face and virtual communication (e.g., absence of verbal and nonverbal cues) that may have an impact on virtual supervision. Supervisors educate supervisees on how to communicate electronically to prevent and avoid potential problems.
- h. Provide information about how and when virtual supervisory services will be utilized. Reasonable access to pertinent applications should be provided to school counselors.
- i. Ensure supervisees are aware of policies and procedures related to supervision and evaluation and provide due-process procedures if supervisees request or appeal their evaluations.
- j. Ensure performance evaluations are completed in a timely, fair and considerate manner, using data when available and based on clearly stated criteria.
- k. Use evaluation tools measuring the competence of school counseling interns. These tools should be grounded in state and national school counseling standards. In the event no such tool is available in the school district, the supervisor seeks out relevant evaluation tools and advocates for their use.
- l. Are aware of supervisee limitations and communicate concerns to the university/college supervisor in a timely manner.
- m. Assist supervisees in obtaining remediation and professional development as necessary.
- n. Contact university/college supervisors to recommend dismissal when supervisees are unable to demonstrate competence as a school counselor as defined by the ASCA School Counselor Professional Standards &



Competencies and state and national standards. Supervisors consult with school administrators and document recommendations to dismiss or refer a supervisee for assistance. Supervisors ensure supervisees are aware of such decisions and the resources available to them. Supervisors document all steps taken.

## **E. Maintenance of Standards**

When serious doubt exists as to the ethical behavior of a colleague(s) the following procedures may serve as a guide:

- a. School counselors consult with professional colleagues to discuss the potentially unethical behavior and to see if the professional colleague views the situation as an ethical violation. School counselors understand mandatory reporting in their respective district and states.
- b. School counselors discuss and seek resolution directly with the colleague whose behavior is in question unless the behavior is unlawful, abusive, egregious or dangerous, in which case proper school or community authorities are contacted.
- c. If the matter remains unresolved at the school, school district or state professional practice/standards commission, referral for review and appropriate action should be made in the following sequence:
  1. State school counselor association
  2. American School Counselor Association (Complaints should be submitted in hard copy to the ASCA Ethics Committee, c/o the Executive Director, American School Counselor Association, 1101 King St., Suite 310, Alexandria, VA 22314.)

## **F. Ethical Decision Making**

When faced with an ethical dilemma, school counselors and school counseling program directors/supervisors use an ethical decision-making model such as Solutions to Ethical Problems in Schools (STEPS) (Stone, 2001):

- a. Define the problem emotionally and intellectually
- b. Apply the ASCA Ethical Standards for School Counselors and the law
- c. Consider the students' chronological and developmental levels
- d. Consider the setting, parental rights and minors' rights
- e. Apply the ethical principles of beneficence, autonomy, nonmaleficence, loyalty and justice
- f. Determine potential courses of action and their consequences
- g. Evaluate the selected action
- h. Consult
- i. Implement the course of action

## **Basic Counseling Skills to Become an Effective Therapist**

Effective counseling skills are vital in forming a strong alliance between the client and therapist.

When combined, such competencies support clients through treatment and help them reach their goal of overcoming the pressures of modern life and leading a more fulfilling existence (Tan, Leong, Tan, & Tan, 2015).

Various counseling skills can be learned and developed to foster and maintain the psychological process, including good communication, problem solving, and goal

setting, and introduce coping techniques such as self-talk and visualization (Nelson-Jones, 2014; Sommers-Flanagan & Sommers-Flanagan, 2015).

This article introduces and examines counseling skills and techniques for supporting the psychological process underpinning therapy and setting and achieving counseling goals.

Before you continue, we thought you might like to **download our three Strengths Exercises for free**. These detailed, science-based exercises will help your clients realize their unique potential and create a life that feels energizing and authentic.

## **What Are Counseling Skills?**

Most therapists and counselors would agree that a good counseling relationship is fundamental to being effective with clients. Such alliances build on several counselor-offered qualities, core conditions, and skills, including “empathic understanding, respect and acceptance for clients’ current states of being, and congruence or genuineness” While psychological practitioners recognize the importance of the counseling relationship, they also agree on the need for interventions using skills directed by their theoretical orientation.

When viewed as a relationship with core conditions and a selection of interventions, counseling is recognized as a psychological process, usually with the goal of “altering how people feel, think and act so that they may live their lives more effectively” (Nelson-Jones, 2014, p. 10).

Various counseling skills underpin the psychological process and are required to become an effective therapist. They have five different goals (Nelson-Jones, 2014):

- Supportive listening Clients feel heard, understood, and affirmed.
- Managing a problem situation Clients often need help tackling a specific, problematic situation.
- Problem management The individual requires support in overcoming more general problems, such as feeling depressed.
- Strengthening insufficiently strong skills Clients can develop or replace the weak and deficient skills that cause them to face the same problems repeatedly, such as broken relationships or challenges at work.
- Enhancing skill strength goals Clients do not always seek help in resolving specific problems; sometimes, they simply require the skills to function better.

The therapist's skills help the client achieve one or more of the goals above, overcome the problems they face, and acquire techniques to support new ways of thinking and behaving.

### 3 Real Examples of Good Counseling Skills



**Effective counseling** and therapy require many skills; they combine to build and maintain the therapeutic relationship and improve the likelihood of a positive

outcome from the psychological process (Cochran & Cochran, 2015; Nelson-Jones, 2014).

While there are various skills, the following are practical examples requiring positive and specific counseling skills.

### **Creating visual images**

Visual images can be powerful tools for entering and understanding a client's frame of reference (Nelson-Jones, 2014).

When a client explains their situation and the challenges they face, it can be helpful to form a mental representation of what life may be like for them. Visualization can provide insight into how they interpret events problematically, using their personal experiences and beliefs to shape their internal representation (Nelson-Jones, 2014).

### **Creating self-talk**

Self-talk is a valuable intervention for clients learning to cope with stress and anger (Nelson-Jones, 2014). Skilled therapists help clients with self-talk in the following ways:

- Highlight negative self-talk Clients often rely on damaging, negative self-talk. Skilled therapists can show clients how to explore their statements in problematic situations, such as presenting at work or forming relationships.

- Educate clients about coping self-talk Clients can learn **positive self-talk** as a helpful coping strategy, supporting an internal dialogue that calms nerves and focuses on the task at hand.
- Capture helpful self-talk Clients can discover how to capture positive self-talk and use it at the correct time.

## **Crisis counseling**

Therapists may occasionally counsel clients in potential or immediate danger. While their influence may feel limited, “counselors’ primary source of influence to keep clients safe through situations of imminent danger is the therapeutic relationship they form with each client” (Cochran & Cochran, 2015, p. 201).

Strong therapeutic relationship skills, such as the following, help manage client crises:

- Acceptance  
While tempting to see only the dilemma faced, it is crucial to know the person and accept them. It is imperative to connect with the client and make your understanding visible.
- Empathy Empathy is essential within any therapeutic relationship yet may need to be increased during times of crisis. It must be communicated clearly to the client so that they are aware of the connection formed.
- Explain what is going on If the therapist is distracted, perhaps listening for and assessing danger signals, they must tell the client. Otherwise, if the client senses anything less than the therapist’s full attention, they may assume judgmental and critical thoughts or even boredom.

- Carefully state feeling Clients may not always be aware that the therapist cares for them. Stating that they want the clients to be safe, well, and happy and sharing concern for their wellbeing can help justify a request to plan, complete an assessment, or follow a course of treatment.
- Therapeutic listening and reflection Therapeutic listening and reflection throughout each session show caring and connection.
- Making plans Planning for a client’s wellbeing and safety requires agreeing with the client what steps they will take and actions they are willing to put in place.

## **20 Basic Counseling Skills: A Checklist**

The following checklists contain skills that a therapist or counselor would typically possess or be working toward to help their clients reach their therapeutic goals effectively.

### **Listening and communication skills**

While “good therapeutic listening is extremely rare,” effective therapists should develop the following skills (Cochran & Cochran, 2015, p. 25):

- Focus on what a client is telling them for at least several minutes with total concentration.
- Summarize the core content of what is said (without their own belief bias) while avoiding missing key details or adding judgments or opinions.
- Recognize when they are adding in their own, uncommunicated thoughts.

- Be aware of their body language as a listener and recognize feelings physically and emotionally.
- Remain **comfortable with silences** and encourage the client to own them.

Good verbal communication is a valuable skill in therapy. Statements such as “I understand what you are saying” or “I can see you are in pain” can significantly affect the client’s confidence in the therapeutic process and the therapist.

Skilled therapists should ask themselves (Nelson-Jones, 2014):

- Is the language appropriate to the situation and the client? The client may have little or no therapy experience or may have limited vocabulary skills.
- What does the content of what is being said refer to? The therapist must tune in to what is being said and about whom; for example, “I just don’t seem to care anymore.”
- How much is being said? Too little speech may indicate client shyness or difficulty talking about a sensitive subject; too much may be a tactic to avoid sharing what is really wrong. Similarly, there is a problem if the therapist is talking more than the client or regularly interrupting.

## **Helping skills**

Helping skills typically include specific verbal skills taught to students who are training to become mental healthcare professionals, including (Hill & Lent, 2006):

- Open questions Helping clients elaborate on their internal frames of reference (such as, ‘Tell me about that’).
- Reflections of feelings Being aware of more profound emotional messages and showing that the therapist is attuned to the client.



- Interpretations Uncovering the meaning behind what is said.
- Direct guidance Setting realistic and achievable expectations for goals and appropriate behavior.

Helping skills can be learned through instruction or by modeling experts

## **Challenging skills**

Challenging clients' existing perceptions can help offer new perspectives, reframing how they see problems or previous events (Nelson-Jones, 2014).

The following guidelines can help develop the skills of challenging without confronting (modified from Nelson-Jones, 2014):

- Reflecting thoughts Begin by showing the client that they have been heard and understood.  
Helping clients challenge themselves Sending mixed messages or asking clients to back up their arguments encourages clients to question their internal frame of reference.
- Challenges should not be put-downs Avoid messages that begin with "you" that can be taken negatively.
- Avoiding strong challenges Challenging too hard can create resistance.  
Avoiding threats Avoid verbal or nonverbal threats, such as pointing or a raised voice.  
Leaving the client responsible Let the client choose if they move forward with the challenge.

- Neither overdoing nor avoiding challenges Challenging can be valuable, pushing toward client change. Too much can create the perception of an unsafe emotional climate.

## **Reflecting feelings**

“Reflecting feelings, rather than reflecting thoughts alone, can establish a climate for initial and subsequent sessions where clients share rather than bury feelings” (Nelson-Jones, 2014, p. 102).

Unlike paraphrasing, reflecting feelings involves picking up both verbal and nonverbal messages and requires skills as both a receiver and a sender (modified from Nelson-Jones, 2014).

Receiver skills include:

- Understanding the client’s face, body, vocal, and verbal messages.
- Being in tune with their own emotional reactions.
- Considering the context of the message sent.
- Being aware of both the surface and deeper messages from the client.

Sender skills include:

- Responding to the client, showing awareness and understanding of feelings.
- Using expressive responses rather than wooden replies.
- Confirming the accuracy of understanding.

## **How to Improve Your Counseling Skills**

Mental health professionals need to become their own best counselors; if therapists truly believe in **their approach** when applied to clients, it should also help them “lead happier and more fulfilled lives” (Nelson-Jones, 2014, p. 483).

Trainees may find it helpful to consider undergoing therapy themselves. The experience will benefit their personal growth, empathic understanding, and knowledge of the psychological process and therapeutic relationship (Nelson-Jones, 2014).

Once trained, mental health professionals should assume responsibility for their continuing professional development. Such training will keep therapists up to date with new developments in their field and advances in technology that support them professionally (Nelson-Jones, 2014).

Other ways to improve your counseling skills include being supervised, presenting at and attending conferences, and reading professional **counseling books** and articles.

### **Assessing Counseling Skills: A Scale**

Therapists, particularly students and trainees, should regularly reflect on their skill set and recognize opportunities for development and growth.

While there are limited instruments to assess the skills of mental health professionals directly, the following resources are helpful for therapists or supervisors:

- **Skill Evaluation Form** – Kent State University has produced a Counseling Skills and Techniques measure that while developed for students, can be

relevant for trainees and more experienced therapists.

- **American Counseling Association Code of Ethics** – This Code of Ethics includes details of the competencies required for a counselor along with ethical considerations and standards for the counseling relationship.
- **Psychotherapy Process Q-Set** – This 100-item questionnaire is used to score therapy sessions and classify the overall therapy process.

## **What is Behavioral Counseling?**

Behavioral counseling (BC) is a modality of counseling and psychotherapy using behavioral theory as the predominant method. These are the theories pioneered by Ivan Pavlov, John Watson, B.F. Skinner and Albert Bandura. BC involves use of classical and operant conditioning to understand and modify undesirable behaviors, extinguish phobias, and manage anxiety or panic attacks. It focuses very much on the here and now, real-time events and solutions. In BC, the psychodynamic roots of a problem and insight are de-emphasized in favor of a solution, rather than an understanding of the problem. BC emphasizes observable and measurable elements of human behavior.

Classical and Operant conditioning are the primary tools of behavioral psychology. Operant conditioning involves the use of positive reinforcement, negative reinforcement or punishment to produce behavioral change. A desired behavior will be associated with a reward which will increase the probability of the behavior occurring again. Negative reinforcement is the removal of aversive stimuli to a behavior. Punishment is the application of something aversive to discourage a behavior from reoccurring.

An example of behavioral psychology as a therapeutic method is through systematic desensitization. Phobias are learned behaviors, formed through classical conditioning. Agoraphobia, literally fear of the marketplace, or being in public, can originate if a panic attack occurs in a public place, e.g. the supermarket. The supermarket becomes a conditioned stimulus. The person quickly learns to associate the supermarket with panic symptoms, and experiences anticipatory anxiety, which can generalize to other markets, and even getting into the car, and eventually leaving the house.

The panic symptoms abate when the person flees or withdraws, which is the mechanism of negative reinforcement. Systematic desensitization reverses this process, by forming new associations. Through breathing control, distraction, and progressive muscle relaxation, the person learns a new association of relaxation or indifference to the market, through gradual exposure to the feared stimuli. This is a measurable, evidence based, time-tested method of extinguishing phobias. The empirical support of behavioral counseling is one of its greatest assets.

### **What is a Behavioral Counselor?**

Behavioral counselors work with clients to determine negative behavior patterns that prevent the individual from realizing his or her potential. Counselors in this field spend a lot of time, at least initially, observing their client, recording data about the client's behavior, and using that information to help form an effective treatment plan that will address the client's specific behavioral issue. Oftentimes, these treatments focus on helping a client change the way they think to bring about changes in the manner in which they behave. Behavioral counselors work with clients that have a variety of issues, from depression to substance abuse to marital problems.

For example, a behavioral counselor working with an adolescent that has an anger management problem would first observe the child in his or her natural environment. They may visit the child at school or at home, noting how he or she reacts to certain environmental stimuli. The counselor would take notes regarding the child's behavior, including situations, people, or events that trigger his or her angry outbursts. Then, the behavioral counselor would use that information to devise interventions that would help the child gain control of their anger and express their emotions in a more appropriate and healthy manner.

### **What Does a Behavioral Counselor Do?**

Job duties of a behavioral counselor typically include conducting one-on-one therapy, group therapy, family therapy, or various types of support groups. As a behavioral counselor, you would conduct assessments of your clients to learn more about the client (or clients) you are working with including their backgrounds and their presenting concerns. You would also create a treatment plan that identifies the goals that are to be worked on in therapy. Examples of some goals might include having a child learn anger management skills. The objectives of this goal might be to teach and have the child practice deep breathing exercises, to create a relaxation kit, and to learn feelings identification and healthy expression of emotions.

As a behavioral counselor, you will often help clients to address their stress, identify their coping mechanisms and teach healthier and more adaptive coping strategies. You would also often incorporate cognitive work to help clients address unhelpful ways of thinking. You primarily want to help clients learn new ways of managing their stress and overcoming their troubles.

## **Where Does a Behavioral Counselor Work?**

A behavioral counselor typically works in a mental health center, a treatment facility, a psychiatric hospital, a residential care facility, a substance abuse center or any other mental health setting.

## **What Skills and Qualities are Needed to be a Behavioral Counselor?**

A behavioral counselor has a job that is demanding and multifaceted. The person who chooses this path has to be willing to pursue a significant amount of specialized training, have the ability to work with different populations and have a high degree of flexibility.

Becoming a competent behavioral counselor requires advanced education and specialized skill set. Understanding behavior modification principles and using them to effect behavior change is the cornerstone of behavioral counseling. Most of the professional opportunities for behavioral counselors require a minimum of a master's degree and eligibility for licensure. Beyond that, behavioral counselors require specialized training in behavioral psychology and the application of behavior modification principles. Being able to develop treatment plans and interventions is a significant part of the behavioral counselor's required skill set.

A behavioral counselor need to have compassion and respect for people, especially for those who are or have gone through some challenging times.

A behavioral counselor may see some of the most challenging of clients. An ability to remain calm and in control is a necessity especially when dealing with potentially volatile situations. Being able to think and act decisively and in the best interest of the client requires both training in crisis management as well as a high degree of caring and compassion for the clients and their families. This role can be

intensely emotional and requires a high level of emotional maturity and self-awareness.

A crucial quality for a behavioral counselor is flexibility. The setting and circumstances of the work can vary greatly depending on the needs of the clients and their families. This is generally not a 9-5 job and long evening hours are often required especially when working with children and families or as part of a crisis team. Many programs require seeing clients outside of a traditional office setting. Community-based programs and interventions are becoming more common and it is as likely you'll find a behavioral counselor in the client's home as it is the client in the counselor's office.

Overall, though, a behavioral counselor needs to be fully accepting, nonjudgmental, and empathetic toward others. These qualities are what make the best counselors.

## **What is Academic Counseling?**

Academic counseling is the process of advising students on a number of issues that students may face throughout their educational careers. These issues may include advice on classes to take, post-graduation career choices, tutoring, financial aid, and personal counseling. Academic counseling is something that can be found in almost all colleges and universities and is an integral part of student life on many campuses.

Academic counseling can be done as a group or on an individual basis. An example is tutoring an entire class in preparation for an exam or counseling a single student on a particular topic they are having trouble understanding. General counseling can be given to a group advising them on various fields they can enter



after graduation, while counseling an individual may be more towards preparing them for an interview with a specific employer.

Academic counseling has been very successful for many colleges. It has led to better student satisfaction and overall higher employment rates for graduates. Colleges are also able to retain students that they may have normally lost due to frustration in navigating the difficulty of university life. Regardless if someone is just entering college or getting ready to graduate, academic counseling is something that can be used as a support system for students needing assistance.

### **What Does an Academic Counselor Do?**

Academic counselor work closely with school/college students to assist them in achieving their educational and career goals. Many students need help in determining what these goals will be, so an academic counselor's job would be to provide them the information they need to steer them in the correct path. Choosing a major is a notoriously arduous process for many students, so an academic counselor will have the opportunity to put them at ease while giving them the aid they need in making this important life decision.

In addition to career assistance, academic counselors are also required to help students choose the courses they need to complete their graduation requirements. They will also track the progress of their students to ensure that they are on the right path to their goals, and to assist them with any road bumps they might meet on their path to a degree. Finally, an academic counselor will have to help students develop the social and academic skills they will need to successfully complete college and embark on the career of their choice.

## **Why Academic Counselors are Important?**

Academic counselors are important for the success of high school and college students, as they guide students through their academic program, as well as providing direction for the student's future college selection or career path. Without guidance from an academic counselor, the student would have to conduct their own research into how their area of study can be applied to a career, and what the requirements are for entrance into that career. The student may not have the context for this information, or know where to begin looking. An academic counselor will have the experience and knowledge of the field to provide students with direction.

College students embarking on a career path will need a guide. The academic counselor who is current with state or federal regulations regarding licensure and credentialing within their field will be an invaluable aid to a student. Academic counselors who are, or have been involved in their field in addition to their academic career can give students inside information about the job; the type of real-world knowledge needed to operate successfully, which you will probably not learn in a textbook. They may have connections in the field to assist with internships, or job placement.

A trusting professional relationship with an academic counselor is important to assist students in areas pertinent to their school performance. Academic counselors can act as a liaison between student and teaching faculty to mediate disputes which could impact the student's academic performance. They can provide a sympathetic ear to students struggling with personal issues, and arrange appropriate referrals for counseling.

## **What is an Educational Counselor?**

- An educational counselor is responsible for assisting and giving leadership and guidance to the student body. Educational counselor does this through the monitoring of student body workloads as well as their GPA's and assisting them with improvement tactics and programs for their individual improvement.
- An education counselor act as a liaison between the student and teacher/professor and collaborate with the instructor on what is best for the individual student and what the best plan of attack is in dealing with their challenges.
- An educational counselor also follows up with each student that is in his/her charge until they successfully complete their program or school year. In cases such as being a primary and secondary educational counselor, one will also be responsible in part for assisting parents and teachers determine a student's readiness to move to the next grade.

## **What Does an Educational Counselor Do?**

- The academic part of job is only half of what an education counselors is faced with. The remaining half of core duties is to assist the student body with social issues that affect their performance at school as well as their overall lives. For example, as a primary or a secondary educational counselor, one would possibly have to contend with a student's family issues that are affecting the student's mental and emotional health.
- Education counselors work with students of all ages on issues specific to their academic, vocational, and professional success. While many youth counselors and social workers are employed in schools, such professionals

focus on a wide variety of issues. Education counselors have a more narrow and specialized niche. They understand the barriers to success that many students experience; learning disabilities, lack of motivation, language barriers, lack of accountability, test anxiety, and myriad other things that hold students back from achieving their academic potential. They also typically have detailed knowledge of specific teachers, subjects, and resources available to help students achieve.

- Educational counselors are generally trained to spot issues in a person's behavior. For example the standard practice goes something like this for primary and secondary education—a teacher will notice that a student's grades are falling and they are 'acting-out' in class, seem combative or detached. The teacher will question the student and then consult the counselor. After that the family would be summoned for a meeting with the student and the counselor. At that point the student would be afforded the opportunity to voice their concerns as well as the parents. The educational counselor would be responsible for offering and implementing programs to help the student overcome issues.
- Education counselors are also tapped into academic and vocational programs that students in their purview may benefit from. They have knowledge of universities, trade schools, and other professional opportunities that students may not otherwise be aware of, as well as how a student might go about increasing their odds of being accepted into such programs.
- Education counselors typically do not provide emotional or psychological support beyond standard compassion and acknowledgment of the stressors related to academic life. Education counselors may work in conjunction with other counselors and mental health professionals, but their primary focus is

on the academic and vocational success of students rather than their emotional wellbeing.

- Overall the role of the educational counselor is a rewarding and well-rounded experience as it goes far beyond monitoring education of the student.

### **Why Do We Need Education Counselors?**

- Many people may wonder why do we need education counselors? The truth is, education counselors play a very important role in the lives of students. Whether they are working in an elementary school, high school, or even a university, it cannot be said enough just how important these individuals are. Education counselors do far more than just help students plan their classes and shuffle papers. This type of ideology couldn't be farther from the truth.
- Education counselors play an important role as members and leaders of the education team. No matter the setting, be it a high school or college, education counselors provide guidance to students in crucial areas such as personal development, academic development, and even career development. In addition, to create a conducive learning environment, education counselors often work alongside faculty members and top leaders within the school or university they are working within. It goes without saying, education counselors play a critical role within the educational system.
- Without education counselors, students and faculty members would be left without a professional source to rely on. Education counselors are experts in their field, they possess the skills and knowledge to develop effective educational solutions. Whether that solution is helping a student determine

what college would best be suited for them, or helping a troubled student work through a behavioral issue, education counselors are there to help. These dedicated individuals truly perform life changing work. One student at a time, educational counselors are making an incredible impact.

## **Child Counseling Careers**

Children can be very vulnerable, not only physically, but mentally as well. They can suffer from the same type of mental illnesses that adults suffer from, but their thought processes are very different, so they need to be approached in a special way. Although children can easily fall prey to psychological disorders such as clinical depression, generalized anxiety disorder, post-traumatic stress disorder and attention deficit disorder, they can manifest their symptoms in very different behaviors.

If you are a person who enjoys children and wants to help them, becoming a child counselor may be the right path for you. Read on to learn more about the job duties associated with being a child counselor, the education requirements you will need to fulfill, the type of experience and personal qualities you will need, and how much pay you can expect to receive.

### **What is Child Counseling?**

Child counseling is a specialist field which focuses on helping children who are suffering some form of mental illness. It is incredibly specialized, focusing on the particular thought processes and problems of the younger patient group. Children typically come into contact with a child counselor after a diagnosis of a mental health condition or after exhibiting behaviors that may suggest an underlying mental health issue. Whilst they often present differently, child counseling deals

with many of the same mental health issues as its adult counterpart – depression, grief and anxiety are all common conditions for child counseling to help with.

As well as working to find underlying causes for mental health issues, child counseling can also be used to help explain difficult concepts to children, such as helping a child understand death or the breakdown of a marriage. It can be of use to help children who have witnessed or experienced a trauma, to help them understand the experience and how to deal with it.

This specialized counseling field is so important because issues presenting in childhood that are left untreated, are likely to follow a patient into adulthood and also have the potential to impact upon factors such as educational development.

### **What Does a Child Counselor Do?**

Child counselors work with children who are dealing with mental and emotional problems, and often children who are dealing with difficult family or life circumstances. The specialist role of the child counselor is particularly important because, whilst the conditions are often similar to those experienced by adults, the symptoms and experiences of children with these issues can be very different. Similarly, the discussion and treatment pathways with young people can be very different – a counselor who typically deals with adult patients, may not be best placed to help.

Many counselors treat a broad scope of problems, but some specialize in helping children cope with specific life circumstances, such as grief counseling, abuse counseling, while others may focus on treating a specific disorder, such as attention deficit disorder. Child counselors create an open, accepting and friendly environment for the child to explore his or her emotional issues, and use a variety of counseling techniques to help them deal with their problems.

Child counselors are trained in a variety of techniques, such as cognitive-behavioral therapy and play therapy. A child counselor is tasked with working closely with a child to better understand the issues they are facing, and to try to establish any underlying causes. If these causes can be established, the counselor then works to develop appropriate strategies for the young person to help to overcome them. Either way, the counselor will work with the child to implement treatment plans in response to their condition that are appropriate for their developmental stage.

Child counselors will often liaise with other services, when required, to help make necessary interventions and referrals. They also often have to work with the child's parents or caregivers to address any negative interactions in the home, and to assess the child's progress.

Counselors may work children in an individual or group setting, depending on the type of problem the child is experiencing and what type of setting works best for them.

### **Where Does a Child Counselor Work?**

Child counselors are most frequently employed in schools, juvenile detention centers, hospitals, children's homes, domestic violence shelters, homeless shelters, and social service offices. Many child counselors set up their own private practices where they can work from their office or in the children's homes.

### **What is the Difference Between a Child Psychologist and a Child Counselor?**

A primary difference between child psychologists and child counselors is the type of education and training they receive. Child counselors usually obtain a graduate



degree in mental health counseling or a related field. This training centers on using therapeutic techniques to assist their young clients in overcoming social or emotional issues, behavioral issues, or mental health issues like anxiety and depression. Much of what a child counselor does is engaging in talk therapy, play therapy, or other techniques that help the child open up about his or her problems. Much time is also spent teaching coping skills that make it more likely for the child to have improved mental health functioning in the future.

Where child counselors can practice in many states with just a graduate degree, child psychologists must have a doctorate in psychology to practice. The educational preparations for child psychologists are actually quite similar to those of child counselors, as are the job duties. Child psychologists work with children in a therapeutic setting, talking with children, offering insights, educating them, and equipping them with the skills needed to grow in a healthy manner.

However, child psychologists offer further psychological services that child counselors often do not. Child psychologists might administer tests, such as personality tests or IQ tests, to develop a clearer picture of the child's mental, emotional, or intellectual state. Child psychologists also often work as members of a team, such as with medical professionals, or as a consultant, such as with school systems, to help devise appropriate treatment plans and interventions for children in need.

## **A Guide to Different Types of Therapy**

### **Psychodynamic therapy**

Psychodynamic therapy developed from psychoanalysis, a long-term approach to mental health treatment.

In psychoanalysis, you can expect to talk about anything on your mind to uncover patterns in thoughts or behavior that might be contributing to distress. It's also common to talk about your childhood and past, along with recurring dreams or fantasies you might have.

### **How it works**

In psychodynamic therapy, you'll work with a therapist to explore the connection between your unconscious mind and your actions. This involves examining your emotions, relationships, and thought patterns.

Psychodynamic therapy can be a longer-term approach to mental health treatment, compared to cognitive behavioral therapy (CBT) and other types of therapy. Traditional psychoanalysis is an intensive form of treatment that people can go to for years.

Research suggests many people continue to improve, even after they complete psychodynamic therapy.

### **WHAT IT'S GOOD FOR**

Psychodynamic therapy may be a good choice for addressing:

- depression
- anxiety
- eating disorders
- somatic symptoms
- substance use disorder
- a variety of other conditions

## **Behavioral therapy**

Behavioral therapy is a focused, action-oriented approach to mental health treatment.

According to behavioral theory, certain behaviors develop from things you learned in your past. Some of these behaviors might affect your life negatively or cause distress.

Behavioral therapy can help you change your behavioral responses.

### **How it works**

In behavioral therapy, you won't spend much time talking about unconscious reasons for your behavior or working through emotional difficulties.

Instead, you'll focus on ways to change behavioral reactions and patterns that cause distress.

There are many subtypes of behavioral therapy, including:

- **Systematic desensitization.** Systematic desensitization combines relaxation exercises with gradual exposure to something you fear. This can help you slowly get used to replacing feelings of fear and anxiety with a relaxation response.
- **Aversion therapy.** In aversion therapy, you learn to associate the behavior you want to change with something that's uncomfortable or unpleasant in some way. This association may help you stop the behavior.
- **Flooding.** This is similar to systematic desensitization, but it involves facing your fears directly from the start, rather than gradually. If you have a phobia of dogs, for example, the first exposure step might be sitting in a room of friendly, playful dogs. With systematic desensitization, on the other hand, your first exposure step might be looking at pictures of dogs.

## **WHAT IT'S GOOD FOR**

Behavioral therapy may be a good option for addressing:

- anxiety
- phobias
- substance use disorder
- attention deficit hyperactivity disorder
- obsessive compulsive disorder (OCD)
- oppositional and defiant behaviors
- behavioral issues that result from communication difficulties or emotional challenges

### **Cognitive behavioral therapy**

Cognitive behavioral therapy is a short-term approach to mental health treatment. It's similar to behavioral therapy, but it also addresses unhelpful thought patterns or problematic thoughts.

The idea behind CBT is that certain feelings or beliefs you have about yourself or situations in your life can lead to distress.

This distress may contribute to mental health issues, occur alongside them, or develop as a complication of other mental health issues.

### **How it works**

In CBT sessions, you'll work on identifying patterns and learning more about how they might negatively affect you.

With your therapist's guidance, you'll explore ways to replace negative thought patterns or behaviors with ones that are more helpful and accurate.

Like behavioral therapy, CBT doesn't spend much time addressing past events. Instead, it focuses on addressing existing symptoms and making changes.

CBT often involves homework or practice outside the therapy session.

For example, you might keep track of negative thoughts or things that trouble you between sessions in a journal. This practice helps to reinforce what you learn in therapy and apply your new skills to everyday situations.

## **WHAT IT'S GOOD FOR**

CBT may be a good option for addressing:

- mood disorders, such as depression and bipolar disorder
- anxiety and phobias
- eating disorders
- substance use disorders
- OCD
- insomnia
- some symptoms of schizophrenia

## **Humanistic therapy**

Humanistic therapy is an approach that looks at how your worldview affects the choices you make, especially choices that cause distress. It's based on the belief that you're the best person to understand your experiences and needs.

Humanistic therapists work to help you better understand what you're experiencing, offering guidance and support without interpreting your feelings for you.

### **How it works**

Your therapist will help you work toward the goal of living your most fulfilling life, largely by enabling you to be your true self. You'll spend time exploring ways

to grow and increase self-acceptance along with discussing the issues you're dealing with.

Another important principle in humanistic therapy is unconditional positive regard. This simply means your therapist will accept you, even if they disagree with you on some things. Humanistic therapy is particularly useful for coping with negative judgement (perceived or real) from others.

Generally, you'll be the one directing the session. Your therapist will step in when needed, but otherwise they'll be actively listening to you, occasionally asking questions to ensure they understand what you're saying.

Humanistic approaches to therapy include:

- **Existential therapy.** In this philosophical approach to treatment, you'll consider concepts such as responsibility for your choices and your freedom to make choices. You might spend time talking about what certain parts of your life mean to you and how you might find greater meaning in life.
- **Person-centered therapy.** This approach works from the belief that emotional distress can result when others criticize you or show disapproval for your choices or actions. This can make self-acceptance and growth difficult. Therapists offer acceptance, empathy, and guidance as you work on personal growth and positive change.
- **Gestalt therapy.** With this approach, you'll look at unresolved issues, such as relationship and family conflicts, considering how they affect your emotional well-being. Gestalt therapy focuses on the present moment and often involves role-playing or acting out scenarios with movement or visualization.

## WHAT IT'S GOOD FOR

Humanistic therapy can be useful for addressing:

- self-esteem issues
- difficulty coping with chronic health concerns
- effects of trauma
- depression
- relationship issues
- substance use disorder
- feelings of worthlessness or being lost in life

## **First: What Is Behavioral Therapy?**

Behavioral therapy is a term that describes a broad range of techniques used to change maladaptive behaviors. The goal is to reinforce desirable behaviors and eliminate unwanted ones.

Behavioral therapy is rooted in the principles of behaviorism, a school of thought focused on the idea that we learn from our environment. This approach emerged during the early part of the 20th-century and became a dominant force in the field for many years. Edward Thorndike was one of the first to refer to the idea of modifying behavior.

Unlike the types of therapy that are rooted in insight (such as psychoanalytic therapy and humanistic therapies), behavioral therapy is action-based. Because of this, behavioral therapy tends to be highly focused. The behavior itself is the problem and the goal is to teach people new behaviors to minimize or eliminate the issue.

There are a number of different types of behavioral therapy. The type of therapy used can depend on a variety of factors, including the condition being treated and the severity of the person's symptoms.

- **Applied behavior analysis** uses operant conditioning to shape and modify problematic behaviors.

- **Cognitive behavioral therapy (CBT)** relies on behavioral techniques, but adds a cognitive element, focusing on the problematic thoughts behind behaviors.
- **Cognitive behavioral play therapy** utilizes play to assess, prevent, or treat psychosocial challenges. The therapist may use play to help a child learn how to think and behave differently.
- **Dialectical behavioral therapy (DBT)** is a form of CBT that utilizes both behavioral and cognitive techniques to help people learn to manage their emotions, cope with distress, and improve interpersonal relationships.
- **Exposure therapy** utilizes behavioral techniques to help people overcome their fears of situations or objects. This approach incorporates techniques that expose people to the source of their fears while practicing relaxation strategies. It is useful for treating specific phobias and other forms of anxiety.
- **Rational emotive behavior therapy (REBT)** focuses on identifying negative or destructive thoughts and feelings. People then actively challenge those thoughts and replace them with more rational, realistic ones.
- **Social learning theory** centers on how people learn through observation. Observing others being rewarded or punished for their actions can lead to learning and behavior change.<sup>2</sup>

## Techniques

In order to understand how behavioral therapy works, it is important to know more about the basic principles that contribute to behavioral therapy. The techniques used in this type of treatment are based on the theories of classical conditioning and operant conditioning.

## Classical Conditioning



Classical conditioning involves forming associations between stimuli. Previously neutral stimuli are paired with a stimulus that naturally and automatically evokes a response. After repeated pairings, an association is formed and the previously neutral stimulus will come to evoke the response on its own.

Classical conditioning is one way to alter behavior. Several different techniques and strategies are used in this approach to therapy.

- **Aversion therapy:** This process involves pairing an undesirable behavior with an aversive stimulus in the hope that the unwanted behavior will eventually be reduced. For example, someone with an alcohol use disorder might take Antabuse (disulfiram), a drug that causes severe symptoms (such as headaches, nausea, anxiety, and vomiting) when combined with alcohol.<sup>3</sup>
- **Flooding:** This process involves exposing people to fear-invoking objects or situations intensely and rapidly. It is often used to treat phobias. During the process, the individual is prevented from escaping or avoiding the situation.
- **Systematic desensitization:** In this technique, people make a list of fears and then learn to relax while concentrating on these fears. Starting with the least fear-inducing item and working their way to the most fear-inducing item, people systematically confront these fears under the guidance of a therapist. Systematic desensitization is often used to treat phobias and other anxiety disorders.<sup>2</sup>

## **Operant Conditioning**

Operant conditioning focuses on how reinforcement and punishment can be utilized to either increase or decrease the frequency of a behavior. Behaviors

followed by desirable consequences are more likely to occur again in the future, while those followed by negative consequences become less likely to occur.

Behavioral therapy techniques use reinforcement, punishment, shaping, modeling, and related techniques to alter behavior. These methods have the benefit of being highly focused, which means they can produce fast and effective results.

- **Contingency management:** This approach uses a formal written contract between a client and a therapist (or parent or teacher) that outlines behavior-change goals, reinforcements, rewards, and penalties. Contingency contracts can be very effective in producing behavior changes since the rules are spelled out clearly, preventing both parties from backing down on their promises.
- **Extinction:** Another way to produce behavior change is to stop reinforcing behavior in order to eliminate the response. Time-outs are a perfect example of the extinction process. During a time-out, a person is removed from a situation that provides reinforcement. By taking away what the person found rewarding, unwanted behavior is eventually extinguished.
- **Behavior modeling:** This technique involves learning through observation and modeling the behavior of others. Rather than relying simply on reinforcement or punishment, modeling allows individuals to learn new skills or acceptable behaviors by watching someone else perform those desired skills.
- **Token economies:** This strategy relies on reinforcement to modify behavior. Parents and teachers often use token economies, allowing kids to earn tokens for engaging in preferred behaviors and lose tokens for undesirable behaviors. These tokens can then be traded for rewards such as candy, toys, or extra time playing with a favorite toy.<sup>4</sup>

## What Behavioral Therapy Can Help With

Behavioral therapy can be utilized to treat a wide range of psychological conditions and disorders, including:

- Bipolar disorder<sup>5</sup>
- Alcohol and substance use disorders
- Anxiety
- Attention-deficit/hyperactivity disorder (ADHD)
- Autism spectrum disorders
- Borderline personality disorder (BPD)
- Depression
- Eating disorders
- Panic disorder
- Phobias
- Obsessive-compulsive disorder (OCD)<sup>6</sup>

Behavioral therapy is problem-focused and action-oriented. For this reason, it can also be useful for addressing specific psychological concerns such as anger management and stress management.<sup>7</sup>

Treatments that incorporate behavioral techniques are usually focused on producing results in a relatively short period of time.

### Benefits of Behavioral Therapy

Behavioral therapy is widely used and has been shown to be effective in treating a number of different conditions. Cognitive behavioral therapy, in particular, is often considered the "gold standard" in the treatment of many disorders,<sup>8</sup> and cognitive

behavioral play therapy, specifically, can be effective for children where other types of therapy aren't.<sup>9</sup>

CBT is often more affordable than other types of therapy and results are often seen in five to 20 sessions.<sup>10</sup> Research has shown that CBT is most effective for the treatment of:

- Anger issues
- Anxiety
- Bulimia
- Depression
- Somatic symptom disorder
- Stress
- Substance abuse and relapse prevention<sup>11</sup>

In addition, behavioral therapy has been found to help people with the following:

- Communication
- Coping strategies
- Healthier thought patterns
- Self-esteem<sup>12</sup>

## **Effectiveness**

- How well behavioral therapy works depends on factors such as the specific type of treatment used as well as the condition that is being treated.
- Overall, research has found that approximately 67% of people who try psychotherapy experience some type of positive improvement.<sup>13</sup>

- This does not mean that CBT or other behavioral approaches are the only types of therapy that can treat mental illness. It also doesn't mean that behavior therapy is the right choice for every situation.
- Anxiety disorders, including post-traumatic stress disorder (PTSD), panic disorder, obsessive-compulsive disorder (OCD), and phobias, for example, often respond well to behavioral treatments.<sup>14</sup> However, researchers found that the effectiveness of behavioral therapy, specifically CBT, in the treatment of substance use disorders can vary depending on the substance being misused.<sup>15</sup>
- CBT was also shown to have beneficial effects on some symptoms of schizophrenia but showed no benefits on relapse and hospital admission when compared to other forms of treatment.<sup>16</sup>

## **Second: What Is Cognitive Behavioral Therapy?**

Cognitive behavioral therapy (CBT) is a type of psychotherapeutic treatment that helps people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior and emotions.<sup>1</sup>

Cognitive behavioral therapy focuses on changing the automatic negative thoughts that can contribute to and worsen emotional difficulties, depression, and anxiety. These spontaneous negative thoughts have a detrimental influence on mood.

Through CBT, these thoughts are identified, challenged, and replaced with more objective, realistic thoughts.

## **Types of Cognitive Behavioral Therapy**

CBT encompasses a range of techniques and approaches that address thoughts, emotions, and behaviors. These can range from structured psychotherapies to self-help materials. There are a number of specific types of therapeutic approaches that involve CBT, including:

- **Cognitive therapy** centers on identifying and changing inaccurate or distorted thinking patterns, emotional responses, and behaviors.<sup>2</sup>
- **Dialectical behavior therapy (DBT)** addresses thoughts and behaviors while incorporating strategies such as emotional regulation and mindfulness.
- **Multimodal therapy** suggests that psychological issues must be treated by addressing seven different but interconnected modalities: behavior, affect, sensation, imagery, cognition, interpersonal factors, and drug/biological considerations.<sup>3</sup>
- **Rational emotive behavior therapy (REBT)** involves identifying irrational beliefs, actively challenging these beliefs, and finally learning to recognize and change these thought patterns.

While each type of cognitive behavioral therapy takes a different approach, all work to address the underlying thought patterns that contribute to psychological distress.

## **CBT Techniques**

CBT is about more than identifying thought patterns; it is focused on using a wide range of strategies to help people overcome these thoughts. Techniques may include journaling, role-playing, relaxation techniques, and mental distractions.<sup>4</sup>

### **Identifying Negative Thoughts**

It is important to learn how thoughts, feelings, and situations can contribute to maladaptive behaviors.<sup>5</sup> The process can be difficult, especially for people who struggle with introspection, but it can ultimately lead to self-discovery and insights that are an essential part of the treatment process.

### **Practicing New Skills**

It is important to start practicing new skills that can then be put in to use in real-world situations. For example, a person with a substance use disorder might start practicing new coping skills and rehearsing ways to avoid or deal with social situations that could potentially trigger a relapse.

### **Goal-Setting**

Goal setting can an important step in recovery from mental illness and helping you make changes to improve your health and life. During CBT, a therapist can help with goal-setting skills by teaching you how to identify your goal, distinguish between short- and long-term goals, set SMART (specific, measurable, attainable, relevant, time-based) goals, and focus on the process as much as the end outcome.

### **Problem-Solving**

Learning problem solving skills can help you identify and solve problems that arise from life stressors, both big and small, and reduce the negative impact of psychological and physical illness.

### **Problem solving in CBT often involves five steps:**

1. Identifying a problem
2. Generating a list of possible solutions

3. Evaluating the strengths and weaknesses of each possible solution
4. Choosing a solution to implement
5. Implementing the solution<sup>6</sup>

## **Self-Monitoring**

Also known as diary work, self-monitoring is an important part of CBT that involves tracking behaviors, symptoms, or experiences over time and sharing them with your therapist. Self-monitoring can help provide your therapist with the information needed to provide the best treatment. For example, for people coping with eating disorders, self-monitoring may involve keeping track of eating habits as well as any thoughts or feelings that went along with consuming that meal or snack.<sup>7</sup>

## **How Behavioral Therapy Works**

### **What CBT Can Help With**

Cognitive behavior therapy can be used as a short-term treatment to help individuals learn to focus on present thoughts and beliefs.<sup>1</sup>

CBT is used to treat a wide range of conditions including:

- Addiction
- Anger issues
- Anxiety<sup>4</sup>
- Bipolar disorder
- Depression
- Eating disorders



- Panic attacks
- Personality disorders
- Phobias<sup>8</sup>

In addition to mental health conditions, CBT has been found to help people cope with the following:

- Chronic pain or serious illnesses
- Divorce or break-ups
- Grief or loss
- Insomnia<sup>9</sup>
- Low self-esteem
- Relationship problems
- Stress management

## **Benefits of Cognitive Behavioral Therapy**

The underlying concept behind CBT is that thoughts and feelings play a fundamental role in behavior.<sup>1</sup> For example, a person who spends a lot of time thinking about plane crashes, runway accidents, and other air disasters may avoid air travel as a result.

The goal of cognitive behavior therapy is to teach people that while they cannot control every aspect of the world around them, they can take control of how they interpret and deal with things in their environment.

CBT is often known for the following key benefits:

- It allows you to engage in healthier thinking patterns by becoming aware of the negative and often unrealistic thoughts that dampen your feelings and moods.<sup>1</sup>
- It is an effective short-term treatment option; for example, improvements can be seen in five to 20 sessions.
- It has been found effective for a wide variety of maladaptive behaviors.<sup>1</sup>
- It is often more affordable than some other types of therapy.
- It has been found to be effective online as well as face-to-face.<sup>8</sup>
- It can be used for those who don't require psychotropic medication.

One of the greatest benefits of cognitive behavioral therapy is that it helps clients develop coping skills that can be useful both now and in the future.<sup>1</sup>

## **Effectiveness of CBT**

CBT emerged during the 1960s and originated in the work of psychiatrist Aaron Beck, who noted that certain types of thinking contributed to emotional problems. Beck labeled these "automatic negative thoughts" and developed the process of cognitive therapy.

Where earlier behavior therapies had focused almost exclusively on associations, reinforcements, and punishments to modify behavior, the cognitive approach addressed how thoughts and feelings affect behaviors.

Today, cognitive behavioral therapy is one of the most well-studied forms of treatment and has been shown to be effective in the treatment of a range of mental conditions including anxiety, depression, eating disorders, insomnia, obsessive-

compulsive disorder, panic disorder, post-traumatic stress disorder, and substance use disorder.

- CBT is the leading evidence-based treatment for eating disorders.<sup>10</sup>
- CBT has been proven helpful in those with insomnia as well as those who have a general medical condition that interferes with sleep, including those afflicted with pain or mood disorders such as depression.<sup>9</sup>
- Cognitive behavioral therapy has been scientifically proven to be effective in treating symptoms of depression and anxiety in children and adolescents.<sup>11</sup>
- A 2018 meta-analysis of 41 studies found that CBT helped to improve symptoms in people with anxiety and anxiety-related disorders, including obsessive-compulsive disorder and post-traumatic stress disorder.<sup>12</sup>
- CBT has a high level of empirical support for the treatment of substance use disorders, helping improve self-control, avoid triggers, and develop coping mechanisms for daily stressors.<sup>13</sup>

CBT is one of the most researched types of therapy, in part because treatment is focused on highly specific goals and results can be measured relatively easily.

**Cognitive behavioural therapy (CBT) can help you make sense of overwhelming problems by breaking them down into smaller parts.**

In CBT, problems are broken down into 5 main areas:

- situations
- thoughts
- emotions

- physical feelings
- actions

CBT is based on the concept of these 5 areas being interconnected and affecting each other. For example, your thoughts about a certain situation can often affect how you feel both physically and emotionally, as well as how you act in response.

## **How CBT is different**

CBT differs from many other psychotherapies because it's:

- **pragmatic** – it helps identify specific problems and tries to solve them
- **highly structured** – rather than talking freely about your life, you and your therapist discuss specific problems and set goals for you to achieve
- **focused on current problems** – it's mainly concerned with how you think and act now rather than attempting to resolve past issues
- **collaborative** – your therapist will not tell you what to do; they'll work with you to find solutions to your current difficulties

## **Stopping negative thought cycles**

There are helpful and unhelpful ways of reacting to a situation, often determined by how you think about them.

For example, if your marriage has ended in divorce, you might think you've failed and that you're not capable of having another meaningful relationship.

This could lead to you feeling hopeless, lonely, depressed and tired, so you stop going out and meeting new people. You become trapped in a negative cycle, sitting at home alone and feeling bad about yourself.

But rather than accepting this way of thinking you could accept that many marriages end, learn from your mistakes and move on, and feel optimistic about the future.

This optimism could result in you becoming more socially active and you may start evening classes and develop a new circle of friends.

This is a simplified example, but it illustrates how certain thoughts, feelings, physical sensations and actions can trap you in a negative cycle and even create new situations that make you feel worse about yourself.

CBT aims to stop negative cycles such as these by breaking down things that make you feel bad, anxious or scared. By making your problems more manageable, CBT can help you change your negative thought patterns and improve the way you feel.

CBT can help you get to a point where you can achieve this on your own and tackle problems without the help of a therapist.

## **Exposure therapy**

Exposure therapy is a form of CBT particularly useful for people with phobias or obsessive compulsive disorder (OCD).

In such cases, talking about the situation is not as helpful and you may need to learn to face your fears in a methodical and structured way through exposure therapy.

Exposure therapy involves starting with items and situations that cause anxiety, but anxiety that you feel able to tolerate. You need to stay in this situation for 1 to 2 hours or until the anxiety reduces for a prolonged period by a half.

Your therapist will ask you to repeat this exposure exercise 3 times a day. After the first few times, you'll find your anxiety does not climb as high and does not last as long.

You'll then be ready to move to a more difficult situation. This process should be continued until you have tackled all the items and situations you want to conquer.

Exposure therapy may involve spending 6 to 15 hours with the therapist, or can be carried out using self-help books or computer programs. You'll need to regularly practice the exercises as prescribed to overcome your problems.

## **CBT sessions**

CBT can be carried out with a therapist in 1-to-1 sessions or in groups with other people in a similar situation to you.

If you have CBT on an individual basis, you'll usually meet with a CBT therapist for between 5 and 20 weekly or fortnightly sessions, with each session lasting 30 to 60 minutes.

Exposure therapy sessions usually last longer to ensure your anxiety reduces during the session. The therapy may take place:

- in a clinic
- outside – if you have specific fears there
- in your own home – particularly if you have agoraphobia or OCD involving a specific fear of items at home

Your CBT therapist can be any healthcare professional who has been specially trained in CBT, such as a psychiatrist, psychologist, mental health nurse or GP.

## **First sessions**

The first few sessions will be spent making sure CBT is the right therapy for you, and that you're comfortable with the process. The therapist will ask questions about your life and background.

If you're anxious or depressed, the therapist will ask whether it interferes with your family, work and social life. They'll also ask about events that may be related to your problems, treatments you've had, and what you would like to achieve through therapy.

If CBT seems appropriate, the therapist will let you know what to expect from a course of treatment. If it's not appropriate, or you do not feel comfortable with it, they can recommend alternative treatments.

## **Further sessions**

After the initial assessment period, you'll start working with your therapist to break down problems into their separate parts. To help with this, your therapist may ask you to keep a diary or write down your thought and behaviour patterns.

You and your therapist will analyse your thoughts, feelings and behaviours to work out if they're unrealistic or unhelpful and to determine the effect they have on each other and on you. Your therapist will be able to help you work out how to change unhelpful thoughts and behaviours.

After working out what you can change, your therapist will ask you to practise these changes in your daily life. This may involve:

- questioning upsetting thoughts and replacing them with more helpful ones
- recognising when you're going to do something that will make you feel worse and instead doing something more helpful

You may be asked to do some "homework" between sessions to help with this process.

At each session, you'll discuss with your therapist how you've got on with putting the changes into practice and what it felt like. Your therapist will be able to make other suggestions to help you.

Confronting fears and anxieties can be very difficult. Your therapist will not ask you to do things you do not want to do and will only work at a pace you're comfortable with. During your sessions, your therapist will check you're comfortable with the progress you're making.



One of the biggest benefits of CBT is that after your course has finished, you can continue to apply the principles learned to your daily life. This should make it less likely that your symptoms will return.

## **Online CBT**

A number of interactive online tools are now available that allow you to benefit from CBT with minimal or no contact with a therapist.

Some people prefer using a computer rather than talking to a therapist about their private feelings. However, you may still benefit from occasional meetings or phone calls with a therapist to guide you and monitor your progress.

## **Third: What Is Humanistic Therapy?**

Humanistic therapy describes a range of different types of therapy that focus on a person as an individual with unique potential and abilities. Instead of concentrating on what is wrong with people, this type of therapy is more focused on helping them overcome their difficulties through personal growth.

Humanistic therapy grew out of humanistic psychology, a perspective that stresses that people are innately good. This approach tends to be more holistic and looks at the whole person rather than just a single area of a person's life. By emphasizing a person's skills and positive characteristics, it encourages people to heal and find personal fulfillment.

## Types of Humanistic Therapy

There are a number of different types of humanistic therapy. Some of these include:

- **Client-centered therapy:** Also known as person-centered therapy, this approach involves the therapist taking a non-directive approach to the therapy process. The individual acts as an equal partner, while the therapist offers empathy and unconditional positive regard.
- **Existential therapy:** This is a philosophical approach to therapy that works to help people better understand their place in the universe. It works by helping people explore the things that bring meaning to their life. People learn to accept responsibility for their own choices and recognize that they have the power to make changes in order to bring more meaning and purpose to their lives.
- **Gestalt therapy:** This form of humanistic therapy focuses on a person's current life and experiences rather than looking at their past. It places a great deal of emphasis on how the individual perceives and makes meaning out of their experiences.
- **Logotherapy:** This type of therapy focuses on helping people find ways to endure life's difficulties and find a sense of purpose and meaning. It proposes that finding meaning in life can help improve mental well-being and relieve symptoms of conditions including depression, grief, and trauma.<sup>1</sup>
- **Narrative therapy:** This approach to therapy helps people identify their values and skills by focusing on their personal stories and experiences. It strives to help people see that they are separate from their problems.<sup>2</sup>

Humanistic therapy is an umbrella term that encompasses a number of different types of therapy. The specific type of humanistic therapy that is right for you may depend on your goals and what symptoms are being treated.

## Techniques

Humanistic therapists use a number of techniques that are designed to support people as they work toward change. Some of the main techniques that are frequently used include:<sup>3</sup>

- **Congruence:** This technique is essential to humanistic therapy and involves the therapist being authentic, open, and genuine as they interact with the individual who is in therapy.
- **Empathetic understanding:** This involves the therapist not only understanding what the client is feeling and saying, but also communicating that understanding to the client. The individual should feel heard, seen, and understood.<sup>4</sup>
- **Reflective listening:** This involves actively listening to the individual and then summarizing what the client has said in their own words. This strategy can help reinforce what the client is saying, allow them to reflect back on their own words, and clear up potential misunderstandings.<sup>5</sup>
- **Unconditional positive regard:** This technique involves the therapist accepting the individual without judgment. It is characterized by a caring attitude that plays an important role in fostering self-worth, personal growth, and self-awareness.<sup>6</sup>

Because humanistic therapy is focused on the present, it may also utilize a practice known as mindfulness to help people become more aware of themselves and their environment.

Therapists utilize these techniques to support people as they develop greater self-awareness. These techniques are focused on solving specific problems; instead, their goal is to encourage people to view themselves as capable of directing their own behavior and achieving their unique goals.

## **What Humanistic Therapy Can Help With**

There is not a great deal of research on the efficacy of humanistic therapy for specific conditions. This may be in part because these approaches focus less on measurable symptoms and outcomes. However, humanistic therapy has been used to treat a range of different mental health conditions. Some of these include:

- Anxiety
- Depression<sup>7</sup>
- Low self-esteem
- Panic disorder
- Personality disorders
- Post-traumatic stress disorder (PTSD)
- Psychosis<sup>8</sup>
- Relationship problems
- Substance use
- Trauma

This approach can also be helpful for people who are not focused on treating a specific condition. Those who are interested in maximizing their potential and growing as a person may benefit from humanistic therapies.

## **Benefits of Humanistic Therapy**

One benefit of humanistic therapy is that this approach can be a great source of empathy and support. Because therapists are trained to be non-judgemental and listen with understanding, you may feel more comfortable opening up and sharing your feelings.

Humanistic therapy also allows the individual to play an active role in their treatment, while the therapist acts as a knowledgeable, trusted guide.

Because humanistic therapy focuses on a person's positive qualities, it can help people feel more empowered and active in the process of making changes in their lives. Rather than feeling overwhelmed or dragged down by problems, it encourages people to focus on their strengths and use those skills to fulfill their needs.

This approach to therapy can also be a good way to learn coping skills—including problem-solving and stress relief—that will be helpful whenever you are faced with problems in your life. Because it fosters self-esteem and self-efficacy, you'll feel more capable as you deal with challenges.

### **Effectiveness**

Research suggests that humanistic therapy can be an effective treatment approach when dealing with a range of disorders and other difficulties.

- A 2013 review of the research found that client-centered therapy was an effective approach in the treatment of depression, psychosis, relationship problems, and trauma.<sup>9</sup>
- A 2017 study found that young people experiencing psychological distress showed improvement in emotional symptoms after receiving humanistic counseling.<sup>10</sup>
- A 2019 exploratory trial compared client-centered therapy to trauma-focused cognitive behavior therapy in the treatment of mothers and children who had experienced trauma. While the results indicated that client-centered therapy led to significant symptom reduction in children, CBT was found to be much more effective at reducing symptoms in mothers

## **What Is Client-Centered Therapy?**

Client-centered therapy, also known as person-centered therapy or Rogerian therapy, is a non-directive form of talk therapy developed by humanist psychologist Carl Rogers during the 1940s and 1950s. In this approach, you act as an equal partner in the therapy process, while your therapist remains non-directive—they don't pass judgments on your feelings or offer suggestions or solutions.

Rogers is widely regarded as one of the most influential psychologists of the 20th-century. He believed that people are the best expert on their own lives and experiences.

Rogers also suggested that people have a self-actualizing tendency, or a desire to fulfill their potential and become the best that they can be. His form of therapy was

intended to allow clients to fulfill that potential by relying on their own strength to change.<sup>1</sup>

Initially, Rogers called his technique "non-directive therapy." Much like psychoanalyst Sigmund Freud, Rogers believed that the therapeutic relationship could lead to insights and lasting changes in clients.

While his goal was to be as non-directive as possible, he eventually realized that therapists guide clients even in subtle ways. He also found that clients often do look to their therapists for some type of guidance or direction.

### Techniques

Mental health professionals who utilize this approach strive to create the conditions needed for their clients to change. This involves a therapeutic environment that is conformable, non-judgmental, and empathetic. They use three techniques to achieve this:<sup>2</sup>

- Genuineness and congruence
- Unconditional positive regard
- Empathetic understanding

By using these three techniques, therapists can help clients grow psychologically, become more self-aware, and change their behavior via self-direction. In this type of environment, a client feels safe and free from judgment.

### "Client" vs. "Patient"

Rogers deliberately used the term "client" rather than "patient." He believed that "patient" implied that the individual was sick and seeking a cure from a therapist.

By using "client" instead, Rogers emphasized the importance of the individual in seeking assistance, controlling their destiny, and overcoming their difficulties. This self-direction plays a vital part in client-centered therapy.

## **Some types of this therapy:**

### Genuineness and Congruence

Client-centered therapists display genuineness and congruence with their clients. This means they always act in accordance with their own thoughts and feelings, allowing themselves to share openly and honestly.

This requires self-awareness and a realistic understanding of how internal experiences, like thoughts and feelings, interact with external experiences. By modeling genuineness and congruence, your therapist can help teach you these important skills.

Displaying genuineness and congruence also helps create a secure, trusting relationship between you and your therapist. This trust contributes to a feeling of safety, which may help you engage with therapy more comfortably.<sup>3</sup>

## **Unconditional Positive Regard**

Your therapist will show unconditional positive regard by always accepting you for who you are and displaying support and care no matter what you are facing or experiencing. They may express positive feelings to you or offer reassurance, or they may practice active listening, responsive eye contact, and positive body language to let you know that they're engaged in the session.



By creating a climate of unconditional positive regard, your therapist may help you feel able to express your true emotions without fear of rejection. This is often an affirming experience, and it may set the stage for you to make positive changes.<sup>4</sup>

The Role of Unconditional Positive Regard

## **Empathetic Understanding**

Your therapist will also practice empathy during sessions, acting as a mirror of your feelings and thoughts. They will seek to understand you and maintain an awareness and sensitivity to your experience and your point of view.

The goal is to help you build a rapport with your therapist and ensure that you feel fully understood. This may provide you with the environment you need to reflect on your own inner thoughts, perceptions, and emotions, which may offer unique insights you didn't have access to previously.<sup>5</sup>

## **What Client-Centered Therapy Can Help With**

Client-centered therapy may help people who are experiencing:

- Anxiety and psychosis<sup>6</sup>
- Dementia<sup>7</sup>
- Depression<sup>8</sup>
- Mood disorders<sup>4</sup>
- Negative thoughts related to post-traumatic stress disorder (PTSD)<sup>9</sup>

## **Benefits of Client-Centered Therapy**

Client-centered therapy may improve self-concept, which is your organized set of beliefs and ideas about yourself. Self-concept plays an important role in determining not only how people see themselves, but also how they view and interact with the world around them.<sup>3</sup>

Sometimes, self-concept is congruent with reality. In other cases, self-perceptions are unrealistic or not in tune with what exists in the real world. While most people distort reality to at least a small degree, when self-concept is in conflict with reality, incongruence can result.

For example, imagine a young woman who views herself as uninteresting and a poor conversationalist despite the fact that other people find her fascinating and quite engaging. Because her self-perceptions are not congruent with reality, she may experience poor self-esteem.

Through the process of client-centered therapy, you can learn to adjust your self-concept in order to achieve congruence. The techniques used in the client-centered approach are all focused on helping you reach a more realistic view of yourself and the world.

## **Effectiveness**

Several studies have shown that the techniques used in client-centered therapy are beneficial.

- Genuineness and congruence appear to lead to better outcomes, especially when they are used in school counseling settings.<sup>3</sup>

- Unconditional positive regard is also effective, particularly at improving overall well-being for people with mood or anxiety disorders.<sup>4</sup>
- Empathetic understanding appears to promote positive outcomes, especially for people experiencing depression and anxiety.<sup>5</sup>

It's not clear if these factors alone are enough to promote lasting change in clients. Outcomes for clients may also depend on their perception of their therapist—if they don't see their therapist as empathetic, for instance, they may not experience positive results from treatment

## **Unconditional Positive Regard in Psychology**

Unconditional positive regard is a term used by humanist psychologist Carl Rogers to describe a technique used in his non-directive, client-centered therapy.<sup>1</sup>

According to Rogers, unconditional positive regard involves showing complete support and acceptance of a person no matter what that person says or does. The therapist accepts and supports the client, no matter what they say or do, placing no conditions on this acceptance. That means the therapist supports the client, whether they are expressing "good" behaviors and emotions or "bad" ones.

## **What Is Unconditional Positive Regard?**

"It means caring for the client, but not in a possessive way or in such a way as simply to satisfy the therapist's own needs," explained in Rogers in a 1957 article published in the *Journal of Consulting Psychology*.<sup>2</sup> "It means caring for the client as a separate person, with permission to have his own feelings, his own experiences."

Rogers believed that it was essential for therapists to show unconditional positive regard to their clients. He also suggested that individuals who don't have this type of acceptance from people in their lives can eventually come to hold negative beliefs about themselves.

"People also nurture our growth by being accepting—by offering us what Rogers called unconditional positive regard," explains David G. Meyers in his book, "Psychology: Eighth Edition in Modules."

"This is an attitude of grace, an attitude that values us even knowing our failings. It is a profound relief to drop our pretenses, confess our worst feelings, and discover that we are still accepted. In a good marriage, a close family, or an intimate friendship, we are free to be spontaneous without fearing the loss of others' esteem."<sup>3</sup>

## **Unconditional Positive Regard and Self-Worth**

Rogers believed that people have a need for both self-worth and positive regard for other people.<sup>2</sup> How people think about themselves and how they value themselves plays a major role in well-being.

People with a stronger sense of self-worth are also more confident and motivated to pursue their goals and to work toward self-actualization because they believe that they are capable of accomplishing their goals.

During the early years, children hopefully learn that they are loved and accepted by their parents and other family members, which contributes to feelings of confidence and self-worth. Unconditional positive regard from caregivers during

the early years of life can help contribute to feelings of self-worth as people grow older.<sup>1</sup>

As people age, the regard of others plays more of a role in shaping a person's self-image.

Rogers believed that when people experience conditional positive regard, where approval hinges solely on the individual's actions, incongruence may occur. Incongruence happens when a person's vision of their ideal self is out of step with what they experience in real-life.<sup>4</sup>

Congruent individuals will have a lot of overlap between their self-image and their notion of their ideal self. An incongruent individual will have little overlap between their self-image and ideal self.

Rogers also believed that receiving unconditional positive regard could help people become congruent once more. By providing unconditional positive regard to their clients, Rogers believed that therapists could help people become more congruent and achieve better psychological well-being.<sup>5</sup>

## **How It Works**

Is it really possible for therapists to offer unconditional positive regard to each and every client? Many suggest that the answer is no. However, as John and Rita Sommers-Flanagan note, it is possible for therapists to *try* to feel such regard toward their clients.

They also note that such acceptance does not constitute permissiveness or an endorsement of all behaviors. Natalie Rogers, the daughter of Carl Rogers, later

explained that her father believed that while any thoughts and feelings are OK, not all behaviors are acceptable.

While unconditional positive regard is a cornerstone of client-centered therapy, it isn't always easy to put into practice. Imagine a situation in which a therapist is working with a sex offender. In their book, "Counseling and Psychotherapy Theories in Context and Practice," Sommers-Flanagan offers some advice to practitioners who encounter such difficult situations.<sup>6</sup>

Rather than focusing on the behaviors themselves, the authors recommend seeking positive regard for the suffering and fears that such behaviors might represent.

"Rogers firmly believed every person was born with the potential to develop in positive, loving ways," they suggest. "When doing person-centered therapy, you become their next chance, maybe their last chance, to be welcomed, understood, and accepted. Your acceptance may create the conditions needed for change."

## **Gestalt Therapy**

Another type of humanistic therapy

### **What Is Gestalt Therapy?**

Gestalt therapy is a humanistic, holistic, person-centered form of psychotherapy that is focused on a person's present life and challenges rather than delving into past experiences. This approach stresses the importance of understanding the context of a person's life and taking responsibility rather than placing blame.

Gestalt, by definition, refers to the form or shape of something and suggests that the whole is greater than the sum of its parts. There is an emphasis on perception in this particular theory of counseling. Gestalt therapy gives attention to how we place meaning and make sense of our world and our experiences.

Gestalt therapy was developed by Fritz Perls, with the help of his wife at the time, Laura Perls, and introduced in the 1940s as an alternative to more traditional psychoanalysis. Both Fritz and Laura were trained in psychoanalysis and gestalt psychology.

Along with others, such as Paul Goodman, they worked together to develop a style of therapy that was humanistic in nature. In other words, the approach focused on the person and the uniqueness of their experience.

## **Key Concepts**

There are a number of principle ideas that come into play with gestalt therapy, from perception to self-awareness.

## **Experience Influences Perception**

In this client-centered approach to therapy, the gestalt therapist understands that no one can be fully objective and that we are influenced by our environment and our experiences. A therapist trained in gestalt therapy holds space for their clients to share their truth, not imposing their judgment and accepting the truth of their clients' experiences.

Since therapists are human as well, it is important for gestalt therapists to consider the influence of their own experiences on what is happening in the session.

## **Context Matters**

When in session, gestalt therapists want to learn about the experience of their clients. It is understood that context matters and the therapists use techniques to help the client become more aware of their experiences, their perceptions, and their responses to events in the here and now.

Rather than specifically targeting the past and asking clients to purposefully bring up old experiences, gestalt therapists operate from a place of understanding that as clients become increasingly aware, they will overcome existing roadblocks. There is no forced work or technique, just holding space for client awareness is key in this approach.

## **The Present**

The main hallmark of gestalt therapy is the focus on the present. In the session, the client and therapist rapport is critical in building trust and safety. As the client shares, a gestalt therapist will help bring the client back to the present if there is a sense they are spending too much time in the past or if their anxiety may be speeding them into the future.

An example of keeping a client present might include something like asking the client about their facial expression or body language as they process a particular event or experience.

In asking about something they are observing in the room, they are helping the client come back to the present and process what is happening for them at that moment.



## **Working Through Pain**

We work very hard to survive painful experiences, and part of this survival may include shutting down our emotional hurt or painful memory of the event. In gestalt therapy, you are offered a space where you don't have to do that hard work anymore.

This isn't to suggest that things will come up quickly, but they don't have to. A gestalt therapist understands that things such as painful memories or events will come to awareness when the client is ready for healing in that area.

## **Self-Awareness**

During gestalt therapy, there may be some experiential exercises that you will do with your therapist. Experiential exercise refers to therapeutic activities done in therapy that can help to increase awareness and help with processing. At the heart of gestalt therapy is awareness. As Frederick Salomon Perls put it, "Awareness in itself is healing."

Rather than sitting still and talking, you may be asked to actively participate in something like role play, guided imagery, or the use of props to help communication and understanding. Engaging in experiential exercises can be a wonderful way to open up and share, especially when it is difficult to find words or when you tend to process in a more visual way. Gestalt therapists understand that these exercises help to increase awareness.

## **Techniques**

Some therapy approaches tend to focus on the therapist as an expert on distress and symptoms. The client has more of a learning role, as the therapist shares their knowledge about what they are experiencing and how to heal.

Within gestalt therapy, the client has space to safely explore their experiences without fear of judgment. In fact, the client is encouraged to not simply talk about their emotions or experiences, but to bring them into the room so they can be processed in real-time with the therapist.

The goal of gestalt therapy is for the client to collaborate with the therapist to increase personal awareness and actively challenge the roadblocks that have been getting in the way of healing.

The therapist may guide you using several techniques.

## **Words and Language**

Attention to language and tone is important in gestalt therapy. As clients learn to accept responsibility, they learn to use language that reflects a sense of personal ownership rather than focusing on others. For example, rather than saying, "If he didn't do that I wouldn't get so mad!" a client might be encouraged to say, "I feel mad when he does that because it makes me feel insignificant and I don't like that."

The use of "I" statements is important in gestalt therapy.

## **Empty Chair**

This is a role-playing exercise that allows a client to imagine and participate in a conversation with another person or another part of themselves. Sitting across from

the empty chair, the client enters into a dialogue as if they were speaking with that other person or that other part of themselves.

The empty chair exercise can be very helpful in drawing out important perceptions, meanings, and other information that can help clients become more aware of their emotional experience and how to start healing.

## **Role Play**

Another example of role-playing might be what is referred to as "top dog and underdog." In this, it is recognized that a client has different parts of self. Similar to the empty chair, the client speaks as both the top dog, which is the more demanding side of their personality and the underdog, which is the more submissive and obedient side of their personality.

The key is to become aware of inner conflicts so that the person can better learn how to integrate these parts of self into a more complete whole.

## **Body Language**

During a session, a gestalt therapist will observe the client's body language and movement such as tapping their foot, wringing their hands, or making a certain facial expression. The therapist is likely to mention their observation of this and ask what is happening for the person at that moment.

Incorporating language, the gestalt therapist may even ask the client to give their foot, hands, or facial expression a voice and speak from that place.

## **Locating Emotion**

During a session, it is common for people to talk about emotion. Talking about emotion is different than experiencing an emotion. As a client talks about emotion, the therapist may ask them where they feel that emotion in their body.

Examples of how a person might describe how they're experiencing emotion in their body include "a pit in my stomach" or "my chest feels tight." Being able to bring the emotional experience to awareness in the body helps the client stay present and process their emotions more effectively.

## **Creative Arts**

Additional activities such as painting, sculpting, and drawing can also be used to help people gain awareness, stay present, and learn how to process the moment. It is generally noted in this style that any technique that can be offered to the client, other than traditional sitting still and talking, can be helpful in allowing them to become more aware of themselves, their experiences, and their process of healing.

## **What Gestalt Therapy Can Help With**

There are a variety of conditions that gestalt therapy may be used to treat, including:

- Anxiety<sup>1</sup>
- Depression
- Low self-efficacy
- Low self-esteem
- Relationship problems

## **Benefits of Gestalt Therapy**

Some of the potential benefits of gestalt therapy include:

- An improved sense of self-control
- Better ability to monitor and regulate mental states
- Better awareness of your needs
- Better tolerance for negative emotions
- Improved communication skills
- Improved mindfulness
- Increased emotional understanding

## **Staying Present**

Gestalt therapy aims for the client to gain greater awareness of their experience of being in the world. Gestalt therapists do not have a goal of changing their clients. In fact, clients are encouraged to focus on becoming more aware of themselves, staying present, and processing things in the here and now.

The collaborative relationship between therapist and client is fundamental to the healing process in gestalt therapy.

## **Self-Awareness and Growth**

It is suggested that the way we learn how to survive experiences, particularly painful experiences, is to create blocks or push things out of awareness so that we can move forward. As effective as it may seem, it can create trouble for us as we become more compartmentalized and fragmented in our sense of self and our experiences.

The very techniques we once used to help ourselves become blocks to self-awareness and growth. Increasing client awareness allows for these blocks to be identified, properly challenged, and moved out of the way so we can find healing and personal growth.

## **Personal Responsibility**

A key goal in gestalt therapy is to give clients the opportunity to own and accept their experiences. In blaming others, we lose our sense of control and become victims of the event or the others involved in the event. Gestalt therapy encourages clients to challenge those old ways of how we may have created meaning about an experience.

Learning how to accept and embrace personal responsibility is a goal of gestalt therapy, allowing clients to gain a greater sense of control in their experiences and to learn how to better regulate their emotions and interactions with the world.

## **Self-Regulation and Growth**

Gestalt therapy suggests that people strive for self-regulation and growth but that they sometimes develop maladaptive techniques to survive painful experiences. Some of these techniques feel helpful in the short term because they can help minimize our pain or distress.

However, over the long term, they leave us in more emotionally shaky places, unable to express ourselves. We may find it hard to interact with others, and

difficult to learn how to effectively regulate ourselves and be whole, responsible beings.

Gestalt therapy believes that, despite some of these setbacks, people are still wired for this sense of wholeness and feel distressed when we are not able to achieve it. Our distress might look like physical illness, emotional reactivity, isolation, and more.

## **Effectiveness**

Research suggests that gestalt therapy can be effective for treating a variety of conditions including anxiety and personality disorders and is at least as effective as other psychotherapy approaches.<sup>2</sup>

- One study on people with anxiety in Hong Kong found that four weeks of gestalt therapy resulted in lower levels of anxiety, less avoidance of inner experience, and more mindfulness and kindness toward oneself. Self-judgment was not influenced, however.<sup>1</sup>
- Several studies have tested gestalt therapy in women with depression and found the treatment to be as effective as cognitive therapy and more effective than drug therapy in treating symptoms of depression.<sup>3</sup>
- A study on divorced women found that 12 sessions of gestalt therapy improved the women's self-efficacy, or ability to cope.<sup>4</sup>
- One study on individuals with bipolar disorder found gestalt therapy to be an effective outpatient treatment for not only improving symptoms of the disorder but helping individuals to improve in their social, work, and school lives.<sup>5</sup>

## Things to Consider

Gestalt therapy has both some pluses and minuses. Two potential weaknesses of gestalt therapy are that it requires a therapist to have a high degree of personal development and knowledge and it only focuses on the present. Therapists who don't have a deep understanding of the theory behind gestalt therapy may be tempted to utilize its techniques and exercises haphazardly, which isn't likely to serve the client's needs.

For some people, the focus on the present can feel limiting. Although revisiting the past is an important part of identifying what needs to be healed, gestalt therapy is an approach that focuses more on the "here and now" experience of the client. Additionally, depending on how the exercises are approached, the concentration on body language and emotions can leave some people feeling uncomfortable, vulnerable, and defensive rather than safe and supported.

## How to Get Started

If you think you or someone you love would benefit from gestalt therapy, consider the following steps:

- **Get a recommendation.** Ask your primary care doctor or mental health professional to refer you to a therapist certified in gestalt therapy.
- **Inquire about cost.** If gestalt therapy is not covered by your health insurance, ask the potential therapist about their fees per session and whether they offer a sliding scale, or pricing based on a person's income.
- **Be prepared to answer questions about the present moment.** Expect the therapist to ask you about your experience in the present moment. For



example, your therapist may start the session by asking: "What are you aware of right now?"

## **Trauma Counselor**

### **What is a Trauma Counselor?**

Individuals who are suffering from a traumatic physical or emotional event will often seek out the help of a trauma counselor. Trauma counselors are mental health professionals with specific education and training in helping individuals who have suffered a traumatic event. Trauma counselors often see patients who are suffering adverse psychological, emotional and physical effects.

Before you begin a career in this specialty field of counseling, it is important to have a basic understanding of the education, licenses and experience requirements. It is also important to understand the different work environments which these types of counselors typically find employments as well as the typical salaries which can be expected.

### **What is Trauma Counseling?**

Trauma counseling is a specialist field of counseling which helps people address, come to terms with, and recover from a traumatic event. Trauma counselors are typically involved if someone is struggling physically, emotionally or psychologically after such an event. These specially trained professionals, with a mental health background, can help someone who is struggling in response to a traumatic event.

A traumatic event can be any stressful event that an individual has difficulty coping with afterwards. Examples of such a trauma might include active service within war, having suffered abuse or being the victim of a violent crime as well as events such as a death of a close relative or friend.

### **What Does a Trauma Counselor Do?**

Trauma counselors help people process traumatic events that they have suffered and develop ways to cope with resulting emotions. An individual's reaction to trauma can be complex and varies greatly from person to person. Dealing with the emotional overload that can result from experiencing trauma can often be difficult without professional help. A trauma counselor can play a vital role in helping someone get past the trauma and the symptoms they may still experience.

Although it can vary, trauma counselors often work with patients over several months or longer. Since there is not a one size fits all type of trauma therapy, counselors evaluate their client's needs, traumatic experiences and personality to determine the right therapeutic approach. Each treatment plan is different. But there can be similar techniques and approaches used.

One example of a treatment method used by trauma counselors is eye movement desensitization and reprocessing (EMDR). The purpose of EMDR is to help an individual change the feelings, sounds and images that are remembered when they think of the traumatic event.

### **Related Reading:** How to Become a Child Life Specialist

Trauma counselors also may also use cognitive behavior therapy to help patients deal with negative emotions. Counselors using cognitive behavior therapy help their clients' change how they think about their trauma and its aftermath. Trauma

counselors using this type of therapy work with patients to replace negative thoughts with more positive and less distressing thoughts.

Additional types of therapy and counseling may be used by trauma counselors, such as exposure therapy and hypnotherapy. Counselors may also use adjunctive methods, such as group therapy.

Trauma counselors can also be called upon in cases such as natural disasters to help communities begin to recover. They have to be skilled individuals to provide effective and empathetic support without becoming too emotionally involved or invested in their cases. The role is particularly important because the after-effects of trauma can go on indefinitely if not dealt with and can progress to seriously impact upon someone's life. Trauma counseling provides an outlet where people can discuss their experiences and develop strategies for dealing with the ongoing difficulties they face as a result.

Regardless of the method of counseling, trauma counselors help their clients learn healthy ways to cope with feelings that can develop due to the trauma. This may include helping people regulate strong emotions and develop the ability to trust again. Trauma counselors also help clients connect and access additional resources, such as support groups.

## **What Skills are Needed for a Trauma Counselor?**

Contemplating a career in the field of trauma counseling? If so, you may want to consider some of the traits many successful trauma counselors possess. In fact, having these traits may indicate that pursuing a career in this field may be a worthwhile venture for you.

### **Patience**

One skill that any great trauma counselor possess is patience. As a counselor, you must be able to learn how to sit back and listen, with your full attention. Allow your patients the opportunity to speak. Learning how to be comfortable with stepping back and listening rather than reacting is an important trait for any exceptional trauma counselor.

### **Control Over Emotions**

In addition to patience, trauma counselors should also have a strong handle over their emotions. Trauma counselors are typically dealing with very emotional topics and experiences, it is crucial that they remain as professional as possible. It is not helpful for trauma counselors to become emotional crutches for their patients. Trauma counselors must remain supportive of their patients, but not become emotionally invested in a way that is not professionally effective or appropriate.

### **Attention to Detail**

Trauma counselors should also display an attention to detail. While a trauma counselor will be interacting with patients, they will also be recording notes and often taking care of basic record keeping needs. In addition, trauma counselors must also pay careful mind to the actions and behaviors of their patients. With an attention to detail, trauma counselors will better be able to identify patient strategies and solutions.

## **Child Abuse Counseling Careers**

### **What is Child Abuse Counseling?**

Child abuse counseling is a specific area of practice within the realm of mental health counseling that focuses on helping children and adolescents effectively deal with the trauma of abuse. Counselors in this area of work are concerned with a myriad of abusive behaviors, including that which is mental, emotional, physical, and sexual in nature. Child abuse counseling seeks to shed light on why abusive behaviors toward children occur in the first place, and how to develop treatment strategies to ensure perpetrators of abuse have the skills and tools they need to change their behavior.

Many counselors that specialize in treating child abuse work with the victims themselves. In a clinical setting, the counselor might help a child work through traumatic memories and feelings in order to emerge with a more intact sense of self. There may be a focus on building skills as well, such as improving a child's ability to manage their anger. Developing strategies for improved communication and increasing a child's ability to express their emotions in an effective manner are common as well. Typically, topics that child abuse counselors tackle with their clients include fear, distrust of others, feelings of betrayal, intimacy issues, and lack of impulse control. Work on these subjects may take place in the context of play therapy, individual therapy, or group therapy.

Other child abuse counselors also work with perpetrators of the abuse. Work with offenders takes a preventative stance and generally focuses on the root cause of their violence toward children. Child abuse counselors will often conduct this work in a group setting in which several offenders work together to gain insight into their problems. Many child abuse counselors likewise work with families that have a history of abuse or neglect to improve the family dynamic by helping parents acknowledge their role in abusing their child.

## **What is a Child Abuse Counselor?**

When thinking of becoming a child abuse counselor it is important to understand the skills necessary as well as the situations in which children need counseling services. Child abuse counselors are an important part of the healing process for children who have suffered abuse, but this is certainly not a job for every counselor. On a daily basis child counselors interact with children who have suffered physical, sexual or emotional abuse. The toll that this abuse takes on children can often manifest strong behavioral issues which require a skilled counselor to work with. Through their education and experience they can offer each child a chance to work through their past and look forward to their future.

As a counselor in this field it is necessary to understand the relationship between acting out behaviors and the mental health issues behind them. Child counselors help children work through the trauma and move towards living a happy life. It is also important for a child counselor to understand the daily paperwork necessary, as they have to provide clinical documentation to social services, parents, case workers or the court system.

## **What is the Nature of Work for a Child Abuse Counselor?**

As a child abuse counselor it is common for professionals to work directly with child victims of abuse. Often this is done through a non-profit abuse organization or other children's services group. A child abuse counselor is called to work with a child when signs of child abuse are observed or suspected with children. During individual sessions the child counselor will attempt to help the child share information about their abuse to help them work through the difficult trauma. It is important to understand the high level of compassion that a counselor will need to

have for the children as this population of client will not trust adults easily, mainly because of their past experience. This type of employment is extremely emotionally draining on counselors so it is important to take care of one's own mental health.

Sometimes the level of behaviors that children are having will require them to be hospitalized for their own safety or those around them. Inpatient hospitals are where child abuse counselors often first discover a history of abuse for a child. Partial hospitalization programs are also available for children, in these programs the child spends the whole day attending group therapy and other programming then returns home in the evening. Outpatient therapy is when the child is brought in for their counseling session only.

## **Why Do We Need Child Abuse Counselors?**

Although it would be a beautiful thing if child abuse did not exist, unfortunately it is an all too real reality of this world. Abuse can leave a child with a lifelong battle to face. While abuse can be a horrific event for a child, it is crucial that they receive the proper guidance and support from a professional counselor. Children who are left to struggle alone often face uncertain and difficult futures.

Without child abuse counselors, some children would be left without anywhere else to turn. What would these children do if there were no counselors that could help them? While work has been done to reduce the number of children suffering from abuse, there are still plenty of children who are still suffering. Child abuse counselors work with children and caregivers to provide effective intervention strategies. These intervention strategies can vary depending on the individual needs of the child and caregivers, from attachment-trauma therapy to trust development

and repair. However, one thing is clear, these children need professional and experienced individuals to help them.

It takes a great deal of skill and expertise to provide intervention strategies that are truly effective. Child abuse counselors possess the passion to not only help these children but also the knowledge and expertise it takes to develop the most effective solutions. Child abuse counselors are able to provide incredibly life changing treatments and interventions for these children. If it were not for child abuse counselors, there would be a lot of children facing a dark and uncertain future.

## **Where Does a Child Abuse Counselor Work?**

Child abuse counselors generally work in the following environments:

- Schools
- Hospitals
- Children's homes
- Homeless shelters
- Social service centers
- Juvenile detention centers
- Non-profit organizations
- Private practice

## **What Really Happens in a Therapy Session**



- Each session is, essentially, a problem-solving session. You describe your current situation, and your feelings about it, and then the therapist uses their expertise to assist you in trying to resolve that problem so you can move closer to having the life you wish to have.
- At the beginning of a session, the therapist typically invites you to share what's been going on in your life, what's on your mind, what's bothering you, or whether there are any goals you'd like to discuss. You'll be invited to speak openly. The therapist will listen and may take notes as you speak; some, like myself, take notes *after* a session. You won't be criticized, interrupted or judged as you speak. Your conversation will be kept in the strictest confidentiality. This is a special, unique type of conversation in which you can say exactly what you feel—total honesty—without worrying that you're going to hurt someone's feelings, damage a relationship, or be penalized in any way. Anything you want—or need—to say is OK.
- Some therapists (like myself) may give clients some homework to complete after a session. That homework might be to set up an online dating profile and reach out for a first date, or to exercise three times a week. It may be to spend some time each day pounding a pillow to safely release pent-up emotions, make a nightly journal entry, or any number of “steps” and “challenges” relevant to your goals. During your next session, you might share your progress and address any areas where you got frustrated, stuck, or off-track.
- Of course, every therapist is different, every client is unique, and every therapist-client relationship is distinct as well—which means that there is *no* universal description of a therapy session. Some therapists employ dream interpretation in

their work. Others bring music or art therapy into their work. Others incorporate hypnotherapy, life coaching, meditation, visualization, or role-playing exercises to “rehearse” challenging conversations. The list goes on and on. Ultimately, regardless of their approach, a therapist will listen without judgment and help clients try to find solutions to the challenges they face.

How sessions are structured can vary depending on depending on the type of therapy you're getting and the type of problem you want help with.

Therapy can be:

- time-limited, meaning your therapy will come to an end after a set number of sessions. Most therapists through the NHS offer time-limited sessions.
- open-ended, meaning it can continue for as long as you need it. This is something that is more commonly offered by private therapists.

Sessions can be delivered:

- individually, with just you and your therapist
- in a group with others who are having the same therapy
- with your partner or family members
- in a combination of individual and group sessions.

One-to-one sessions typically last between 50 minutes and an hour, but group sessions can sometimes be longer. It's common for sessions

to be held once a week, but you might also agree to see your therapist more or less often than this.

Sessions may take place:

- in an appropriate meeting room owned or rented by your therapist (or by the organisation providing the therapy, such as the NHS, a charity or place of education)
- over the phone or online using an internet calling software
- at your therapist's office or home, if you're having private therapy.

What you might cover in therapy sessions also varies. For example, your therapist may go through specific exercises with you, or you might have a more general discussion about how you're feeling. They may ask you questions about:

- your current and past relationships
- your childhood and past experiences
- situations or events you find difficult
- how you feel
- how you behave
- what you think about things
- issues that have come up in previous sessions.

But it's important to remember that you don't have to talk about anything you're not ready to talk about, or do anything you don't want to do.

## **Albert Ellis' ABC Model in the Cognitive Behavioral Therapy Spotlight**

Albert Ellis's ABC Model is a significant part of the form of therapy that he developed, known as Rational-Emotive Behavior Therapy (REBT).

REBT served as a sort of precursor to the widely known and applied Cognitive-behavioral therapy (CBT), and the ABC Model is still commonly used as a treatment in CBT interventions.

This article will cover what the ABC Model is, how it and REBT relate to CBT, and finally, how the ABC Model works to target dysfunctional thoughts and beliefs.

### **A Brief History on CBT & REBT**

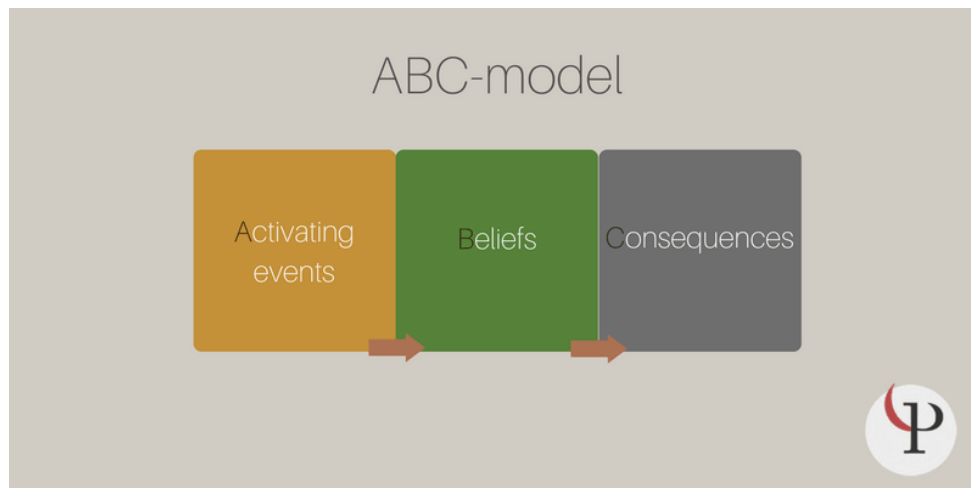
Modern CBT has its direct roots in Aaron Beck's Cognitive Therapy (CT), which he developed when he decided that contemporary treatments for depression focused too much on past events rather than current beliefs (such as the belief that one is not good enough or not worthy of love and respect.) (Beck, 2011).

Beck's CT has its own roots, though, and Albert Ellis's REBT is one of those roots. Specifically, **REBT** is "the original form and one of the main pillars of **cognitive-behavioral therapies** (CBT)" (David et al., 2018).

In other words, REBT is both a precursor to and a form of CBT; it is still used today as a standalone form of therapy in some cases. The main thing that sets REBT and CBT apart from preceding cognitive therapies is that REBT and CBT both target beliefs as a fundamental course of treatment.

For the purposes of this article, we can consider REBT to be a subset of CBT, and we can consider the ABC Model to be a core component of many treatment plans in both REBT and CBT.

## What Is The ABC Model?



The basic idea behind the ABC model is that “external events (A) do not cause emotions (C), but beliefs (B) and, in particular, irrational beliefs (IB) do” (Sarracino et al., 2017).

Another way to think about it is that “our emotions and behaviors (C: Consequences) are not directly determined by life events (A: Activating Events),

but rather by the way these events are cognitively processed and evaluated (B: Beliefs)” (Oltean et al., 2017).

Further, the model states that it’s not a simple matter of an unchangeable process in which events lead to beliefs that result in consequences; the *type* of belief matters, and we have the power to change our beliefs. REBT divides beliefs into “rational” and “irrational” beliefs. The goal when using the ABC model in treatment is to help the client accept the rational beliefs and dispute the irrational beliefs.

This disputation process is what results in the model often being referred to as the “ABCDE” Model. In this updated model, the D stands for the Disputation of Beliefs and E stands for the new Effect, or the result of holding healthier beliefs (Jorn, 2016).

Disputation is not an original part of the ABC Model, as it happens outside of the “ABC” part (such as in the case of disputing an irrational belief to turn it into a rational belief), and the new Effect is another subsequent factor: the result of that disputation.

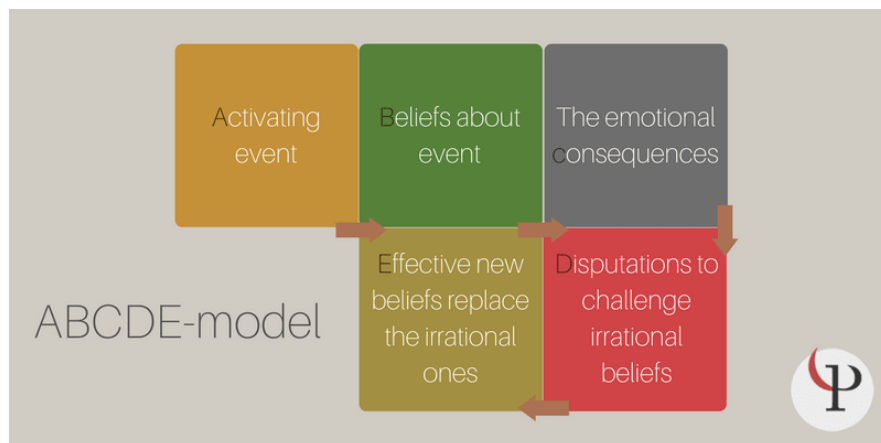
Calling it the “ABCDE” Model instead of the “ABC” Model simply makes these two steps more explicit, but they are present regardless of what one calls it.

In these models, this is what a typical series of thoughts might look like:

- A: Activating Event (something happens to or around someone)
- B: Belief (the event causes someone to have a belief, either rational or irrational)

- C: Consequence (the belief leads to a consequence, with rational beliefs leading to healthy consequences and irrational beliefs leading to unhealthy consequences)
- D: Disputation (if one has held an irrational belief which has caused unhealthy consequences, they must dispute that belief and turn it into a rational belief)
- E: New Effect (the disputation has turned the irrational belief into a rational belief, and the person now has healthier consequences of their belief as a result)

## How To Treat Cognitive Distortions & Irrational Beliefs



When it comes to applying the ABC Model (whether that's in CBT, REBT, or any other form of therapy or coaching):

A key element is helping clients see the connection between an event that may serve as a trigger, and how irrational evaluations may cause emotional and/or behavioral consequences that often in turn lead to increased distress or conflict.

(Malkinson & Brask—Rustad, 2013)

This is the main idea behind the ABC Model and a popular notion in most forms of therapy; one does not necessarily have to change their environment to become happier and healthier, they simply have to recognize and change their reactions to their environment. This takes a little self-awareness, but that's something we are all able to do with a bit of effort.

This theory is supported by the fact that three 45-minute learning sessions about the ABC Model have been shown to be effective in reducing symptoms of depression and **anxiety** as well as reducing dysfunctional thinking while increasing **self-esteem** and feelings of **hope** (Saelid & Nordahl, 2017).

This finding is even more impressive with the added note that 90% of the participants in this study “reported not having had any previous knowledge of the links between thoughts, feelings, and behavior.” Simply becoming more aware of the relationship between them made it a powerful tool!

In fact, the ABC Model partially works by making clear this connection between their beliefs and their emotions, which helps people see that the events around them do not need to dictate their emotions.

The ABC Model has not only been successful in treating anxiety, depressive symptoms, and self-esteem issues; it has been shown to target anger issues as well



effectively (Fuller et al., 2010). This treatment is especially promising because participants in the study were able to deal with their anger while confronting potential anger triggers, rather than by merely avoiding anger triggers.

After all, there are some anger triggers we simply can't avoid if we want to live a full, meaningful life—things like traffic, confrontations with people we love, etc.

In cases of unhealthy anger and other instances of unhealthy negative emotions, the key thing to understand is the difference between rational and irrational beliefs (Ziegler & Smith, 2004). However, in certain situations, the ABC Model cannot merely be deployed as-is.

In mild situations, the ABC Model works by turning irrational beliefs about activating events into rational beliefs, which in turn leads to better consequences and emotions. In some cases, such as grief, it is not about turning irrational beliefs into rational beliefs, but it is instead about legitimizing, validating, and normalizing the beliefs that are present.

For example, treating someone who is grieving, such as someone in mourning from losing a child, requires a modification. This is because, in the case of grief, “‘logical’ disputation is not useful, but instead, legitimizing and normalizing is used: losing a child is in and by itself not logical” (Malkinson & Brask-Rustad, 2013).

Grief is not an emotion that heeds logic, and it should not be attacked with the same vigor with which things like anger and negative self-talk can be confronted. In such cases, the ABC model should be applied with care, and only after validating the difficult emotions the client is facing.

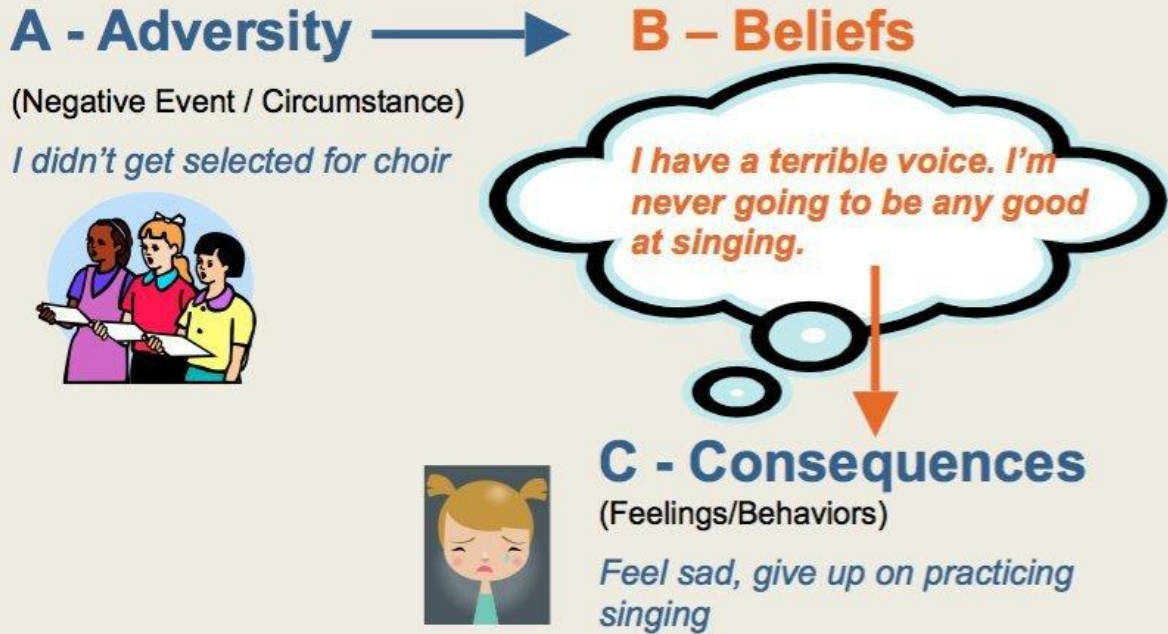
In less acute cases, where the issues are more garden-variety irrational beliefs, this model has great success. Even the most rational and reasonable among us have struggled with irrational beliefs, it's simply a matter of degree.

These irrational beliefs must be examined and confronted if the client is to experience relief from them, and that is what the ABC model does. There are many types of irrational beliefs—known formally as “**cognitive distortions**”—that have been identified, and all can benefit from this treatment.

The image below gives a short demonstration on the ABC model in action. In this case, the negative event is that a student doesn't get selected for choir after her audition. The event (A) leads to this thought: “I have a terrible voice. I'm never going to be any good at singing.” This is the belief (B), which results in the consequences (C): the student is sad about her singing and gives up practicing instead of continuing to work on it.

# Cognitive (ABC) Model

(Beck, 1976; Ellis, 1962; Seligman, 1991)



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Let's expand on this idea with an example of the ABC model in action during treatment for a cognitive distortion. Imagine a counselor is working with a woman who suffers from black-and-white thinking; when she makes a mistake, she thinks to herself, "I'm such a failure. I'm not good at anything."

The counselor informs her about the ABC model and walks her through how to tackle it.

**Unexamined, her cognitive distortion plays out like this:**

A – Activating Event – the client makes a mistake.

B – Belief – the client has a thought that says she is a failure and that she is not good at anything. She accepts it uncritically.

C – Consequence – the client feels awful about her mistake and about herself in general, leading to depressive symptoms and making it tough for her to try again.

With her counselor’s help, the woman realizes that she is not a helpless victim to this process; she can do something about the “B” part of the model. She does not need to accept the thought as true, she can decide that it’s just a thought and treat it as such.

**Her new process looks like this:**

A – Activating Event – the client makes a mistake.

B – Belief – the client has a thought that says she is a failure and that she is not good at anything.

C – Consequence – the client feels awful about her mistake and about herself in general, but she remembers that she can question the cognitive distortion.

D – Disputation – she questions the thought. She tells herself that everyone makes mistakes and that one mistake does not mean she is worthless or that she is not good at anything.

E – New Effect – the client accepts that we all make mistakes and replace the negative thoughts with this positive thought. She commits to learning from her mistake and trying again in the future.

You can see the important work happening in D (Disputation). The client has realized that her thoughts are simply thoughts, they do not determine who she is. She takes control by rejecting the thought and purposely replacing it with a more realistic and more positive thought.

## 5 ABC Model Worksheets

### ABC Model

**This extremely short worksheet** simply lists the five steps of the ABC model in descending order.

It starts with the Activating Event — something happens to you or in the environment around you — where you have space to write down your activating event.

Next is Beliefs — you have a belief of interpretation regarding the activating event — followed by space for you to identify your own belief or interpretation that you would like to change.

The third step is Consequences, described as “*Your belief has consequences that include feelings and behaviors.*” Here you can write down what happens to you as a result of the belief you identified.

Next, the worksheet describes Disputations of Beliefs: “*Challenge your beliefs to create new consequences.*” This is where you look critically at the belief you wrote down and see whether it’s accurate and helpful. If it is not accurate, not helpful, or neither accurate *nor* helpful, this is your opportunity to craft a new belief.

Finally, the worksheet ends with Effective New Beliefs: “*Adoption and implementation of new adaptive beliefs.*” This is where you have a chance to create new, more helpful beliefs and think about how you are going to incorporate them. It might help to write out a commitment to choosing one of your new beliefs the next time a specific activating event happens.

This worksheet does not offer too much explanation but could be a good resource to hand out in an office or classroom when you have time to walk your student or client through it.

### **Understanding our Response to Stress and Adversity Handout**

**This three-page informational handout**, which is part of a more extensive resource created by Dartmouth College, is a great standalone way to learn about the ABC Model. The worksheet starts with a very relatable scenario (being stuck in traffic) and discusses why we have different responses to stress. It clearly and briefly explains what the ABC Model is, provides an example, and describes how to use it effectively.

This is a good option for someone looking to quickly learn about the ABC Model and how to use for themselves or to give their clients to take home.

### **ABC Problem Solving Worksheet**

**This worksheet** serves as a prompt to help someone work through the ABC Model in the moment when they are experiencing a challenging belief and difficult consequences.

It’s a detailed worksheet to walk through each step, which is great if you don’t have time to explain everything in a session or if your client isn’t big on writing

down notes. It also changes the C and the B, which can be an exciting way to look at the model. We typically notice the consequences before the beliefs so that this format can be more intuitive to people new to the ABC model.

**There are several questions for each step, including:**

- Activating Event
  - What is the Activating event?
  - What has happened?
  - What did I do?
  - What did others do?
  - What idea occurred to me?
  - What emotions was I feeling?
- Consequence
  - Am I feeling anger, depression, anxiety, frustration, self-pity, etc.?
  - Am I behaving in a way that doesn't work for me (drinking, attacking, moping, etc.)?
- Beliefs (Dysfunctional)
  - What do I believe about the Activating event?
  - Which of my beliefs are my helpful/self-enhancing beliefs, and which are my dysfunctional/self-defeating beliefs?
- Dispute
  - What is the evidence that my belief is true?
  - In what ways is my belief helpful or unhelpful?
  - What helpful/self-enhancing belief can I use to replace each self-defeating or dysfunctional belief?
- Effective New Belief and Emotional Consequence

- What helpful/self-enhancing new belief can I use to replace each self-defeating or dysfunctional belief?
- What are my new feelings?

This would be a great resource to hang in a classroom or office as a reminder of the connection between **beliefs** and emotions. This worksheet is useful for people brand new to cognitive therapy or cognitive distortions because it does not require any prior knowledge about the ABC Model to use it successfully.

### **CBT Exercise – The ABCD Method**

**This exercise** is similar to the above worksheet, as it also walks one through the ABC Model whenever one may need it. It may be more appropriate for adults; however, while the preceding worksheet may be more suitable for younger people (only because it is more colorful and includes more specific prompts), this worksheet breaks it down in a slightly different way:

1. Activating Event – What happened? What’s stressing me out?
2. Belief – What is my negative self-talk? What distorted or irrational thinking style am I using? What negative belief am I clinging to? What interpretations am I making?
3. Consequence – What am I feeling? What is my behavior as a result of my beliefs?



4. Dispute – Counter-thought. What realistic and grounding statement can I use instead? Is there an alternative way of thinking here that is reality-based?

For each section, there are multiple spaces to write about what happened, what you're thinking, what the consequences are, and what better alternative thoughts would be.

This worksheet can also help regardless of one's prior knowledge of the ABC Model.

## **ABC Functional Analysis Worksheet**

**This final worksheet** presents an alternative version of the ABC Model that draws on similar cause-and-effect processes. The difference is that this worksheet does so at the level of one's behaviors, thereby serving as a useful supplement to the worksheets above, which focus on cognitions and emotions.

If your clients find mapping the links between activating events and beliefs challenging to begin with, starting at the level of their behaviors using this worksheet may serve as a useful stepping stone to exploring self-defeating beliefs and emotional consequences.

This exercise may also be useful if your client's motivation for engaging your services involves addressing specific problematic behaviors.

The worksheet itself comprises three columns to be filled in. These columns are labeled as follows:

- (A)ntecedents – *What factors preceded the problematic behavior?*

- (B)ehavior – *What is the problematic behavior?*
- (C)onsequences – *What was the outcome of the problematic behavior?*

It is recommended that you begin the worksheet at the ‘Behavior’ column, then work to assess the antecedents and consequences in turn.

### **A Take-Home Message**

The main takeaway from the ABC Model is that while environmental factors can undoubtedly harm our lives, we do have some control over how we react and respond to those factors. For the most part, the more positively we respond, the more positive our outcomes will be.

This does not mean that no harm can come to someone with a positive attitude, but it does mean that a positive attitude can get someone through rough times quicker and more effectively. Having a positive attitude also does not cost anything, so it cannot hurt to try to keep a positive outlook.

In the true spirit of **positive psychology**, we would all be better off if we remembered the principles of the ABC Model. In many situations, we may not be able to change the environmental factors (or Activating Events) that occur in our daily lives; however, we can keep in mind the immense power of our own beliefs in shaping our everyday experiences.

### **Glossary of Terms**

**Advocate:** a person who speaks, writes or acts to promote the well-being of students, parents/guardians and the school counseling profession. School counselors advocate to close the information, opportunity, intervention and attainment gaps for all students.

**Assent:** to demonstrate agreement when a student is not competent to give informed consent to counseling or other services the school counselor is providing.

**Assessment:** collecting in-depth information about a person to develop a comprehensive plan that will guide the collaborative counseling and service provision process.

**Boundaries:** something that indicates or affixes an extent or limits.

**Breach:** disclosure of information given in private or confidential communication such as information given during counseling.

**Competence:** the quality of being competent; adequacy; possession of required skill, knowledge, qualification or capacity.

**Confidentiality:** the ethical duty of school counselors to responsibly protect a student's private communications shared in counseling.

**Conflict of Interest:** a situation in which a school counselor stands to personally profit from a decision involving a student.

**Consent:** permission, approval or agreement; compliance.

**Consultation:** a professional relationship in which individuals meet to seek advice, information and/or deliberation to address a student's need.

**Conventional Parameters:** general agreement or accepted standards regarding limits, boundaries or guidelines.

**Cultural Sensitivity:** a set of skills enabling you to know, understand and value the similarities and differences in people and modify your behavior to be most effective and respectful of students and families and to deliver programs that fit the needs of diverse learners.

**Data Dialogues:** inquiry with others around student information to uncover inequities, promote informed investigations and assist in understanding the meaning of data and the next steps to have an impact on data.

**Data Informed:** accessing data, applying meaning to it and using data to have an impact on student success.

**Developmental Level/Age:** the age of an individual determined by degree of emotional, mental and physiological maturity as compared with typical behaviors and characteristics of that chronological age.

**Disclosure:** the act or an instance of exposure or revelation.

**Diversity:** the inclusion of individuals representing more than one national origin, gender/gender identity, color, religion, socio-economic stratum, sexual orientation and the intersection of cultural and social identities.

**Dual Relationship:** a relationship in which a school counselor is concurrently participating in two or more roles with a student.

**Empathy:** the action of understanding, being aware of, being sensitive to and vicariously experiencing the feelings, thoughts and experience of another without having the feelings, thoughts and experience fully communicated in an objectively explicit manner.

**Emancipated Minor:** a minor who is legally freed from control by his or her parents or guardians, and the parents or guardians are freed from any and all responsibility toward the child.

**Encryption:** process of putting information into a coded form to control and limit access to authorized users.

**Ethics:** the norms and principles of conduct and philosophy governing the profession.

**Ethical Behavior:** actions defined by standards of conduct for the profession.

**Ethical Obligation:** a standard or set of standards defining the course of action for the profession.

**Ethical Rights:** the fundamental normative rules about what is allowed of people or owed to people, according to some legal system, social convention or ethical theory.

**Feasible:** capable of being done, effected or accomplished.

**Gender Expression:** the ways in which students manifest masculinity or femininity in terms of clothing, communication patterns and interests, which may or may not reflect the student's gender identity.

**Gender Identity:** One's personal experience of one's own gender. When one's gender identity and biological sex are not congruent, the student may identify as transsexual or transgender.

**Harassment:** the act of systematic and/or continued unwanted disturbing or troubling persecution.

**Informed Consent:** assisting students in acquiring an understanding of the limits of confidentiality, the benefits, facts and risks of entering into a counseling relationship.

**Intervention:** to provide modifications, materials, advice, aids, services or other forms of support to have a positive impact on the outcome or course of a condition.

**Legal Mandates:** a judicial command or precept issued by a court or magistrate, directing proper behavior to enforce a judgment, sentence or decree.

**Legal Rights:** those rights bestowed onto a person by a given legal system.

**Mandatory Reporting:** the legal requirement to report to authorities.

**Minors:** persons under the age of 18 years unless otherwise designated by statute or regulation.

**Perception:** A mental image or awareness of environment through a physical sensation. A capacity for understanding or a result of an observation.

**Peer Helper:** peer-to-peer interaction in which individuals who are of approximately the same age take on a helping role assisting students who may share related values, experiences and lifestyles.

**Peer Support:** programs that enhance the effectiveness of the school counseling program while increasing outreach and raising student awareness of services.

**Privacy:** the right of an individual to keep oneself and one's personal information free from unauthorized disclosure.

**Privileged Communication:** conversation that takes place within the context of a protected relationship, such as that between an attorney and client, a husband and wife, a priest and penitent, a doctor and patient and, in some states, a school counselor and a student.

**Professional Development:** the process of improving and increasing capabilities through access to education and training opportunities.

**Relationship:** a connection, association or involvement.

**Risk Assessment:** a systematic process of evaluating potential risks

**School Counseling Supervisor:** a qualified professional who provides guidance, teaching and support for the professional development of school counselors and school counseling candidates.

**Serious and Foreseeable:** when a reasonable person can anticipate significant and harmful possible consequences.

**Sole-Possession Records:** exempted from the definition of educational records and the protection of FERPA, are records used only as a personal memory aid that are kept in the sole possession of the maker of the record and are not accessible or revealed to any other person except a temporary substitute for the maker of the record and provide only professional opinion or personal observations.

**Stakeholder:** a person or group that shares an investment or interest in an endeavor.

**Supervision:** a collaborative relationship in which one person promotes and/ or evaluates the development of another.

# ABC Problem Solving Worksheet



**Activating event** - What is the Activating event?—What happened? What did I do? What did others do? What idea occurred to me? What emotions was I feeling?



**Consequence** - Am I feeling anger, depression, anxiety, frustrated, self-pity, etc.? Am I behaving in a way that doesn't work for me? (drinking, attacking, moping, etc.)



**Beliefs** - Beliefs (dysfunctional)—What do I believe about the Activating event? Which of my beliefs are my helpful/self-enhancing beliefs and which are my dysfunctional/self-defeating beliefs?



**Dispute** - Dispute the Beliefs to find which are dysfunctional—What is the evidence that my belief is true? In what ways is my belief helpful or unhelpful? What helpful/self-enhancing belief can I use to replace each self-defeating or dysfunctional belief?



**Effective New Belief and Emotional Consequence** - What helpful/self-enhancing **new** belief can I use to replace each self-defeating or dysfunctional belief? What are my new feelings?



# ABC Model

## **A**ctivating Event

Something happens to you or in the environment around you.



## **B**eliefs

You have a belief or interpretation regarding the activating event.



## **C**onsequences

Your belief has consequences that include feelings and behaviors.



## **D**isputations of beliefs

Challenge your beliefs to create new consequences.



## **E**ffective new beliefs

Adoption and implementation of new adaptive beliefs.

# Guide 3

## Understanding our response to stress and adversity



Caught in a traffic jam, one person will honk the horn in anger, another will turn on some quiet music and just sit and wait, while still another will be flooded with anxiety about being late. Why do people have different reactions to adversity and stress?

Many of us believe that negative events cause us to act in certain ways. However, in Guide 1, we introduced a different reason for our reactions to adversity and stress. Research tells us that our reactions are based on our thoughts about the adversity.

When adversity happens, the first thing we try to do is explain to ourselves why it happened. Our beliefs about the cause of the adversity set off our reaction—how we feel and what we do.

### The ABC model

Psychologist and researcher Dr. Albert Ellis created the ABC model to help us understand the meaning of our reactions to adversity:

- A is the adversity—the situation or event.
- B is our belief—our explanation about why the situation happened.
- C is the consequence—the feelings and behaviours that our belief causes.



Here's an example:

*Mary-Jo has been consciously living a healthy lifestyle for more than two months. She finds out that she wasn't invited to a party at school, but her friend Janice was invited. Mary-Jo thinks to herself, Janice always gets invited to things; I never do. I am such a loser—nobody likes me. She gets very sad, doesn't go out jogging, and eats a whole box of candy instead.*



### So what are the ABCs in this scenario?

**Adversity** = didn't get invited to the party to which her friend was invited

**Beliefs** = "I am such a loser—nobody likes me."

**Consequences** = feels sad, even depressed. Has no motivation to go jogging and eats a whole box of chocolates despite her focus on healthier living.

### Here is another reaction:

Here's an ABC showing how another person, Anna, reacts to the same situation:

*That's disappointing, but I actually don't know Nancy very well. Janice knows her far better. That's probably why I wasn't invited. Maybe next time I'll be invited. She goes for a run, stops at a video store to rent a new comedy, and calls a girlfriend to come and watch it.*



The adversity (A) remains the same, but Anna's belief (B) is different. Thinking that she wasn't invited because "I actually don't know Nancy very well" helps Anna let go of initial feelings of disappointment, do things that help her feel more positive about herself, and enjoy the rest of the day (C). Using the ABC



model can help us develop key resilience abilities discussed in Guide 2, such as emotional regulation, impulse control, causal analysis, and empathy.

### HOW TO USE THE ABC MODEL

Vividly recall a recent adverse event. After recording the A, fill in the C, then the B. Or, you might follow an ABC order. Choose the method that works best for you.

- A: Describe the event objectively. Answer these questions: Who? What? Where? When?
- B: Record your thoughts about the event. Why do you think it happened?
- C: Record your feelings and actions.

### B-C connections

Drs. Karen Reivich and Andrew Shatté, authors of *The Resilience Factor*, have created a useful tool to help people identify their beliefs when they are doing the ABC model. The tool, shown in the following chart, outlines the links between specific beliefs and emotions that people predictably and universally experience. The authors of the “B-C Connections” have charted only the “negative” emotions, as they are commonly the ones we experience in times of adversity.

### COMMON B-C CONNECTIONS

Beliefs	Consequences (emotions)
violation of our rights	→ anger
actual loss or loss of self-worth	→ sadness, depression
future threat	→ anxiety, fear
violation of another’s rights	→ guilt
loss of standing with others	→ embarrassment

© Reivich & Shatté. 2002. *The Resilience Factor*. New York: Broadway Books.

The chart shows that if we believe that our rights have been violated—for example, if we think that we’ve been treated unjustly or disrespectfully—this will lead to feelings of anger. A belief involving loss causes sadness, perhaps even depression. A belief that something negative is going to happen (future threat) leaves us feeling anxious and fearful.

### How can we use the B-C connections to identify our beliefs?

Sometimes it’s hard to identify our *beliefs*; we often have more experience labelling our *feelings*. The B-C connections can be used in reverse to help us identify our beliefs. For example, feelings of guilt are often aroused when we believe that we have violated another person’s rights. We feel embarrassed if we believe that we have lost standing in another’s eyes. B-C connections help us increase our self-awareness—an important first step to a resilient response to adversity.

Refer to Section 2, “Helping Children Become More Resilient,” for information about using B-C connections with children.

Please visit [www.reachinginreachingout.com](http://www.reachinginreachingout.com), the RIRO website, for a brief video on the ABC model (Skills Video 2).

### What do teachers say about using the ABC model and B-C connections?

*Using the ABC model helped me recognize my automatic thoughts when I’m upset, mad, etc. It helped me look at things more positively. It led to looking for alternatives to solve the problem and helped me be calmer in a situation that is hard to handle. –YZ (kindergarten)*

*The ABC model allows me to be reflective about my responses. –TH (supervisor)*

*Using the process of thinking through what the problem is, step by step, helps me know more exactly what my beliefs are. It simplifies things. –KH (kindergarten-preschool)*

# Summary of Guide 3

## Understanding our response to stress and adversity



### *Why do people have different reactions to adversity and stress?*

- Our beliefs or thoughts about adversity cause our reactions—how we feel and what we do in stressful situations.
- Psychologist Dr. Albert Ellis developed the ABC model to help us understand the connection between adversity (A), our beliefs (B), and our emotional and behavioural responses (C).

Adversity → Beliefs → Consequences (feelings and actions)

- Sometimes our beliefs about a situation are not accurate, and our reactions undermine resilient responses.
- We can use the ABC model to identify our beliefs and, if necessary, challenge whether they are true.
- Using B-C connections can help us identify our beliefs. If we know what our emotional reactions are, we can identify what types of beliefs we may have, e.g., sadness = loss; anxiety = future threat; anger = violation of our rights.

### COMMON B-C CONNECTIONS

Beliefs	Consequences (emotions)
violation of our rights	anger
actual loss or loss of self-worth	sadness, depression
future threat	anxiety, fear
violation of another's rights	guilt
loss of standing with others	embarrassment

© Reivich & Shatté. 2002. *The Resilience Factor*. New York: Broadway Books.

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