Handouts for APCE 607
Counseling Theories

Instructor:

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## CONCEPTUAL POLARITY GRID

A Dialectical Tool for Analyzing the Assumptions & Values of Counseling Theories and Beliefs about Human Nature

**Instructions:** Place an X in the box most suitable to the position taken in each of the polarities (pairs of opposites) of the theory under analysis. If a polarity is irrelevant to the theory in question, cross it out or leave it blank. In the value column, place a number from 1 – 5 alongside the 5 key polarities indicating the importance of the role that particular polarity plays in the theory under analysis. Fred J. Hanna, PhD

<table>
<thead>
<tr>
<th>&quot;Soft&quot; Pole</th>
<th>-3</th>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>+1</th>
<th>+2</th>
<th>+3</th>
<th>&quot;Hard&quot; Pole</th>
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<td>Freedom</td>
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<td>Determinism</td>
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<td>Unconscious</td>
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<td>Irrational</td>
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<td>Nurture</td>
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<td>Nature</td>
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<td>Idealism</td>
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<td>Realism</td>
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<td>Conditioning</td>
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<td>Functionality</td>
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<td>Formulaic</td>
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<td>Emotion</td>
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<td>Cognition</td>
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<tr>
<td>Relationship</td>
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<td></td>
<td></td>
<td>Present</td>
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<td>Nondirective</td>
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<tr>
<td>Cause</td>
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<td>Segmented Self</td>
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<td>Collective Self</td>
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<td>Individual Self</td>
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<td></td>
<td></td>
<td>Objectivist</td>
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<td></td>
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<td>Patriarchal</td>
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<td>Multicultural</td>
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<td></td>
<td>Ethnocentric</td>
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<tr>
<td>Social Justice</td>
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<td></td>
<td></td>
<td></td>
<td>Criminal Justice</td>
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<td>Spiritual</td>
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<td>Ethics</td>
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</table>
# Predicting & Enhancing Psychotherapeutic Change

## Precursors Assessment Form

<table>
<thead>
<tr>
<th>Problem or Issue:</th>
<th>Precursor &amp; Its Markers</th>
<th>None (0)</th>
<th>Trace (1)</th>
<th>Small (2)</th>
<th>Adequate (3)</th>
<th>Abundant (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sense of Necessity for Change</td>
<td>Expresses desire for change; Feels a sense of urgency</td>
<td></td>
<td></td>
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<tr>
<td>2. Willing to Experience Anxiety</td>
<td>Open to experiencing emotion; Likely to take risks</td>
<td></td>
<td></td>
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<tr>
<td>3. Awareness</td>
<td>Able to identify problems; Identifies thoughts, feelings</td>
<td></td>
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<tr>
<td>4. Confronting the Problem</td>
<td>Courageously faces the problem; Sustained attention toward issue</td>
<td></td>
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<tr>
<td>5. Effort toward Change</td>
<td>Eagerly does homework; High energy; active cooperation</td>
<td></td>
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<tr>
<td>6. Hope for Change</td>
<td>Positive outlook; open to future; High coping; therapeutic humor</td>
<td></td>
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<tr>
<td>7. Social Support for Change</td>
<td>Wide network of friends, family; Many confiding relationships</td>
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</tr>
</tbody>
</table>

**Total Score =**

**Scoring Guide**

- 0-6: Change unlikely: Educate client on change; Focus on precursors with lowest rating.
- 7-14: Change limited or erratic: Educate client and focus on precursors with lowest rating.
- 15-21: Change is steady and noticeable: Increase the lowest rated precursors to stay on track.
- 22-28: Highly motivated to inspired client; Change occurs easily: Standard approaches work well.

*Scoring is intended only as a general guide to a complex process: Some precursors may be more potent than others.

## References


The Stages of Change in Counseling and Psychotherapy

In order to understand how counseling and psychotherapy work it is necessary to understand the changes that clients experience during therapy. Understanding how clients change can lead to increased effectiveness of treatment by matching treatment efforts and strategies to the client’s level of acceptance in the change process. Prochaska and associates has proposed stages of change in counseling and psychotherapy (Prochaska, 1995; Prochaska & DiClemente, 1982). Although the stages were developed in the context of substance abuse counseling, they appear to be applicable to a broad range of clients in therapy (Hubble, Duncan, & Miller, 1999; Miller, Duncan, & Hubble, 1997).

Precontemplation Stage

Many clients “haven’t a clue” that they have a problem. They do not own the problem and often blame others or circumstance beyond their control for any troubles they acknowledge. Because they don’t associate their actions with the problem they are reluctant to seek therapy and resistant to forming a counseling relationship.

Counselors working with clients at this stage must tread lightly if they wish to earn the client’s trust. The counselor must patiently listen to the client’s point of view, even if he or she disagrees with the client. Earning the client’s trust is a necessary prerequisite for the client to consider accepting responsibility. The goal is not make the client do anything, but instead to “create a climate in which the client can consider, explore, and appreciate the benefits of changing” (Hubble, Duncan, & Miller, 1999, p. 414) by encouraging the notion that the client may not be able to change others or circumstances, but may be able to make changes that affect others and present circumstances. It is a process of empathy and encouragement, not of accusations.

Contemplation Stage

When clients reach this stage typically they recognize that they have a problem but are not yet confident of their ability to change. They may even be able to verbalize how they would like to change but may not be willing to make the effort for fear of failure and fear of losing some of the reinforcement they currently receive for their problematic behaviors.

The counselor’s goal is to create a supportive environment where the client can consider the benefits of change without feeling pressured to make them until they are ready. The counselor takes a “go slow” approach. This not only takes pressure off the reluctant client, but might actually spur them to take action out of impatience. “In some cases, the therapist might even actively discourage the client from taking action and, instead, simply encourage thinking or observation” (Hubble, Duncan, & Miller, 1999, p. 414). When clients begin talking about making changes the counselor is cautious and asked the client to carefully weigh the risks before proceeding. Of course, the counselor can help the client explore the potential benefits of change as well as the risks, but must resist pressuring the client.
**Preparation Stage**

If clients are sufficiently encouraged they decide that they want to try to change. During this stage, clients explore alternatives and decide on a course of action. The counselor’s role is to support these efforts and provide gentle, constructive guidance without telling the client what to do. Clients should take an active role in deciding what they want to do. Counselors can help them explore likely consequences of their actions and suggest alternatives, but it is important that the client feels invested in the course of action.

**Action Stage**

Clients reach the action stage when they have decided on a course of action and are fully committed to it. They are motivated to make changes in their life. “During the stage, therapists can stand by, offer measured emotional support, and help the client monitor, modify, or fine tune the plan of action” (Hubble, Duncan, & Miller, 1999, p. 415). Counselors may challenge clients to go even farther and explore their limits.

**Maintenance Stage**

As clients continue to change they encounter both expected and unexpected difficulties. It is important that the counselor be available to encourage and support their efforts. Typically as clients attempt to change how they interact with others they meet resistance. Significant others may be more familiar with old behavior patterns and attempt to make the client regress. It is not unusual for clients to stumble or relapse. Counselors help clients anticipate the roadblocks to their development and facilitate their efforts to overcome them.

**Termination Stage**

Some clients reach this stage characterized by an unwavering confidence in their ability to maintain their changes. This may be unrealistic for many clients who will remain in the Maintenance Stage. As clients terminate their counseling relationship counselors must help them consolidate their gains and help them identify support systems they can use if needed.


Solving the Psychotherapy Glut

BERNARD NISENHOlz

This article focuses on some suggestions for dealing with the proliferation of counseling theories.

The prospect of preparing an overview of psychotherapy in America today is enough to make the most stout-hearted quail.

Jerome D. Frank

Once upon a time, there was one leading theory of psychotherapy, fathered by Sigmund Freud. Then there became several psychoanalytic therapies fighting for dominance. In 1976, more than 130 therapies were reported striving for recognition (Frank 1978).

Recently, there was an ad in one of the professional counseling journals for a book that presented 375 leading psychotherapies. Ivey (1980) states that "there are as many approaches to the counseling process as there are counselors and therapists."

It seems like each year there is a succession of new psychotherapies, each claiming to be uniquely different from its rivals, and each claiming an 80 to 100% success rate. Frank (1978) states that he has yet to hear of a school that has disbanded because it became convinced of the superiority of its rivals. So, although some may seem to fade from the top forty of most popular psychotherapies, they all seem to at least maintain a following. This proliferation of approaches has not only confused clients and the general public, but students and helping professionals as well. How do they choose? And how do they really know which approach is most effective? Seemingly to confuse matters even more, there are differences within each approach. For example, there are many forms of behavior therapy, and an east coast trained gestaltist might work differently from a west coast trained gestaltist.

The good news is that perhaps all these approaches have a lot in common with each other. Certainly, there is much overlap. For example, some of the terms used in transactional analysis are variations of terms used in Freudian analysis. There also seems to be a strong search for commonalities among the major theories today. Presumably, each theory or approach has at least some degree of truth. Many theories supplant each other.

I was opening my mail recently, most of it consisting of ads for new textbooks and announcements of workshops. Just as I was about to file these important bits of correspondence in their appropriate places, I noticed an ad for a workshop in which someone was going to present a new psychotherapy, one that claimed to be uniquely different from its rivals. Just what we need, I thought. Suddenly I decided to investigate how many theories I could identify in an hour's time without leaving my office. I came up with the following list of over 100. I know that there are more, and I am aware that it might be debated whether all of these are psychotherapies in a true sense of the word. This is the list, however, in no particular order:

- artificial intelligence therapy
- psychoanalytic psychotherapy
- psychoanalysis
- Jungian therapy—analytical psychotherapy
- Adlerian—individual psychotherapy
- rankian-will therapy
- Sullivan interpersonal psychotherapy
- client-centered
- gestalt
- transactional analysis
- irrational emotive therapy
- behavior therapy
- character analysis therapy (Horney)
- learning theory psychotherapy (Dollard and Miller)
- assertion-structured therapy (Phillips)
- modeling
- reciprocal inhibition
- logotherapy
- philosophical psychotherapy (Sahakian)
- Morita therapy (Shoma Morita)
- reality therapy
- constructive alternativism psychotherapy (Kelley)
- existential psychotherapy (Dasein Analysis)
- experiential or nonrational psychotherapy (Whitaker-Malone)
- psychodrama
- analytic group psychotherapy
- conjoint family therapy
- hypnotherapy
- Reichian therapy/orgone therapy/character analysis
- bioenergetics
- primal therapy
- implosive therapy

Bernard Nisenholz is an associate professor at California State University, Northridge.
social influence therapy
directive counseling and psychotherapy (Thorne)
biozentric therapy (Branden)
direct decision therapy (Greenwald)
minimum change therapy (Tyler)
social learning therapy (Rotter)
psychological counseling (Bordin)
transactional (Grinker)
multimodal behavior therapy (Lazarus)
Frommian therapy
encounter group therapy
nude marathon therapy
triadic-based family therapy (Zuk)
Ackerman's family diagnosis and therapy
family group therapy (Bell)
multiple impact therapy (MacGregor)
social network intervention (Speck)
multiple family therapy (Laqueur)
attack therapy (Synanon)
reframing (Irving Goffman)
existential-humanistic therapy
integrity group process (Mowrer)
psychoanalysis
actualizing therapy (Shaftman)
aversion therapy
operant conditioning
autogenic therapy (Luthe)
psycho-imaginative therapy (Schroth)
confrontation problem-solving therapy (Granger)
placebo therapy (Fish)
intensive journal process (Progo)
neuro-linguistic programming (Bandler and Grindler)
conflict resolution
family therapy (Minuchin)
play therapy (Axline)
relationship therapy (Patterson)
structural integration (Rold)
re-evaluation therapy (Jacksins)
family systems therapy (Bowen)
structured interactional group psychotherapy (Kaplan)
the bion group or tavistock conference
t-group
process group (Goldberg)
clinical hypnosis (Milton Erickson)
sex therapy (Masters and Johnson)
psychotherapy (Wells)
dance and movement therapy
phototherapy
bibliotherapy
occupational therapy
music therapy
poetry therapy
social therapy
milieu therapy
sociology
practitioner
activity group therapy (Slavson)
acupuncture (Anna Freud, Hartmann, Rapaport, Erickson)

Kleinian psychoanalysis
"active" therapy (Freud)
"adaptational" psychoanalysis (Stuckel)
adaptational psychodynamics (Radu)
narcotherapy
art therapy
inspirational group therapy (Pratt)
LSD therapy (Abramson)
interpersonal psychotherapy (Finesinger)
dialectics (Hubbard)
integrity therapy

Now, there must be some method of getting through this maze of theories and approaches and proving which is best. It seems to me that possibly the solution might lie in coping from other areas of our culture. For example, what if there was an annual Sigmund Freud Award each year for different categories of psychotherapy? Some of the categories might be: Best Overall Psychotherapy of the Year; Best Body Therapy; Best Cognitive Therapy; Best Therapy Session by a Psychotherapist, and so on.

There would be a National Academy of Psychotherapists, who would review videotapes and make the nominations. Or possibly, the Madison Avenue approach might be utilized. Of course, all psychotherapists would then have to be allowed to advertise aggressively, but it would really fit the American way. There on the TV screen is a client who has just been interviewed by two therapists. The client doesn't know the therapist's affiliation. The announcer asks the client, "Which psychotherapist did you prefer?" The client chooses the therapist on the right. The announcer uncovers the label and states, "You have chosen the Rational Emotive Therapist. I invite you to take the therapist challenge and prove for yourself why RET is best."

Perhaps the sport model might also be appropriate. Imagine the Psychotherapy Olympics with gold medals for winners in different categories. Imagine a gestaltist and a behaviorist each working with a client. Both clients suffer from agoraphobia. Who will be successful first? The winner goes on to the next round, then to the semifinals.

Of course, there is always the political model. Suppose there were a psychotherapy congress elected by the people. There would be an election, complete with conventions, campaign debates, and slogans. Some typical campaign posters might read, "Don't let your ego run rampant. Exercise your ego and vote psychoanalytically." Or, "you really have no choice, vote behaviorist or lose your mind and come to your senses, vote gestalt.

Finally, we might look at the military model. Imagine the war of the psychotherapies, complete with spies, psychological warfare, treaties, and alliances. The winner gets the clients.

Any of the above solutions would narrow the proliferation of therapies and make life simpler and more exciting. On the other hand, if you don't like these ideas, how about a national psychotherapy lottery with the winner receiving 10 years of psychotherapy, until frustration sets in, or whatever comes first.

REFERENCES
The 4 Freedoms
Freedom-From
Freedom-To
Freedom-With
Freedom-For

FREEDOM

The Precursors
Sense of Necessity
Willing for Anxiety
Awareness of the Problem
Confronting the Problem
Effort Toward Change
Hope for Change
Social Support Toward Change

Counseling Modalities
- Individual Therapies
- Group Therapies
- Family Therapies

Counseling Theories
- Cognition
  - Cognitive
  - REBT
- Behavior
  - Behavioral
  - Reality
- Humanistic
- Experiential
- Gestalt
- Psychoanalysis
- Object Relations
- Family Systems
- Adlerian

Crisis Intervention & Trauma Work

Career Counseling

Multicultural/Social Justice
- Feminist Therapy
- Gay Lesbian Bisexual Therapy
- Oppression Models

Spiritual Approaches
- Christian/Buddhist/Hindu
- Soteriology
- Transpersonal Therapy
### Table I
**Some Milestones of Ego Development**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Code</th>
<th>Impulse Control, Character Development</th>
<th>Interpersonal Style</th>
<th>Conscious Preoccupations</th>
<th>Cognitive Style</th>
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<tbody>
<tr>
<td>Presocial</td>
<td>I-1</td>
<td></td>
<td>Autistic</td>
<td>Self vs. non-self</td>
<td>Stereotypy, conceptual confusion</td>
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<td>Symbiotic</td>
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<td></td>
<td>Symbiotic</td>
<td></td>
<td></td>
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<tr>
<td>Impulsive</td>
<td>I-2</td>
<td>Impulsive, fear of retaliation</td>
<td>Receiving, dependent, exploitive</td>
<td>Bodily feelings, especially sexual and aggressive</td>
<td></td>
</tr>
<tr>
<td>Self-protective</td>
<td>Δ</td>
<td>Fear of being caught, externalizing blame, opportunistic</td>
<td>Wary, manipulative, exploitive</td>
<td>Self-protection, wishes, things, advantage, control</td>
<td></td>
</tr>
<tr>
<td>Conformist</td>
<td>I-3</td>
<td>Conformity to external rules, shame, guilt for breaking rules</td>
<td>Belonging, helping, superficial niceness</td>
<td>Appearance, social acceptability, banal feelings, behavior</td>
<td>Conceptual simplicity, stereotypes, clichés</td>
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<td>Conscientious</td>
<td>I-4</td>
<td>Self-evaluated standards, self-criticism, guilt for consequences, long-term goals and ideals</td>
<td>Intensive, responsible, mutual, concern for communication</td>
<td>Differentiated feelings, motives for behavior, self-respect, achievements, traits, expression</td>
<td>Conceptual complexity, idea of patterning</td>
</tr>
<tr>
<td>Autonomous</td>
<td>I-5</td>
<td>Add: Coping with conflicting inner needs, toleration</td>
<td>Add: Respect for autonomy</td>
<td>Vividly conveyed feelings, integration of physiological and psychological, psychological causation of behavior, development, role conception, self-fulfillment, self in social context</td>
<td>Increased conceptual complexity, complex patterns, toleration for ambiguity, broad scope, objectivity</td>
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<tr>
<td>Integrated</td>
<td>I-6</td>
<td>Add: Reconciling inner conflicts, renunciation of individuality</td>
<td>Add: Cherishing of identity</td>
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</table>

**Note.**—“Add” means in addition to the description applying to the previous level.
# Feeling Word Vocabulary

## Categories of Feeling

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<thead>
<tr>
<th>Level of Intensity</th>
<th>Happy</th>
<th>Sad</th>
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<th>Scared</th>
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<tbody>
<tr>
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<td>Excited</td>
<td>Hopeless</td>
<td>Furious</td>
<td>Fearful</td>
<td>Bewildered</td>
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<td>Seething</td>
<td>Panicky</td>
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<td>Wounded</td>
<td>Hostile</td>
<td>Shocked</td>
<td>Demobilized</td>
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THE LAW OF EFFECT & REINFORCEMENT
THE IMPACT OF PLEASANT AND UNPLEASANT EFFECTS UPON BEHAVIOR

Unpleasant Effects Decrease Behavior

Pleasant Effects Increase Behavior

Unpleasant
Great Effect

Type of Unpleasant Effect
Adding Pain Decreases Behavior: Punishment
Spanking

Removing Pleasure Decreases Behavior: Response Cost
Empathizing with a Victim

Pleasant
Great Effect

Type of Pleasant Effect
Removing Pain Increases Behavior: Negative Reinforcement
Taking a Pill

Adding Pleasure Increases Behavior: Positive Reinforcement
Love or Monetary Reward

Neutral
No Effect
Tracking Down Schema
Following the Chain of Meanings Down to an Ontological Core Belief or Schema
Client is informed of the technique at the beginning

1. My boyfriend didn’t call me this weekend and I’m all upset
   
   What is so upsetting about this?

2. He’s neglecting me and he doesn’t love me.
   
   If that were true, what would it mean to you?

3. There must something wrong with me or he would pay more attention to me.
   
   If that were true, what would that mean to you?

4. That would mean that he is going to break up with me.
   
   What would happen if he did break up with you?

5. It means that I am going to end up lonely and miserable.
   
   If that did happen, what would it mean?

   
   What is so upsetting about being rejected?

7. It means that I’m unlovable and nobody will ever care about me.
   
   And if you are unlovable, what would that mean?

8. It means that I am empty inside, that I am nothing.
   
   And if you are empty, what does that mean to you?

9. That there is nothing to me and that I am nothing. [Repeating earlier statement]
   
   Do you really believe that right now?

10. I am afraid that it might be true and I will do anything to make it not true

   Core Schema has now been identified and intervention would follow.
MULTIMODAL THERAPY

THE BASIC ID

B  behavior
A  affect
S  sensation
I  imagery
C  cognition
I  interpersonal
D  drugs/Biology
MULTIMODAL ASSESSMENT OF PERSONALITY
(rate each question on the Likert scale from 0 to 6)

Behavior
How active are you? How much of a doer are you? Do you like to keep busy?
0-----1-----2-----3-----4-----5-----6

Affect
How emotional are you? How deeply do you feel things? Are you inclined toward impassioned or soul-stirring inner reactions?
0-----1-----2-----3-----4-----5-----6

Sensation
How much do you focus on pleasure or pain derived from your senses? How tuned in are you to your bodily sensations, such as sex food, music, art?
0-----1-----2-----3-----4-----5-----6

Imagery
Do you have a vivid imagination? Do you engage in fantasy and daydreaming? Do you think in images or pictures?
0-----1-----2-----3-----4-----5-----6

Cognition
How much of a thinker are you? Do you like to analyze things, make plans, think things through?
0-----1-----2-----3-----4-----5-----6

Interpersonal
How much of a social being are you? How important are other people to you? Do you gravitate to people? Do you desire intimacy with others?
0-----1-----2-----3-----4-----5-----6

Drugs and Biology
Are you healthy or health conscious? Do you take good care of your body and physical health? Do you avoid overeating, ingestion, of unnecessary drugs, excessive amounts of alcohol, and exposure to other substances that may be harmful?
0-----1-----2-----3-----4-----5-----6
Central Themes in Existential Therapy

- Awareness
- Being
- Existential Anxiety
- Isolation
- Death
- Meaninglessness
- Freedom
- Paradox
- Authenticity
- Responsibility
- Liberation
Involving Fathers in Family Counseling

Reference

Strategies
1. Make it clear on initial contact that all members are expected to attend family sessions.
2. Talk to the father directly and reassure them that that fathers are important to the well being of the family
   A. “It is clear from talking with the family that you are very important to them. I wonder if you would be willing to give your perspective on what is happening in the family, and what you think may be of benefit to them.”
3. Let fathers know that it is normal for fathers to be hesitant to attend family sessions but that once they do so, they see the importance of it.
4. Make a special effort to connect or join with fathers through empathy and understanding.
   A. It is not so important to be liked by the father as it is to be respected.
5. Point out to the father that positive changes in the family situation depend upon the father’s participation
   A. Mention that the presence of the father conveys to the children the importance of positive change
6. Point out that many men tend to dismiss the need for counseling until it is a matter of great urgency.
   A. It is often too late by that point, but it is possible to nip the problem in the bud if it is attended to early enough.
   B. Asked what has been tried by the father to help the family and how it has worked or not.
7. Inform the father to feel free to doubt anything that the counselor does and to ask about the efficacy or rationale of any treatment approach used in the family sessions.
   A. One can also invite the father to inquire into the credentials of the counselor(s).
8. Give the father tangible information about counseling to give credibility to the therapeutic enterprise.
   A. Handouts or articles concerning the approach of the agency or counselor are helpful to fathers.
9. Challenge the father’s priorities in order to motivate him for attending counseling sessions.
   A. If the father says he has to work, acknowledge the importance of his work then ask if work is more important than his family.
   B. Politely inform him that his family is asking that he put his family ahead of his work.
10. Show the father the benefits of his participation from a purely selfish perspective.
    A. Show the father what’s in it for him, whether it is peace at home, less hassle among family members, more respect for parents by the children, and so on.
11. Challenge the father to give his perspective.
   A. Mention that his wife and son disclosed some issues in counseling and you are curious to know the father's side of the story.

12. If the father will not attend in person, get the family's permission to talk to him by phone about various issues, as appropriate.
   A. Mention, for example, that the mother and children think that if the counselor tries to talk to the father that he would hang up on him/her. Ask if this is true.

13. Avoid guilt tripping the father.
   A. Have the family issue requests in terms of "needing" him to be present rather than his just giving proof that he doesn't care about his family.

14. Find out if the father has had negative previous experiences with counseling, and if he has judged all counseling to be a waste of time.
   A. If so, show empathy and find out what happened. It may be the father is entirely justified in showing hesitance to come to counseling again.

15. When all else fails, write a direct letter to father using the points above as appropriate.
THE DYNAMICS OF CULTURAL OPPRESSION

CULTURAL OPPRESSION

Dominant Group: Oppressor

Inclinations Toward
- Power
- Wealth
- Status

Liabilities
- No Empathy
- Callousness
- Oblivious
- Prejudice

Clinical Focus On
- Awareness
- Empathy
- Compassion

Mixed Affiliation: Combined Characteristics

Inclinations Toward
- Perception
- Wisdom
- Genuineness

Liabilities
- Identity Loss
- Apathy
- Suffering
- Bitterness

Clinical Focus On
- Liberation
- Empowerment
- Awareness

Subordinate Group: Oppressed

Causal Factors in Therapeutic Change

Precursors
Sense of Necessity
Willing to Experience Anxiety
Awareness of the Problem
Confronting the problem
Effort or Will
Hope of Change
Social Support

Catalysts
Insight/Understanding
New Perspective
Restructure the World
Reinterpret Stress/Problem/Self
Confronting or Facing Up
Stepping Back or Detaching
Seeing a New Possibility
Decision to Change
Problem-Solving
Change in Thinking
Change in Behavior
Making Meaning Out of Chaos
Catharsis

Outcome (Cause/Effect)
Sense of Mastery
Released or Freed
Free to Pursue Options
More Tolerant/Accepting
Become More Oneself
Becoming More Comfortable with Oneself
Therapeutic Outcome Factors

- Wisdom
- Mastery of Behavior
- Mastery of Thought
- Mastery of Perspective
- Tolerance of Ambiguity
- Ability to Soothe Own Feelings
- Peace / Joy
- Freedom of Affect
- Problem Solving Ability
- High Awareness
- Self-Knowledge
- Self-In-Relation
- Empathy for Others
- Knowledge of Others
- Capacity for Intimacy
- Gemeinschaftsgefühl
- Commitment to Growth
- Meaningfulness
- Sense of Purpose
- Sense of Sanity
Counseling Victims of Oppression

- Establish Empathic Relationship
- Find Oppressive Persons or Groups
- Describe Mechanisms of Oppression
- Identify Beliefs Inflicted by Oppressor
- Determine Degree of Agreement
- Discredit Source and/or Dispute Belief
- Validate Perception as a Skill
- Establish Hope

Reference