# PREFACE

Since the eighth edition of *Counseling Strategies and Interventions for Professional Helpers,* the helping professions have continued to expand and evolve. In writing the ninth edition, I have kept several well-grounded features from the previous editions. First, I have tried to blend comprehensiveness and conciseness. Second, the book has been written with upper-class undergraduates or beginning-level graduate students in mind in a variety of helping disciplines. Third, I have included a variety of learning exercises, called Application Exercises, to help students apply and review what they have learned. Fourth, the new edition includes a variety of recently published sources to present the most current information available to my readers.

For the first eight editions of this book, I have had the privilege and honor of collaborating with my major professor and mentor, Dr. Harold Hackney, known by Dick Hackney to most of us. Dick and I have worked together on several projects for a number of years. Dick has decided to pursue more leisure activities at this point in his life. I have missed his delightful presence and skilled writing in this edition and yet I feel grateful to be able to continue to build on his work.

## NEW TO THIS EDITION

An overall goal in this new edition is the expansion of the section on basic helping skills. The ninth edition has three chapters that describe the sequence of basic helping skills, which includes attending skills (Chapter 4), listening skills (Chapter 5), and action skills (Chapter 6). Chapter 4 is an expanded version of the chapter in earlier editions, and Chapters 5 and 6 are new chapters for this edition. Also new to this edition is Chapter 10, "Considerations and Challenges for Beginning Helpers." This chapter was authored by Beth Robinson, PhD, Assistant Professor in the Master's of Education Counselling Program, at the School of Education, Acadia University, Wolfville, Nova Scotia.

A perusal of new content infused throughout the chapters includes the following topics:

- Counseling in military settings (Chapter 1)
- International multiculturalism (Chapter 1)
- Positive regard and the acceptance therapies (Chapter 2)
- Communication with lesbian, gay, bisexual, transgender, and questioning (LGBTQ) clients (Chapter 3)
- Communication with immigrant and refugee clients (Chapter 3)
- Verbal and nonverbal attending skills, Verbal following of cognitive and affective messages (Chapter 4)
- Paraphrase, reflection of feeling, summarization (Chapter 5)
- Open-ended and closed questions, reflection of meaning, and challenging responses (Chapter 6)
- Updates to informed consent, confidentiality, and privacy (Chapter 7)
- Assessment of key components of client issues (Chapter 8)
- SMART goals (Chapter 8)
- Mindfulness interventions (Chapter 9)
- Helping strategies for oppressed clients (Chapter 9)

- Family genograms (Chapter 9)
- The imposter phenomenon (Chapter 10)
- Professional development (Chapter 10)
- New and additional cases and application exercises focusing on ethical issues and cultural issues

In addition, at the end of each of the ten chapters are activities from MyCounselingLab, the online destination designed to help students make the transition from academic coursework to professional practice. This online content consists of video clips of authentic practitioner/client sessions with some well-known clinicians and of interviews with distinguished professionals in the field. Students can access MyCounselingLab by purchasing this directly from the website or by registering with the access code purchased with the text at: http://www.pearsonmylabandmastering.com/northamerica/mycounselinglab/students/.

## OVERVIEW OF THE BOOK

Chapter 1 identifies the context of the helping professions—who the helping professional is; what kinds of activities he or she performs; and the qualities and skills of helpers, such as cultural competence, resilience, and mindfulness. In addition, Chapter 1 describes issues related to professionalism, such as identity, training, and credentialing of professional helpers. The context of helping includes a wide variety of roles and functions. It might even seem to the untrained eye that the differences among helpers are greater than the similarities. I attempt to dispel that impression in Chapter 2, which discusses the helping relationship. This helping relationship proves to be the unifying force for disparate roles and functions.

Although the helping relationship connotes a sense of shared purpose, there is an added expectation for the helper—the expectation that he or she be both responsible and responsive in exploring the client's needs and concerns. Chapters 3 through 9 identify the skills and interventions expected of a beginning professional helper. Some of these skills are rudimentary; others are more advanced and require coaching and practice. Chapter 3 defines the helper's responsibility to be aware of and attentive to the client's communication patterns, including patterns among diverse clients, and the usefulness of silence. Chapters 4, 5, and 6 describe the basic helping skills. These include attending skills (Chapter 4), listening skills (Chapter 5), and action skills (Chapter 6). These skills, which were introduced in the 1970s and have been refined since, are the building blocks by which helpers of all disciplines conduct helping sessions with clients. Chapter 7, which deals with session management, includes strategies for opening and terminating helping interviews as well as managing subsequent interviews. I also discuss ethical issues affecting initial sessions, such as confidentiality, informed consent, and privacy, and I also describe ethical and pragmatic issues in terminating the helping relationship.

Chapter 8 is a pivotal point in the book. It builds on the fundamentals of the early chapters and is the foundation for the remaining chapters of the book. Although the helper is instrumental in conceptualizing issues (usually with the assistance of a particular theoretical orientation), the goal-setting process inherently depends on mutual discussion and agreement between helper and client. Drawing on mutually accepted goals, the helper begins the most crucial portion of the relationship: the focus on overt change. This calls for more than relationship skills and more than active listening. Many helping

interventions—derived both from theory and practice and supported by research—are synonymous with effective helping practices. Chapters 8 and 9 explain and suggest classroom activities that will help the helper understand and begin practicing these interventions. Chapter 9 offers a variety of different helping strategies that are integrative in focus and purpose and that reflect a host of theoretical orientations to helping, ranging from experiential and interpersonal to cognitive and behavioral; these theoretical orientation also include individual, systemic, and collective approaches.

Finally, Chapter 10 includes several areas pertinent to beginning helpers such as common concerns; preparing for ethical challenges such as confidentiality, informed consent, privacy, and multiple relationships; clinical supervision; and many aspects of professional development including professional identity, networking, professional affiliations, and discussion of self-care for helpers. This is a new chapter for this edition and was authored by Beth Robinson, PhD, Assistant Professor in the Master's of Education in Counselling at the School of Education, Acadia University, Wolfville, Nova Scotia.

## INSTRUCTOR SUPPLEMENTS

This edition offers a revised online Instructor's Manual/Test Bank, authored by Melissa Brown, a graduate of the Master's of Education in Counselling program, Acadia University. The instructor's manual contains test questions, chapter summaries, recommended readings, and additional classroom and homework activities. To download the Instructor's Manual, go to the Pearson Instructor Resource Center at http://www.pearsonhighered.com/educator.

## ACKNOWLEDGMENTS

I am grateful to a number of people who have helped make this ninth edition possible. I am most fortunate to have had the benefit of the wisdom and publishing acumen of my editor Kevin Davis. And without a doubt, the work of his team, consisting of Janelle Criner, Caitlin Griscom, Carrie Mollette, and Lauren Carlson, made my job so much easier, I gratefully acknowledge the reviewers of the manuscript for their insights and comments: I also am indebted to Dr. Beth Robinson for writing a new chapter for this edition that is full of instructive guidance for beginning helpers. And I greatly appreciate the work of Melissa Brown, who authored our Instructor's Manual.

*Sherry Cormier*

CHAPTER

1

# The Helping Professions

A woman goes into a beauty salon, and as she is getting her hair cut, she whispers to her hairdresser something about her marriage disintegrating.

A man goes into a sports bar and while watching a game, says something to the bartender about losing his job.

A couple seeks the counsel of a rabbi about the declining health of his and her elderly parents.

A child confides in a school counselor about the big bruise that shows up on his leg.

A young adult refers herself to a community mental health center because she thought about killing herself after disclosing to her parents that she is a lesbian. At the center, she is seen by a social worker and a case manager.

An older man seeks the services of a psychologist for sexual dysfunction issues following prostate surgery.

A person who has been hospitalized following an accident in which his back was broken decides to talk with a rehabilitation counselor.

It could be argued that helping occurs in all the above examples. Certainly, the woman whose hair is being cut probably feels helped by her hairdresser in much the same way that the man feels helped by telling the bartender about his job loss. And the couple that seeks the wisdom of a rabbi would not be doing so without some sort of implicit trust and respect for this person. The clients who are seen respectively by a counselor, social worker, case manager, psychologist, and so on, are also both seeking and, in all likelihood, receiving help. Yet there are differences—hopefully, positive ones. The hairdresser and the bartender—despite possibly providing help—would be referred to as nonprofessional

helpers, whereas the rabbi, social worker, case manager, psychologist, and counselor would be called professional helpers. And even among these kinds of professional helpers, there are differences; the helping profession includes a broadly knit collection of professionals, each fitting a particular need or segment of society. Some are directly identified as helping professionals, such as psychiatrists, psychologists, professional helpers, marriage and family therapists, and social workers. Others are professionals from other disciplines who enter the helping network on a temporary basis. Most notable among these are ministers, physicians, nurses, and teachers.

Professional helpers can be distinguished from nonprofessional helpers by their identification with a professional organization, their use of an ethical code and standards of practice, and their acknowledgment of an accrediting body that governs training, credentialing, and licensing of practice (Gale & Austin, 2003, p. 3). These are important ways in which a professional helper develops a sense of professional identity. *Professional identity* is defined as the identity assumed by a practitioner of a particular discipline; it is reflected in the title, role, and intention of the profession and results from a cohesive decision of the members of the profession (Myers, Sweeney, & White, 2002; Moss, Gibson, & Dollarhide, 2014). As noted, one way that helping professionals achieve a sense of professional identity is by membership in a professional organization. As Vacc and Loesch (2000) point out, there are a number of relevant professional organizations for helping professionals, such as the American Counseling Association (ACA) for helpers, the American Psychological Association (APA) for psychologists, Canadian Association of Social Workers (CASW), Canadian Counselling and Psychotherapy Association (CCPA), Canadian Psychological Association (CPA), the National Association of Social Workers (NASW) for social workers, and the National Organization for Human Services (NOHS) for human service professionals. (See Appendix A for a list of websites for these and other organizations.)

Finally, professional helpers distinguish themselves from nonprofessional helpers by their sense of vocation and mission—the public promise (the meaning of the word *profess*) to act for the good of the public (Ponton & Duba, 2009, p. 117). Part of this mission involves affirming the public trust for the role and services offered by professional helpers. One of the ways that this public trust is upheld is through accountability: making sure that professionals deliver services and programs to clientele that are valuable, useful, affordable, and effective. Helping professions are increasingly ascertaining levels of accountability through what is known as evidence-based practice (EBP) and action research, both of which are methods for assessing effectiveness of individual and group counseling as well as programmatic efforts (Baker, 2012).

In this chapter, we examine the many facets of the helping professions. We also explore what constitutes differences among laypersons, such as the beautician who may help in the context of the job and professional helpers whose job is defined primarily by the focus of the helping process. Although our focus in this text is on counseling, we use the term *professional helpers* and other interchangeable terms, such as *practitioners* and *clinicians,* to emphasize that counseling occurs in many helping disciplines, even though the characteristics of each discipline may be different. We also focus on professional helpers because the counseling profession now specifically targets collaborative practice among various helping disciplines as a best practice strategy to address interrelated social issues with clients and the systems in which they live and work (Mellin, Hunt, & Nichols, 2011).

## WHAT IS HELPING?

The process of helping has several dimensions, each of which contributes to the definition of *helping*. One dimension specifies the conditions under which helping occurs. Another dimension specifies the preconditions that lead one person to seek help and another to provide help. A third dimension relates to the results of the interaction between these two persons.

### Helping Conditions

The conditions under which helping occurs are quite complex, but in their simplest terms, they may be described as involving four components: (1) someone seeking help and (2) someone willing to give help who is (3) capable of or trained to help (4) in a setting that permits help to be given and received. The first of these conditions is obvious; one cannot help without the presence of someone seeking help. If I do not want to be helped, nothing you can do will be helpful. If I am not sure I want to be helped, then perhaps you will be helpful, provided you can enjoin me to make a commitment to accept help. The second condition requires the willingness or intention to be helpful. Here, it would be good to differentiate between the intention to be helpful and the need to be helpful. Many would-be helpers are driven by the need to be helpful and use the helping relationship for their own needs. This is rarely a conscious act. Neediness has a way of camouflaging itself in more respectable attire. But when the relationship is dictated by the helper's needs, the possibilities for helping are minimal. The third condition reflects the helper's skills, either learned or natural. It is not enough to be well intentioned if your awareness and behaviors drive people away. Indeed, the primary purpose of pursuing training in the field of helping is to develop, expand, and refine your therapeutic skills. The fourth condition refers to the physical surroundings in which the helper and client meet. Privacy, comfort, aesthetic character of the room, and timing of the encounter all contribute to the setting in which helping transpires.

All four conditions occur within a cultural and environmental context in which individual clients may present with a variety of concerns and individual differences, including dimensions such as race, ethnicity, socioeconomic level, gender, religious and spiritual affiliation, ability status, sexual orientation, age, developmental stage of life, and so on. Naturally, such differences affect the help-giving and help-receiving processes in various ways. For example, some clients' cultural affiliations greatly affect even the decision to seek or not to seek help from a helping professional. Instead, they may turn to family or tribal elders, religious and spiritual advisors, or close family confidants for guidance. Cultural variables also affect the setting in which help giving occurs. For some clients, the idea of going to see a helper in a professional office is too foreign to consider as a viable option. These clients may prefer a more informal and less structured setting. Also, even your best intentions to be helpful are influenced by your own cultural affiliations and may affect the degree to which some clients perceive you as able and qualified to help. If you do not understand your clients' expressions, the subtle nuances of their communication patterns, their cultural values, or their culturally related views of their problems, your best intentions may not be enough.

## What Do Professional Helpers Do?

Having discussed the process of helping, we now turn our attention to what professional helpers actually do. Perhaps this is best illustrated by a story such as the following:

> Irina came to see Sherry because, she said, "Even though I am 50 years old, I don't think for myself, and I have trouble making any decision." Earlier in her life, Irina had once seen a professional helper with her now ex-husband. Initially, Sherry educated Irina about the helping process and specifically about issues related to privacy and confidentiality. This educational process was followed by an exploration process in which Irina told her story while Sherry created a safe therapeutic environment for self-disclosure and listened carefully. At different times, Sherry gently probed to move Irina's narrative along, to obtain historical information about Irina's life, and to explore Irina's cultural background. As Irina continued to tell her story, with Sherry's help, it became clearer what Irina wanted from the helping process. She wanted to develop greater reliance on herself so she could trust herself and her decision-making process. Sherry helped Irina develop this goal for change more specifically and then initiated several intervention strategies for Irina to use in working toward this desired outcome, including problem-solving training, cultural genogram work, modeling, and role-playing and behavioral rehearsal (see Chapter 9 for descriptions of these strategies). As the sessions continued, Sherry helped Irina expand her story to include a newer version of herself—someone she saw as competent, confident, and capable. As Irina moved toward this point, Sherry helped her explore her readiness to terminate the helping process and continue the gains begun in counseling on her own.

As you read over this sample case, note how it generally illustrates the kinds of things that professional helpers do with clients:

- They help clients identify and explore life concerns and issues.
- They help clients identify and pursue culturally relevant expectations, wishes, or goals.
- They help clients identify, assess, and implement culturally relevant strategies for change.
- They help clients identify and assess results and plan for self-directed change in the client's own environment.

Professional helpers are trained in the general functions we just described of creating a helping relationship—communication, conceptualization, assessment, and intervention. In addition, some professionals—such as counselors, social workers, and psychologists—provide more specialized services based on their training and work setting. For example, some practitioners may work specifically with minority clients, whereas others may work primarily with children or adolescents or the elderly. Others may focus on couples and family systems or adults or even adults with particular kinds of issues, such as anxiety or depression or career counseling. Some clinicians may work primarily in group modalities; others may work in crisis intervention. And depending on the setting, professional helpers may focus on prevention, remediation, change, and/or life enhancement. Professional helpers use both theory and research to support best practices for working most effectively with particular kinds of clients in particular kinds of settings. Although differences exist within and between settings in which helping professionals work, they all honor the following principles:

- Professional helping involves responding to feelings, thoughts, actions, and social systems of clients.
- Professional helping is based on a stance or frame that involves a basic acceptance of clients.

- Professional helping is characterized by confidentiality and privacy.
- Professional helping is noncoercive.
- Professional helping focuses on the needs and disclosures of the client rather than the counselor.
- A skill underlying effective helping is communication.
- Professional helping is a multicultural experience (Hackney & Cormier, 2013, p. 5).

## SETTINGS IN WHICH HELPERS WORK

As we mentioned at the beginning of this chapter, there are a variety of trained persons and specializations in the helping professions. It is estimated that in the years 2010 to 2020, the employment outlook for professional helpers is especially strong as emerging settings and needs continue to grow. Helpers in various disciplines are forging new paths all the time. Some helpers are working with persons with trauma; some are helping veterans; many others are working with older populations; and still others are working with residential youth schools and programs, parenting programs, and sports settings. The following discussion of representative settings and the services that helpers working in them provide will offer some sense of the helping spectrum.

### School Settings

School counselors are found in elementary, middle or junior high, and high schools. Elementary school counselors do provide some individual counseling with children, but they are more likely to work with the total school environment. Much of the elementary school counselor's focus is on preventive and developmental guidance programs and activities, such as classroom guidance units, small-group counseling, and parent-teacher conferences (Baker, 2000). Middle school and junior high school counselors share this total school perspective but tend to spend more time with students—individually and in groups—and somewhat less time with teachers and parents. This slight shift in focus reflects the developmental changes that occur with preteens, who find themselves involved in self-exploration and identity crises. Two common programs in middle schools include peer facilitation and teacher-as-advisor programs (Vacc & Loesch, 2000). Counseling in the high school reflects a noticeable shift to the students as individuals. Career and college planning, interpersonal concerns, family matters, substance use, and personal identity issues tend to dominate the students' awareness, and the counseling process attempts to provide an environment in which to address these issues. The counselor's day is therefore much more task-oriented. Some students are referred by teachers, but many are self-referrals. The high school counselor often works with student groups on career and college issues, although counseling focuses on all types of secondary students, not just those who are college-bound. Secondary school counselors also engage in much consultation with teachers and administrators (Vacc & Loesch, 2000).

Regardless of the level of a school, school counselors work collaboratively with students, parents, teachers, administrators, and the community. Recent developments in school counseling focus on the use of school counseling programs that facilitate student achievement as well as student development. To help answer the question "How are students different as a result of what school helpers do?" the American School Counselor Association (ASCA; 2012) has developed the *ASCA National Model: A Framework for School Counseling Programs*. This document describes the competencies students obtain

as a result of participating in school counseling programs and also defines both appropriate and inappropriate functions of school counselors. For example, ASCA recommends a school counselor to student ratio of 1:250 and also specifies that school counselors spend 80 percent or more of their time in direct and indirect services to students. It also describes the mission statement of school counselors as supporting all facets of the educational environment in three domains: personal/social, academic, and career development. (For more on this model, see schoolcounselor.org.) This national model highlights the dramatic transformation of school counseling in the last decade. While individual counseling, small-group work, and classroom guidance are still components of school counseling programs, the new initiatives in school counseling stress the importance of consultation and collaboration between school counselors and teachers, parents, and administrators, with the goal of promoting effective broad systemic change that offers access to opportunities and better achievement for all students (Clark & Breman, 2009, p. 7). A recent meta-analysis of school counseling interventions found some support for positive effects of certain school counseling interventions on students at the elementary, middle, and high school levels (Whiston, Tai, Rahardja, & Eder, 2011). At the same time, however, effectiveness data on students from diverse backgrounds are more limited (Whiston et al., 2011).

What will your future look like if you want to be a school counselor? First, you will need to be able and equipped to focus on the issues of the school as a system, in addition to the issues of individual students. An emerging role for school helpers is that of advocacy. This focus on systemic change and advocacy is central to the ASCA national model that we previously identified. This might mean speaking "with teachers who intentionally or unintentionally discriminate against students in marginalized or devalued groups or challenging administrators to address various forms of institutionalized educational inequities" (Bemak & Chung, 2008, p. 375). Or it might simply mean advocating for your roles and skills to be used effectively within your school setting because other school personnel or stakeholders may not be aware of what you do and how you are trained (Gysbers & Henderson, 2012; Shallcross, 2013c). Second, although responsive services to individuals will probably never "go out of style," there will be an increasing emphasis on developing programs that focus on prevention. In recent years, both advocacy and prevention programs have been targeted for school violence and bullying, including physical bullying, verbal bullying, cyberbullying, social aggression, and relational aggression because these forms of bullying are reaching epidemic proportions, often resulting in social isolation, depression, early suicides, and long-term effects into adulthood. (Shallcross, 2013a). Third, you will be heavily involved in the facilitation of groups, teams, or communities and on the achievement and educational needs of all students, making sure that minority students are as well served as other students (Colbert, Vernon-Jones, & Pransky, 2006). One new facet of this endeavor involves helping students and schools in 45 states as well as the District of Columbia meet what is called Common Core State Standards, which is what students are expected to learn to prepare them for college and future careers (see corestandards.org). Ways in which school counselors may be involved in helping to implement Common Core State Standards are described by perusing the following website: counseling.org/docs/resources. Fourth, there will be increasing emphasis on accountability in schools because both teachers and principals are now being evaluated on an annual basis to determine how well they are meeting student learning objectives (SLOs). School counselors are also demonstrating accountability through their use of the ASCA evidence-based counseling implementation plan, which delineates goals and collects data on how well the school counseling program meets the objectives in the three areas described by the ASCA model: personal/social, academic, and career development.

## Higher Education Settings

Although much college counseling occurs in counseling centers or psychological services centers, some helpers in higher education settings also work in offices related to student affairs, such as residence halls, career services, academic advising, and so on. A wide variety of problems are addressed, including career counseling, personal adjustment counseling, crisis counseling, and substance abuse counseling. College counselors also see students with mild to severe pathological problems, such as anxiety, depression, suicidal gestures, eating disorders, and trauma. Boyd and colleagues (2003) observed that the recent past has seen a huge increase in the number of college counseling services and in the functions they provide. Emerging issues in college settings include financial issues, immigration status concerns, date rape, and domestic and relationship violence as well as physical and relational bullying and cyberbullying.

In addition to individual counseling, much reliance is placed on group counseling and on the needs of special student populations and student retention. For example, most college counseling centers have a special focus and staff person to engage in counseling-related services for students with disabilities. Also, many college campuses now employ counselors to work with students with substance abuse issues and also to provide wellness-oriented programs to students. Rollins (2005) described three special populations that are increasing on college campuses in the 21st century: domestic minorities and multiracial students, international students, and third-culture kids (TCK). Students who belong to these groups may be more reluctant than others to seek the services of a college counselor.

What does the future look like for you should you decide to become a college counselor? The answer to this is as diverse as the potential roles and functions that exist for college counselors. First, you will be heavily involved in working with students representing special populations. This work involves outreach programming and consultation with other student offices, such as the disability office, the international students office, and the multicultural affairs office, as well as with the residence halls. Second, you can expect to see clients who arrive on campus with more severe psychological issues. Some of these students may already be on psychotropic medications to manage conditions such as depression, anxiety, eating disorders, substance abuse, and even chronic mental illness. Unfortunately, some students who are severely distressed may be less likely to walk through the counseling center's doors (Faqrrell, 2005). In addition to reaching these students through psychological education, support groups, and outreach programming, you can also expect to become involved in technology because college counseling centers are adding online counseling resources to more traditional in-office services (Faqrrell, 2005). An excellent example of a recent technological advance in college counseling (as cited by Kennedy, 2004) is the *Career CyberGuide* offered by York University in Toronto, Canada (available online at yorku.ca/careers/cyberguide). As technological services grow, so do issues surrounding confidentiality and privacy. An ethical intention checklist surrounding online counseling services is available from Shaw and Shaw (2006). Also, in addition to providing psychological counseling, you may be very involved in wellness programming, which is designed to help college students reach their full potential on a number of levels, including physical, emotional, social, and spiritual.

## Community Settings

Helpers working in community settings usually are social workers, mental health helpers, and other human service professionals, such as case managers, mental health aides, crisis intervention helpers, marriage and family practitioners, and community outreach workers.

Their places of employment are the most diverse of all helping settings. Family service agencies, youth service bureaus, satellite mental health centers, YWCA counseling services, homeless shelters, and substance abuse centers are examples of community settings. Much of what is done is psychotherapy, whether with individuals, couples, families, or groups. In addition, the community practitioner may become involved in community advocacy efforts and direct community intervention. The types of problems seen by community practitioners encompass the spectrum of mental health issues. Clients include children, adolescents, adults, couples, families, and the elderly. In other words, community-based helpers see an enormous variety of clients and problems in a typical month. The work demands are often heavy, with caseloads ranging from 20 to 40 clients per week.

Currently, mental health helpers are concerned with the delivery and implementation of services that are therapeutic, cost-effective, and evidence-based, and that reflect developmental notions as much as remediation. Couples and family practitioners as well as addiction specialists also offer services through a variety of community agencies.

What can you expect should you choose to work as a practitioner in some sort of a community setting? One issue you will have to grapple with is the effects of managed health care, created by the reimbursement system of third-party payees of health insurance. You may engage in brief and short-term counseling in these settings because managed care usually only covers the cost of a certain number of counseling sessions a year. You will also probably be required to provide a fair amount of written documentation and accountability, often in the form of client treatment plans to "justify" the sessions for a given client with a particular diagnosis. In conjunction with this activity, you can be expected to collect data to show that you are using best or evidence-based practices in your setting. Overall, you may be challenged to do more work with fewer available resources. Although at times this can be a test of your patience and resilience, working in a community setting provides the satisfaction of knowing that you are giving something back to the community in which you live.

## Religious Settings

Vacc and Loesch (2000) note that "an interesting mixture of professions is evident in the growing number of clerics (e.g., rabbis, priests, ministers, sisters) who have completed counselor-in-preparation programs" (p. 344). Despite many similarities, helping in religious settings is different in some ways from that in other settings. The similarities include the range of individual and family problems seen, the types and quality of therapy provided, and the helpers' professional qualifications. The differences reflect the reasons that some religious groups establish their own counseling services. There is at least some acknowledgment of the role of religion or spirituality in the individual's life problems. Many religious helpers believe that human problems must be examined and changes introduced within a context of spiritual and religious beliefs and values. The religious counseling center is undeniably attractive for many clients who, because of their backgrounds, place greater trust in the helper who works within a religious affiliation. According to Vacc and Loesch (2000), the three major counseling activities engaged in by clerics are bereavement counseling, marriage and family counseling, and referrals to other professionals.

Helpers in religious settings are often ordained ministers who have obtained postgraduate training in counseling. However, increasing numbers of the laity are also entering religious counseling settings or are receiving training in pastoral counseling and working in nonreligious settings, such as private practice, hospitals, and hospices. The number of

academic programs granting degrees in pastoral counseling has increased substantially in recent years, as has the number of helpers who integrate a faith-based worldview with their academic training and subsequent licensure. This is important because regulation and oversight of unlicensed religious helpers involve substantial ethical and legal issues.

What can you anticipate if you decide to work in a religious setting or offer faith-based counseling? You may end up seeing well-known people who prefer to deal with issues or lapses in judgment by seeing someone in a religious setting. You also may work with people who cannot afford counseling services in other kinds of settings. You will also probably see clients who want to incorporate their faith heritage, spiritual beliefs, or spiritual modalities such as prayer in the counseling sessions. You may also work fairly often with people in crisis, so brushing up on your crisis intervention skills is a good idea.

## Industrial and Employment Settings

Many professionals consider the private sector to be the new frontier for helping services. Such services occur primarily in the form of employee assistance programs (EAPs) that are administered either within the employment setting or through a private contract with a counseling agency. These programs are occurring with increasing frequency in business, industry, governmental units, hospitals, and schools. Many EAPs focus on the treatment of substance abuse issues, whereas others have expanded services to include individual, couple, and family concerns. To make the workplace a psychologically healthy environment, EAPs also deal with counterproductive workplace behaviors and stress management issues. Some research has found a connection between work stress and infectious disease (Hewlett, 2001). An example of a counterproductive workplace behavior that you may see in employment settings has to do with workplace bullying or mistreatment such as verbal abuse or harassment, offensive conduct, or threatening or intimidating workplace sabotage. Because much of workplace bullying is insidious and often subtle, employers often do not have explicit policies to prevent or respond to such behaviors, and the employee takes his or her concerns to the clinician in the form of individual counseling.

Another type of counseling service that has appeared in industry settings is the outplacement counseling service. Outplacement refers to the process of facilitating the transition from employment to unemployment or from employment in one corporation to employment in another. The need for outplacement counseling has increased as corporations downsize their operations to cut costs or to address new goals and objectives. The client may be a top executive, middle manager, line supervisor, or laborer. Counseling takes the form of career counseling and includes the administration of career and personality inventories. The objectives for management clients are to provide data and counseling that will help employees assess their career options and develop plans for obtaining new positions as well as to support clients through that transition period. The objectives for employees who may be affected by plant closings are to identify career alternatives and to assist the company in designing retraining programs that will help unemployed workers obtain new jobs. The outplacement clinician has often worked in an industry setting and understands the characteristics of this clientele from firsthand experience. Practitioners in employment settings also focus on career issues and the interaction between the individuals and their work roles (Power & Rothausen, 2003).

What can you expect should you choose to work in industrial and employment settings? As job-related stress increases due to downsizing and outsourcing, you will see more clients who take advantage of employer-assisted counseling plans. Some clients

may turn to substances such as prescription drugs and alcohol to self-medicate the anxiety and stress resulting from increased job demands. Having an excellent toolkit of substance abuse intervention skills is important. Also, as job stress increases, so too will the need and demand for employee wellness programs. Workplace violence and the prevention of it is also a focus area for helpers who serve in these settings.

### Health Care and Rehabilitation Settings

An increasing number of practitioners are finding employment in health care settings such as hospitals, hospices, vocational rehabilitation centers, departments of behavioral medicine, rehabilitation clinics, and so on. Responsibilities of helpers in these settings are diverse and include tasks such as providing counseling to patients and/or patients' families; crisis management; grief work with the terminally ill; and the implementation of psychological and educational interventions for patients with chronic illnesses, people with physical challenges, and so on. More addictions specialists are also working in health care settings. Wellness programs are also increasing in these settings. It is believed that the number of helpers in health care and rehabilitation settings will continue to rise with increasing human services needs and advances in medicine. For example, the need for rehabilitation helpers now exceeds the supply by over 25 percent across the United States.

Your future as a helper in health care settings is constantly being defined and redefined. Generally, in these settings, you need a repertoire of skills to work effectively with both individuals and families and both illness and wellness. You are also likely to be functioning in a health care delivery setting that integrates both physical and behavioral/mental functioning because the two are so interrelated. You may become involved in teaching patients responsibility for medication compliance and pain management. And you will probably be heavily invested in prevention. For example, helpers currently provide informational and psycho-educational programs to patients whose disease processes are from unhealthy lifestyle factors, but the future looks more and more promising for the implementation of programs to prevent disease processes in the first place by teaching patients effective self-care—proper nutrition, exercise, and reduction of negative thoughts and feelings. An increasing number of health care settings are employing practitioners as health coaches to prevent illness and promote wellness. In recent years, there has been a proliferation of self-employed, independent health coaches marketing services designed to promote the potential and well-being of clients in a number of dimensions including mind, body, and spirit.

### Military Settings

Counseling now is much more readily available for members of the armed services and for their families as well. Many military settings, both in the United States and on bases in other countries, employ both military and civilian counselors to deal with issues such as anxiety, depression, substance use, stress, and anger management, all through the lens of the military culture. Because of a dramatic increase in both suicide attempts and suicide completions by members of the armed forces, there is both a preventive and remedial focus on suicide prevention and response. Because suicide is associated with alcohol use for both former and current U.S. military personnel, a great deal of counseling in military settings also involves substance use, abuse, and addictions counseling. With cases of post-traumatic stress disorder (PTSD) at an all-time high, counseling services are available in both inpatient and outpatient settings for veterans who may return from combat with PTSD symptoms In addition, veterans can also obtain both vocational and educational counseling.

Practitioners in military settings work with families, including the armed service member, his or her spouse, and the children, concerning issues related to marriage, partnership, communication, and stress resulting from multiple deployments and absences by the armed service member. Counseling is available for families before a service member deploys, during the deployment, and after the deployment as well. This counseling may include family counseling, couples counseling, and child counseling. Researchers have identified military and veteran families as at risk for experiencing various forms of stress and distress (Walinski & Kirschner, 2013). Such distress is experienced not only for the military member and his or her spouse but also for the children in the military family.

What does your future look like if you are involved with military clients? Myers (2013) argues that to be an effective helper with military clients, you must be trustworthy, credible, and able to serve as an effective advocate. He maintains that this may involve linking these clients to other community resources or communicating with their other providers such as health care practitioners. And while you may be hired by a particular setting, such as a Veterans Administration (VA) hospital to work with the military, you also may work with military clients in private practice or other community settings. To build a private practice base of military clients, Myers (2013) recommends connecting with the local chapter of the Wounded Warrior Project and enrolling with your state's TRICARE panel (TRICARE is the insurance plan for the U.S. Department of Defense). Regardless of your setting, when your clientele involve military clients, you can expect to deal with a wide range of individual and family issues, including stress, communication, parenting, substance use, depression, loss, anger, and post-traumatic stress.

## APPLICATION EXERCISE 1.1

### Work Settings and Job Functions

Think about a helping setting that interests you. Interview a person employed as a helper in this setting. Explore the job responsibilities, types of clients served, unique aspects of the setting, and joys and frustrations of the helper. Your instructor may have you either present to your class an oral summary about your visit or write a summary of your interview. In writing this summary, note whether your findings about this setting are consistent with your expectations. Explain either way.

## HELPER QUALITIES AND SKILLS

We have described seven settings in which helping and counseling occur. Of course, there are many others, including couples and family therapy, correctional institution counseling, geriatric counseling, and even sports counseling. In all these settings—and with the variety of presenting issues that are seen—there is a common core of characteristics and skills of effective helpers. Over the years, a number of writers have described this core. Qualities such as self-awareness and understanding, open-mindedness and flexibility, objectivity, trustworthiness, interpersonal sensitivity and emotional intelligence, curiosity, and caring are supported by the literature. We concur with all these. We also believe that these are general enough characteristics and skills that you can deduce what they mean on your own and decide if they describe you or not. In this section of the chapter, we want to focus on four qualities that are not as transparent in meaning and implication as the ones just mentioned but, in our opinion, have tremendous importance for practitioners in the 21st century: virtue, cultural competence, neural integration and mindful awareness, and resiliency.

## Virtue

A simple definition of *virtue* has to do with goodness (Kleist & Bitter, 2014). Virtue addresses the character traits of the individual helper and asks the question "What kind of person are you?" (Kleist & Bitter, 2014). Aristotle spoke about virtue as a way of being in the world or a basic disposition toward the world. For example, are you a person who is kind? Are you someone with integrity? Part of being a virtuous helper involves the capacity to put the well-being of your clients at the top of your list of priorities. To do so, helpers in all fields are guided by various codes of ethical behavior (American Association for Marriage and Family Therapy, 2012; American Counseling Association, 2014b; American Psychological Association, 2010; Canadian Association of Social Workers, 1994; Canadian Counselling and Psychotherapy Association, 2007; Canadian Psychological Association, 2007; National Association of Social Workers, 2008; National Organization for Human Services, 2000). A major guiding principle of these ethical codes is the recognition of the importance of being committed to the client's well-being. We think virtue is important today because much of our world seems to be morally compromised and fractured. Ethical codes of conduct do not just convey information; they also help inform a particular way of being in the world. Sullivan (2004)—who has designed an undergraduate mentorship for developing wise and effective habits of character—describes ethics as a particular worldview that incorporates virtue and aspiration. This ethical model assists us in learning to discern what helps persons and communities flourish and what does not (p. 69). For example, when it comes to choosing between the well-being of your client and your own pocketbook, how do you make this decision by using the ethical codes to guide you? What kind of character underlies this decision? What kind of "self" are you bringing to the ethical decisions you will inevitably need to make about clients? Some of you undoubtedly are reading this text while holding views that may label you as leaning toward the political left, while other readers hold views characterized as leaning toward the political right. Despite differing views and values, both liberals and conservatives can share the characteristic of virtue. You may hold opposing views on politics or religion yet share something virtuous about your way of being in the world and the goodness that you bring to the ethical decisions you make about your clients. Virtue is also an important foundational quality in being a culturally competent helper.

## Cultural Competence

Helping professionals are seeing an increasingly diverse group of clients. It is expected that such increasing diversity will continue in the 21st century and beyond. As the dimensions of client diversity expand, the competence of helpers to deal with complex cultural issues must also grow. As Robinson (1997) points out, diversity and multiculturalism are not synonymous. *Diversity* describes clients who are different across dimensions such as age, gender, race, religion, ethnicity, sexual orientation, health status, social class, country of origin, geographic region, and so on. *Multiculturalism* involves an awareness and understanding of the principles of power and privilege. Power and privilege can be defined in many ways, but we especially like the definitions that Lott (2002, p. 101) has offered: *Power* is "access to resources" and *privilege* is "unearned advantage" and, thereby, "dominance." As you can see from these definitions, power and privilege are linked together in important ways. Those who have unearned privilege often use or abuse their power to dominate and subordinate (or oppress) those who do not have privilege and power. Multiculturalism is "willingly sharing power with those who have less power" and using

"unearned privilege to empower others" (Robinson, 1997, p. 6). People who hold unearned privilege and power often seek to maintain their power by labeling, judging, and discriminating against those who do not. This discrimination usually occurs on the basis of various dimensions of diversity, such as race, social class, religion, age, gender, sexual orientation, health status, and so on. Those who are discriminated against on the basis of these dimensions not only feel excluded and disempowered but they also have, in reality, fewer resources. For example, people living in poverty have less access to employment, decent housing, health care, pay and benefits, and even resources such as technology. Privilege can also occur with respect to countries as well as to individuals. Lowman (2013) argues that advanced "Northern" countries are largely privileged compared to non-Western "Southern" countries, meaning that Western countries are more likely to have laws and policies in place to respond to issues of oppression and discrimination even though individuals within Western countries still, of course, often suffer from oppression and discrimination.

Another unfortunate result of power and privilege is the possibility that someone could have a professional commitment to diversity without a corresponding commitment to multiculturalism. As an example, consider the client who comes to see you after a particularly volatile staff meeting at her worksite. Her colleagues are primarily White men, with the exception of one African-American woman. Your client reports that during the meeting, one of the men (not the boss) publicly shamed her female colleague in front of the group for a particular way that this woman had handled a situation. Your client has also been publicly criticized by this same man. The man who has done this also publicly professes a strong commitment to diversity, yet his behavior suggests he has no commitment to multiculturalism. Similarly, a clinician may be committed to multiculturalism but not committed to or knowledgeable about internationalism. Consider the case of an immigrant and his spouse who have moved here from another country and put their first-born child in the public school setting. After several months, the school counselor was contacted by the child's teacher because of the child's disruptive behavior in the classroom. The school counselor initiates a meeting with the parents and suggests some cognitive-behavioral parenting strategies to implement at home with the child. The parents rejected the counselor's suggestions at the outset and said that they preferred to seek the advice of a physician who is also a member of their native country and could better understand their family and their religious beliefs. In this case, the counselor may have had some understanding of multicultural issues but clearly did not understand the international issues posed by the non-American clients.

In 1992, Sue, Arredondo, and McDavis developed a set of multicultural competencies that focused on attitudes, knowledge, and skill areas for the development of culturally sensitive practitioners. These competencies were updated in a 2002 guidebook (Roysircar, Arredondo, Fuertes, Ponterotto, Coleman, Israel, & Toporek, 2002) and more recently summarized by Arredondo and Perez (2006). There are many other ideas of what it means to be a culturally competent helper. The most recent literature on this subject expands multiculturalism to include internationalism. Because we live in a global world, essentially without borders, what happens in one country affects what goes on in the remainder of the world in so many arenas: health care, finance, psychological-emotional issues, politics, and so on. Lowman (2013) argues that "current challenges of multiculturalism are not confined to any one country or region . . . [D]iscrimination on the basis of nonchosen human characteristic (e.g., race, age, sexual orientation, gender) is a near-universal societal phenomenon" (p. 8). Lowman (2013) further asserts that international multiculturalism involves an approach that suggests attention both to what is happening

within one's own culture and also across the context of at least two or more countries. A practitioner must be skilled to work with international clients within one's own country, such as immigrants, as well as with international clients residing in a different country. Both Hurley and Gerstein (2013) and Wedding (2013) have described competencies for multicultural and international fluency for mental health professionals. These represent particular competencies designed to help practitioners provide culturally appropriate services to clients whose primary country of identification differs from that of the practitioner.

Despite all of the recent discussion about diversity and multiculturalism, there is still no universal agreement about what constitutes cultural competence (Sanchez-Hucles & Jones, 2005). However, there is general agreement that counseling/clinical competence is not the same as multicultural counseling competence (Sue & Sue, 2013). From the perspective of these authors, many helping professionals "have difficulty functioning in a culturally competent manner" (p. 39).

How do helpers develop cultural competence and skills? The answers to this question are not always simple, and developing cultural competence does not happen overnight. Indeed, it is most likely a lifelong process. However, we can make the following recommendations:

- Become aware of your own cultural heritage and affiliations and of the impact that your culture has on the counseling relationship. Remember that culture affects both you and your clients. No one—regardless of race or ethnicity or country of origin—is devoid of culture.
- Become immersed in the cultures of people who differ from you (Sue & Sue, 2013). Seek opportunities to interact with people who represent different cultural dimensions, and be open to what they have to say. Create opportunities rather than waiting for them to come to you. Hansen and colleagues (2006) suggest seizing opportunities such as getting culture-specific case consultation and learning about indigenous resources (p. 72). Wedding (2013) recommends "doing homework" to gain information about other countries as well as your own (p. 297).
- Be realistic and honest about your own range of experiences as well as issues of power, privilege, and poverty. Become aware of the great impact of poverty. Think about the positions you have or hold that contribute to oppression, power, and privilege. In the United States or European countries, being White, able-bodied, young, intelligent, male, Christian, heterosexual, middle or upper class, and English-speaking all convey aspects of privilege. Individuals who do not share these privileged attributes are disempowered in significant ways, and the inequities between privileged and nonprivileged persons contribute to much injustice and oppression, *especially when privilege is ignored by those who hold it* (Crethar, Rivera, & Nash, 2008).
- Remember that, as a helper, you, not your clients, are responsible for educating yourself about various dimensions of culture. For example, if you feel uninformed about the background and cultural and religious heritage of your new client who is Muslim and you ask your client to inform you, this essentially constitutes a role reversal, and the client is likely to feel frustrated. A similar misuse of culture would be to tell your Latino client about your new Latino and/or Latina friends. A facet of cultural competence that emerges consistently from the literature is how important it is for helpers to demonstrate an interest in a client's culture and to seek out opportunities to educate yourself about cultures and countries different from your own. At the same

time, being a false know-it-all and pretending to have all the knowledge and answers about a client's varying dimensions of culture is also misguided.

- Become aware of your own biases and prejudices, of which racism is the most problematic (although not the only *-ism* that affects practice). Remember that racism is not restricted to overt behaviors but also includes everyday opinions, attitudes, and ideologies (Casas, 2005, p. 502). Recent literature has attested to covert racism in the form of what is known as racial microaggressions (Sue et al., 2007). Racial microaggressions are more insidious forms of racism, often committed by a well-intentioned person but still deeply wounding, that are subtle insults (whether verbal, nonverbal, and/or visual) that communicate denigrating messages to people of color (Sue, 2010). Data indicate that higher frequencies of racial microggressions are associated with depression and poorer mental health for clients of color (Nadal et al., 2014).

  As an example of a microaggression, consider the way that language is used. Watts-Jones (2004) points out the power conveyed by words and phrases such as "black sheep," "black mark," "white lie," and "Indian giver" and suggests that from a social justice perspective, practitioners need to pause and query when such language is used in the counseling room. Too often, we do not recognize such language, let alone challenge it. For example, in working with persons with disabilities, the use of first-person language is empowering. Group designations such as "the disabled" or "the blind" are inappropriate because they do not convey respect and equality. First-person language such as "persons with disabilities" or "individuals with visual impairments" is preferred (Daughtry, Abels, & Gibson, 2009, p. 204).

  All helpers need to be aware of potential racist origins and implications of their actions and also to be sensitive to potential racist origins and implications of the actions of colleagues. Saying to a client of color "you are so light-skinned that you really don't look Black" or telling a client of color not to worry about getting racially profiled because "it happens to a lot of people all the time" are examples of very wounding racial microaggressions that drive clients away from the helping process. Sue (2010) has recently written a groundbreaking book—suitable for both helpers and clients on the insidious effects of microaggressions—that is based on 5 years of research he and his students have conducted. We list this book in the Recommended Readings at the end of the chapter, and we consider it to be essential reading for all helping professionals because many microaggressions are committed by people like you and me—well-meaning, well-intended, decent folks who lapse into states of unawareness that produce various categories of microaggressions that are devastating to the recipients of such slurs, insults, or invalidations.
- It is the responsibility of the helper, not the client, to get issues related to culture "out on the counseling table," so to speak. This responsibility has been defined by Day-Vines et al. (2007) as *broaching*—that is, the helper's "ability to consider the relationship of racial and cultural factors to the client's presenting problem, especially because these issues might otherwise remain unexamined during the counseling process" (p. 401). Broaching is important because the acknowledgment of cultural factors enhances the credibility of the helper, establishes trust, fosters greater client satisfaction, and influences the clients' decisions about returning for further sessions. Broaching behaviors essentially refer "to a consistent and ongoing attitude of openness with a genuine commitment by the counselor to continually invite the client to explore issues of diversity" (Day-Vines et al., 2007, p. 402). An example of a broaching

> behavior would be for the practitioner to say at the beginning of an initial counseling session something like the following: "I notice that we are from different ethnic backgrounds. I am wondering how you are feeling about working with someone like me who is a White European American woman . . ." (Day-Vines et al., 2007, p. 402).

In recent years, all major professional organizations for helping professionals have offered descriptions of various multicultural competencies required for helpers. (These are usually available from the organization's website, many of which we list in Appendix A.) We strongly encourage you to familiarize yourself with these competencies and to identify areas in which you need to develop greater awareness, sensitivity, and proficiency.

## Neural Integration and Mindful Awareness

Earlier, we said that virtue was important in the development of cultural effectiveness. It is also likely that the development of cultural competence is affected by the therapist's own level of neural integration. *Neural integration,* although complicated as a process, can be simply stated as describing what occurs when separate parts of the brain (hence the word *neural*) are connected together into a functional whole (hence the word *integration*; Siegel, 2007). What does the counselor's level of neural integration have to do with being an effective helper? The recently emerging field of interpersonal neurobiology (Siegel, 1999, 2010) asserts that neural integration allows clinicians to enter a state of mind in which their ability to think clearly and maintain an emotional connection with clients is enhanced. When helpers do not have it "together," their capacity to think clearly during counseling and develop effective connections with clients is diminished. Siegel and Hartzell (2003) made the following analogies: having neural integration is like taking as the "high road" and not having it is like taking the "low road" (p. 154). When taking the "high road," neurally integrated practitioners are able to process information with clients that involves rational and reflective thought processes, mindfulness, and self-awareness. These neural processes occur in the prefrontal cortex of the brain, located in the front part of the brain behind the forehead. When the opposite occurs—taking the "low road," or being in a nonintegrated brain state—helpers are governed more by emotions, impulsive reactions, and rigid rather than thoughtful responses to clients. In this nonintegrated state, the prefrontal cortex shuts down and disconnects from other parts of the brain that need its signals to function well.

Why is it so important for helping professionals to be neurally integrated? We now know from a decade or so of brain research that neural integration aids practitioners in developing empathy as well as having reflective conversations with clients that help them process information and regulate emotions. The helper's own level of neural integration helps to foster new neural connections in the brains of clients, a process referred to as neural or brain plasticity. It is now believed that neural plasticity may be the path by which psychotherapy alters the brain (Siegel, 2010).

At this point, perhaps you are thinking, "How in the world can I integrate myself 'neurally'? What is the process? What does it mean? How does it happen?" One major way that neural integration occurs for helpers is through mindful awareness. Siegel (2006) stated that mindful awareness invokes receptivity to what arises within the mind's eye on a moment-to-moment basis. In other words, being mindful is simply paying attention to what is happening as it is happening. It is being aware of what we are doing *while* we are doing it. This morning, when I watered the outdoor plants, I caught myself doing it mindlessly—on automatic pilot, so to speak—until I noticed a hummingbird and a beautiful coral-colored zinnia popping its head up through the yellow black-eyed Susan patch. Immediately, I became mindful (or aware)

and stopped to notice and to appreciate. One way to develop mindful awareness is through a daily practice of some form of meditation. Meditation involves the focusing of our nonjudgmental attention on our own internal states—intentions, thoughts, feelings, and bodily functions (Siegel, 2006, p. 15). Although meditation comes in many forms, in its most elemental form, meditation simply means becoming still and quiet for a period of time, in which you sit with yourself and focus on a mantra (such as "I am peaceful") or on your breath.

Two noted clinicians—Marsha Linehan and Carl Thoresen—have provided some tips for cultivating mindfulness (Reiser, 2008; Harris, 2009):

- Cultivate the practice of mindfulness on a daily basis. One way to do so is to take mindful breaks during the day. For example, set a timer or use a clock that chimes on the quarter hour. Each time the timer goes off or the clock chimes, stop, turn your attention to your breath, and observe your in-breath and out-breath for three cycles (more if feeling stressed). You can even install a bell of mindfulness on your computer; download it at mindfulnessdc.org/mindfulclock.html.
- Develop one or more of what Thoresen (in Harris, 2009) refers to as the "mindfulness-based spiritual practices," which include the following:
  - ***Passage meditation:*** Use a memorized passage or prayer from any religious or spiritual tradition and repeat it silently—once daily, preferably in the morning—to set a positive intention for the day.
  - ***Mantra meditation:*** Use a mantra or sacred word or phrase from any tradition you prefer—basically, a word or phrase that is meaningful to you, such as *peace* or *love*.
  - ***Slowing down:*** Make conscious efforts to slow down your pace of daily life; drive more slowly, eat more slowly, type on the computer more slowly, talk more slowly.
  - ***One-pointed attention:*** Become more focused on one thing and less preoccupied with trying to cram everything you can do into a short period of time. One-pointed attention is the opposite of multitasking, which is extremely stress-inducing.
  - ***Train the senses:*** With the acceleration of technology, we are bombarded with an onslaught of nonstop sensory information. Designate a time during the day in which you turn off the cell phone, the landline phone, the computer, and so on.

Research has discovered that having clinicians who meditated prior to counseling sessions resulted in better treatment outcomes for clients (Grepmair et al., 2007). Mediation also promotes integration of various parts of the brain that are associated with a secure and safe attachment relationship between helper and client. This in turn helps to promote resiliency in clients and helpers.

## Resiliency

As important as resiliency is for clients, it is equally important for practitioners. *Resiliency* is defined as the capacity to bounce back from challenges or adversity. Resiliency is derived from the emerging strengths perspective. Always a cornerstone of human services and social work practice, this perspective is also becoming stronger in both psychology and counseling. The strengths perspective also has important implications for virtue and cultural competence. Smith (2006) noted that the *strengths-based perspective* is important because "it represents a dramatic paradigm shift" from focusing on pathology to developing assets (p. 16). She asserts that a strengths perspective seeks to understand human virtue and to answer the question of what strengths a person has used and continues to

use to deal effectively with life. As you can see, this issue affects both clients and helpers alike. Smith (2006) also observed the connection between a strengths perspective and cultural competence, noting that "a core component of the strength-based theory is that culture has a major impact on how people view and evaluate human strengths" (p. 17).

Why do a strengths perspective and resiliency matter for helpers? Today, helpers are expected to do more with less and to cope with different global challenges such as terrorism and natural disasters as well as everyday stressors and hassles. As clinicians share their sense of hope and optimism with clients, this perspective begins to be transferred to clients and informs the helping relationship (Smith, 2006, p. 42). How do we as helpers hold up during the stressful work that we do while offering support and help to our clients? The answers to this question come from the strengths-based perspective and the resiliency literature, which has found that resiliency is most closely related to both self-efficacy and positive emotions (Lee, Nam, Kim, Kim, Lee, & Lee, 2013). Resiliency means that helpers are able to:

- Use an active, positive, proactive approach to challenges and issues.
- Perceive pain and frustration constructively, seeing a glass as half full rather than half empty.
- Make decisions based on their own strengths of character, such as virtue, integrity, and courage.
- Identify and use the protective factors present in their own cultural and ethnic group as well as their environment (Smith, 2006).

In general, clinicians develop resiliency by replenishing the well that gets drained in doing therapeutic work with clients (Wicks, 2007). This is accomplished by acute care and sensitivity to one's own ongoing reflective process, such as daily journaling, and by strengthening one's own self-care protocol with tools such as exercise, solitude, and mindfulness.

An interesting extension of the resiliency literature is provided by Osborn (2004), who describes helper resiliency as stamina—the endurance and capacity to withstand or hold up under challenging conditions. Osborn gave seven suggestions for both off-the-job and on-the-job activities as well as ways of thinking to enhance our resilience and stamina. Based on the acronym of STAMINA (selectivity, temporal sensitivity, accountability, measurement and management, inquisitiveness, negotiation, acknowledgment of agency), these ways of being in the world and with our work are setting limits, honoring the rhythms and cycles of time, respecting our ethical standards and employing virtue to make ethical decisions, conserving and protecting our resources, looking for the uniqueness of our clients, engaging in a give and take, and attending to the life force within ourselves. Note that this last skill in particular involves neural integration; when we are in a state of mindful awareness, we engage our energy and our life force in a way that flows and plays. On especially stressful days, can you imagine yourself dancing into your work setting?

## APPLICATION EXERCISE 1.2

### Skills of Helpers

Observe the day-to-day work of helping professionals or even the helper you observed for Application Exercise 1.1. What do you conclude about their skills? Were you aware of particular personal qualities that stood out for you? What did you notice about the way they interacted with other people in their work setting? Did anything about the interventions they used seem especially useful? From your

observations, could you draw any conclusions about their cultural competence and commitment to social justice? What kinds of diverse clients do they serve? How many clients do they see from other countries? Did you obtain any information that would provide you with conclusions about their virtue? How did they promote the well-being of their clients? What challenges did they face in their work? Did they appear to be resilient in the face of such challenges or not? In their interactions with others, did they seem mindful and centered or were they frazzled and responding rigidly and/or emotionally?

## TRAINING AND CREDENTIALING OF PROFESSIONAL HELPERS

*Credentialing* of professional helpers usually involves three activities:

1. Graduation from an accredited program
2. Certification
3. Licensure (Vacc & Loesch, 2000, p. 304)

The first activity reflects the training that occurs for professional helpers, while the second and third activities represent the credentialing process that occurs for practitioners.

### Training

Professional helpers are trained in programs that are based on specific competencies and standards. By and large, professional helpers trained at the undergraduate level are found in human services programs and social work programs, and U.S. programs are based on national standards developed by the Council in Human Service Education and the Council on Social Work Education. Many social work students also go on to obtain their master's degree in social work; this advanced degree is required in some states for licensure as a social worker. Professional counselors in the United States are trained in master and doctoral degree programs designed to meet professional criteria established by the Council for Accreditation of Counseling and Related Education Programs (CACREP). Psychology programs are accredited by the American Psychological Association Commission on Accreditation (APA-CoA), marriage and family therapy programs are accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), and rehabilitation counseling programs are accredited by the Council on Rehabilitation Education (CORE). Accreditation for professional helper training programs "is a quality assurance and enhancement mechanism" using self-study and external peer review based on a "public set of standards of quality, policies, and procedures developed by an accrediting body through consultation with its respective higher education and professional communities" (Urofsky, 2013, p. 6). There appear to be a number of distinct advantages to accreditation, including better performance on national examinations, more employment opportunities, greater ease in becoming credentialed, and development of a more consolidated professional identity.

Several countries outside the United States also now have graduate degree programs in counseling and other helping specialty areas. A special issue of the *Journal of Counseling and Development* in 2010 and several special issues of the *Journal of Counseling and Development* in 2012 described the role of counseling programs in many different countries throughout the world. Some countries such as Canada and Britain have very clear accreditation standards and practices, while other countries such as Cuba and Bhutan have neither standards nor accreditation systems (Stanard, 2013).

All accrediting bodies of professional helper training programs have published standards, also known as criteria or performance indicators. Such standards address issues related

to the institution as well as to the specific training program. For professional counselors in the United States, CACREP adopted the 2009 standards, which, among other things, included a shift to outcome-based standards. Most CACREP accredited training programs for professional counselors begin with a series of courses that introduce the helping professions, settings, client populations, and professional ethics. Early in most programs, a counseling techniques laboratory or practice course introduces students to communication skills and entry-level counseling interventions and provides opportunities to try these skills in an observable setting (either through a two-way mirror or a closed-circuit video). Such a course includes content that is presented in this text. Also, usually in conjunction with or concurrent with this pre-practicum, students receive training in content referred to as counseling theories. Counseling theories represent various models and approaches to conceptualizing and helping clients. The helping and counseling strategies that we describe in Chapter 9 are representative of various counseling theories or approaches, and many of these theories are described in greater detail in our other text, *The Professional Counselor* (Hackney & Cormier, 2013). Typically, these courses are followed by a field-based practicum in which students work with real clients under the supervision of a skilled practitioner who serves as the student's supervisor. That supervision may include live observation, video-recorded review, or audio-recorded review. Whatever the medium, sessions are reviewed by the supervisor, and feedback is provided to the trainee for assessment and professional growth (see also Chapter 10).

Along with other coursework, most students take courses in group counseling (sometimes including a group practicum), educational and psychological testing, career counseling and development, research, human development, multicultural counseling, and substance abuse. Toward the end of the program, most trainees are required to complete an internship in a counseling setting related to their program. This may be in school counseling, agency counseling, college counseling, or another related setting. Programs in rehabilitation counseling, social work, human services, and marriage and family therapy differ in some of the didactic content, but the experiential portions are similar. Training programs and professional associations alike are also concerned with research, particularly practice research. This kind of research provides information about the efficacy of particular counseling approaches and interventions that—when supported by research—are called evidence-based interventions or best practices. The impetus for this kind of research, as Bradley, Sexton, and Smith (2005) noted, is that "on a daily basis, the practitioner is faced with the decision of how to take a counseling theory and implement it into counseling practice" (p. 491). Collecting data about client outcomes helps practitioners to "substantiate the treatment that is most effective or ineffective with a particular mental health disorder" (p. 491).

## Credentialing

In addition to receiving a degree in counseling or a related field, most counselors and other help-giving professionals also seek to become a credentialed counselor following their training and degree. Credentialing has become an important issue in recent years because of health care reforms (i.e., managed care) in which the credentials of the counselor are important for obtaining third-party reimbursement. Sweeney (1995) defined credentialing as "a method of identifying individuals by occupational group" (p. 120). It involves either certification and/or licensing. Although certification and licensing are similar processes, they differ in several important ways. *Certification,* unlike licensure, is

established through independent, nonlegislative organizations that help regulate the use of a particular title. Vacc and Loesch (2000) noted that "application of this title is more than self-anointment by those who refer to themselves as counselors" (p. 228). Counselors in the United States can be certified through the National Board of Certified Counselors (NBCC), rehabilitation counselors are certified through the Commission for Rehabilitation Counselor Certification (CRCC), and social workers are certified through the National Association of Social Workers (NASW). School counselors are also credentialed by the state in which they work (Myers, Sweeney, & White, 2002). Human services professionals can be credentialed as a human services board-certified practitioner by the National Organization of Human Services (NOHS) and the Council for Standards in Human Service Education (CSHSE).

*Licensure* is a legislatively established basis of credentialing that is considered even more desirable than certification because it regulates not only the title but also the practice of the profession. All states have passed legislation to license professional counselors. Social workers can also obtain social work licenses through state legislation, and some states have passed legislation to license marriage and family therapists. It is important to note that licensing laws, in particular, vary among different states, and "only by examining a specific law and the rules by which it is administered can one determine the full implications of the law in a given state" (Sweeney, 1995, p. 121). It is important to note, however, that credentialing also differs in other countries. There is no current credentialing in some countries for counselors, and in other countries it is limited or perhaps even more expanded than in the United States. In Malaysia, for instance, counselors have licensure, whereas psychologists and social workers do not.

Myers, Sweeney, and White (2002) summarized a number of advantages to the credentialing process. First, it invokes a sense of pride that is important both for advocacy and job satisfaction. Second, credentialing increases a feeling of competence. Such competence helps professionals and should also be reassuring to the public or clients who see credentialed practitioners. Finally, credentialing promotes accountability within a profession by its members.

### APPLICATION EXERCISE 1.3

#### Credentialing and Professional Identity

Continue with the interview you began in Application Exercise 1.1. Ask the helper you interviewed about his or her sense of professional identity. How was this person trained? What certification and/or license does this person have? What information did you gather about the code of ethics this person uses? With what professional organizations does this person affiliate? Present an oral summary of your findings to your class or write your findings in a written report.

## Summary

This chapter has examined the meaning of helping in the context of human concerns and who the helpers are. Professional helpers are found in many settings and encounter a wide variety of human issues. Professional helpers can be distinguished from nonprofessional helpers by their identification with a professional organization; their use of an ethical code and standards of practice; and acknowledgment of an accrediting body that regulates their training, certification, and licensing of their practice. The effective helper brings to the

setting certain personal qualities, without which the client would not likely enter into the alliance in which help occurs. These personal qualities include character traits such as virtue and ethical decision making, mindful awareness or neural integration, resilience and stamina, and cultural knowledge and sensitivity. The effective helper is committed to the sharing of resources, power, and privilege across diverse clients in a world essentially without borders. Although the exact parameters of these skills may be defined by the helper's theoretical orientation, there is no denying that the effective helper has them and the ineffective helper does not. Increasingly, professional helpers are entering new employment settings and encountering more diverse groups of clients, including many from various countries around the globe.

In the chapters that follow, we shall examine these skills and provide you with exercises and discussion questions to help in your integration of the material. Chapter 2 will look at the helping relationship and conditions that enable it to develop in positive directions to facilitate the client's progress. Chapter 3 examines a number of communication patterns that show up in the helping process, both within an interview and also across diverse kinds of clients. Chapters 4, 5, and 6 comprise a series of chapters devoted to basic helping skills. We explore attending skills in Chapter 4, listening skills in Chapter 5, and action skills in Chapter 6. Chapter 7 describes some strategies to manage helping sessions, with particular attention to beginning and ending an interview. Chapters 8 and 9 address the helper's skills in conceptualizing issues and selecting and implementing strategies and interventions. Finally, Chapter 10 explores common challenges for helpers. It is important to note that all the skills and processes we describe in the following chapters are affected by both the social milieu and the cultural context of the practitioner and client.

## Reflective Questions

1. In a small group of three to five class members, identify a preferred setting in which you would choose to be a professional helper (do the same for all members of the group). Discuss among yourselves why you chose the particular setting. Does it have to do with your personal qualities? Your perception of the demands of the setting? Your perception of the rewards of working in that setting?
2. Now choose a second-most-preferred setting (other than your first choice). Continue the discussion as directed in Reflective Question 1. How did you find your reactions to be different in this second discussion? What might you learn from these differences? Did you perceive the other group members as having similar or different reactions to the second choice? What did you learn about them as a result? Share your reactions candidly.
3. Identify a person you have known who was, in your opinion, an exceptional helper. What qualities did this person possess that contributed to his or her helping nature? How do you think these qualities were acquired? Do you have any of these qualities?
4. In your opinion, what does it mean to help? To give help? To receive help? How are these processes related?
5. What has had an impact on your decision to become a helper? Consider the following sources of influence: your family of origin (the one in which you grew up), life experiences, role models, personal qualities, needs, motivations, pragmatic concerns, culture, country, and environment.

## MyCounselingLab

*For each exercise, log on to MyCounselingLab and then click the Video Library under Video Resources to watch the following two video clips.*

1. Select the Intro/Orientation to Counseling collection. Watch the video "Cultural Considerations in Counseling." (Note that video clips will always appear in alphabetical order within each collection.) Describe how you think the helpers' understanding of the clients' culture helped them work more effectively with this couple.
2. Click the Ethical, Legal, and Professional Issues in Counseling collection for the following selection: "A Cross-Cultural Miscommunication." How would you assess the cultural competence of the helping professional you saw in this video clip?

## Recommended Readings


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CHAPTER

2

# The Helping Relationship

Much of what is accomplished in counseling depends on the quality of the relationship between the helper and the client. The helping relationship is a different kind of relationship than one that occurs between close friends, family members, or even between nonprofessionals. It is a relationship characterized by security, safety, privacy, and healing. The roots of this particular kind of helping relationship lie in a theoretical approach to counseling called the person-centered approach. The *person-centered approach* derives principally from the work of one individual: Carl Rogers. Rogers emerged on the scene at a time when two psychological approaches—psychoanalysis and behaviorism—were dominant. Through his influence, the focus began to shift to the relationship between therapist and client, as opposed to the existing emphasis on the client's intrapsychic experience or patterns of behavior. In one of his early writings, Rogers (1957) defined what he believed to be the "necessary and sufficient conditions" for positive personality change to occur, including accurate empathy, unconditional positive regard, and congruence. These concepts have evolved over the years, and today they are generally acknowledged by most theoretical approaches as *core conditions* in the therapeutic process. Exploration by a task force on empirically supported relationship variables has reemphasized the contributions of these core conditions and the helping relationship to effective therapy processes and outcomes (Norcross, 2001). In other words, the therapeutic relationship makes specific contributions to the outcomes of counseling regardless of the theoretical approach, treatment type, or intervention strategies that the practitioner uses (Norcross, 2011).

## THE IMPORTANCE OF THE RELATIONSHIP TO CLIENTS

The quality of the therapeutic relationship has the potential to be helpful and healing or hurtful and even damaging to clients. Many—if not most—clients who come to see us have missed out on the caring communication and healthy attachment to a caregiver in early life that is necessary for good health (physical and mental) and well-being. Instead of having experiences and expressions of themselves received and validated, clients may have had their experiences and expressions of self denied or judged. As a result, they develop narratives (or stories) and conclusions about themselves that are either too rigid or too chaotic, with not enough brain integration for them to regulate themselves effectively, particularly their emotions (Siegel, 2006). The therapeutic relationship has the potential to help repair some of these denied and judged experiences through collaborative communication and emotional processing of the dyadic experience between helper and client (Fosha, 2005). As a result, clients who feel cut off from themselves and their experiences have an opportunity to regain wholeness. Clients will be able to regain important connections with themselves and with other people, and the relationship with the helper is the first step in this process.

Perhaps you can see from this why we discussed the importance of neural integration and mindful awareness as a positive quality for counselors in Chapter 1. If the helper brings a lot of leftover issues and unresolved personal "baggage" into the counseling session, it will be "in the room" with the client and will impede the quality of communication and the process of change. A recent study found that clients are very sensitive to helpers' negative emotional states, more so than helpers' positive emotional states (Nissen-Lie, Havik, Hoglend, Monsen, & Ronnestad, 2013).

When helpers' unresolved issues get projected onto clients, we call this *countertransference*. And when clients' unresolved issues get projected onto helpers, we call this *transference*. Both helpers and clients can regulate unfinished business by learning to become aware of themselves and mindful of their feelings and emotions—what they are experiencing at any given moment in time. Indeed, some theoretical orientations view this as a primary goal of counseling and therapy (Fosha, 2002). This involves being aware of our own feelings as helpers and also being attuned to the feelings and experiences of our clients through the core or facilitative conditions previously mentioned. In the following sections of this chapter, we describe these core conditions in depth.

## ACCURATE EMPATHY

There are numerous definitions of empathy in the counseling literature. The definition that we like is the following: the ability to understand the client's experience and feel with or emotionally resonate to the client's experience as if it were your own but without losing the "as if" quality (Rogers, 1957; Bozarth, 1997). Clark (2007) noted that empathy is a complex process and is often used in different ways and for different purposes in the helping relationship. When used effectively, empathy increases clients' sense of safety, their feelings of being understood, and their satisfaction with the helping process. Effective use of this core condition also decreases premature termination and promotes client exploration (Elliott, Bohart, Watson, & Greenberg, 2011). Empathic understanding involves two primary steps:

1. "Empathic rapport": Accurately sensing the client's world and being able to see things the way he or she does

**2.** "Communicative attunement": Verbally sharing your understanding with the client (Bohart & Greenberg, 1997, pp. 13–14)

How do you know when the client feels you have understood? Client responses such as "Yes, that's it" or "That's exactly right" indicate some sort of recognition by the client of the level of your understanding. When your clients say something like that after one of your responses, you are assured that they feel you are following and understanding what is occurring.

Learning to understand is not an easy process. It involves skillful listening, so you can hear not only the obvious but also the subtle shadings of which the client is perhaps not yet aware. Empathy also involves having good internal boundaries for yourself. An internal boundary helps to separate personal thoughts, feelings, and behavior from the thoughts, feelings, and behaviors of others (Mellody, 1989, p. 11). Rogers (1957) asserted that empathy is being sensitive to a client's experiencing a feeling. This is sometimes called resonant empathy (Buie, 1981). You can feel with the client without taking on the client's feelings and actually feeling them yourself. This is an area that occasionally poses problems, especially for beginning counselors. In your eagerness to be helpful, you may find yourself becoming so involved with the client that you get disconnected from yourself and what you are feeling. Instead, you take on the client's feelings and perhaps even find yourself obsessing about the client long after the session is over. Such immersion is not helpful because you lose your capacity to be objective about the client's experience. As a result, you may avoid seeing, hearing, or saying important things in the session. If you feel this is happening to you, you can talk it over with a supervisor. You can also get reconnected to yourself during a session by taking a minute to focus internally and privately on what you are feeling and by taking some deep breaths.

Understanding clients' perspectives alone is not sufficient. You also must verbally express to clients your sense of understanding about them. This kind of communication is, in effect, a kind of mirror—feeding back clients' feelings to them, without agreeing or disagreeing, reassuring or denying. For a client to know that the practitioner is empathic, it must be expressed or made visible to the client (Clark, 2007). For example, suppose your client, Precious, tells you that she is having a hard time in school since losing her pet, which is a result of being moved into a shelter after her dad lost his job. In making empathy visible to Precious, the helper might say something like the following: "Precious, I imagine you are pretty upset now about losing your pet and your home too."

Accurate empathy involves not only mirroring your clients' feelings but also some parts of the immediate process. For example, if clients continually ask many questions rather than discuss the issues that brought them to counseling, it would be appropriate to reflect on the obvious with statements such as:

- "You have a lot of questions to ask right now."
- "You seem to want a lot of information about this."
- "You are asking a lot of questions. I wonder if you are uncertain about what to expect."

Learning to develop accurate empathy with your client and with other people takes time and practice, in part because empathy is not only an understanding of the client's feelings but also an understanding of the client's experiences. As Elliott and colleagues (2011) observed, empathic therapists do not simply parrot clients' words back or reflect only the content of those words; they also validate the moment-to-moment experiences,

meanings, and implications of the words. Effectively used, empathy helps clients to "symbolize, organize, and make sense" of their experiences (Bohart & Greenberg, 1997, p. 15). In the above example, the helper goes beyond simply mirroring the feelings of the client Precious and also reflects empathically on her experiences, as in the following example: "Precious, it sounds like you are going through a lot of changes right now in your life and everything feels turned upside down at this time."

Several caveats about the effective use of empathy are worth noting. First, the effects of empathy are most useful when the other two core conditions of positive regard and congruence are also present. Second, empathy is not the same as sympathy. Empathy is about communicating your understanding of the client and her or his experience. Sympathy is about feeling sorry for or sad about the client. Finally, not all clients will perceive empathic understanding as useful; some may experience empathy as intrusive, directive, or foreign to them (Elliott et al., 2011).

### The Brain Connection and Empathy

In 1996, in Italy, a team of neuroscientists discovered neurons that fire in our brains called "mirror" neurons. These neurons are specifically tailored to mirror the emotions and bodily responses of another person and are located in various cortical regions of the brain, such as the frontal and parietal lobes. These mirror neurons link perception and motor action and interact with an area of the brain called the insula that makes a neural circuit in which behavioral imitation, emotional or felt resonance, and attunement of intentional states occur (Siegel, 2006). As a result, when you perceive the expressions of another person, the brain is able to create within the body an internal state that is thought to "resonate" with that of the other person. The implications of the mirror neuron system in the brain and the resulting potential for empathic attunement with our clients are profound. Siegel asserted that being empathic with clients extends beyond helping them feel better (p. 13). This empathic mirroring helps clients feel "felt" and ultimately leads to brain changes in clients through the establishment of new neural firing patterns and increased neural integration. (For further information about this, see also the UCLA Center for Culture, Brain, and Development at www.cbd.ucla.edu.) Elliott and colleagues (2011) indicate that this emergence of research on the brain-based view of empathy has been the most significant development in the construct of empathy in the last two decades!

### Empathy and Mindfulness

In Chapter 1, we discussed the importance of mindful awareness as an integral quality of helpers. We now know that mindful awareness, or mindfulness, is not only useful for helpers but is also an important link to empathy. When we as helpers are mindful, we are more attuned to our own internal states by using our "sixth sense." In turn, being attuned to our own internal states helps us be attuned to the internal states of others, such as (but not limited to) our clients. In other words, mindfulness and empathy overlap to such a degree that being mindful augments our capacity to be empathic (Siegel, 2007). Stated another way, when we become frenetic or frazzled and lose our connection to ourselves, we are more likely to lose the relational connection and understanding with our clients too. Bein (2008) has written a remarkable book on Zen and mindfulness in helping and asserts that "ethical and skillful behavior flows from mindfulness" (p. 50). Siegel's recent book *The Mindful Therapist* (2010) demonstrates how therapist mindfulness helps us stay open to

possibilities with clients and to appreciate present moments without making debilitating judgments. Siegel (2010) states: "As a mindful therapist, I must bring the curiosity, openness, acceptance, and loving-kindness to my own states of mind in order to be mindfully attentive to the states in my patient" (p. 212). Mindfulness helps us be present with clients, and presence is an important ingredient in the relationship qualities that promote healing.

## Cultural and Relational Empathy

Empathy also involves understanding the client's gender and cultural backgrounds. Chung and Bemak (2002) noted that in North America, the concept of empathy is derived largely from Western Eurocentric values. They believe there is a need for culturally sensitive empathy. Cultural empathy is inclusive and reaches for understanding both among and between diverse groups. When used in the helping process, cultural empathy helps practitioners understand not just the individual sitting in front of them but also something about the client's worldview and context in which the client lives (Pedersen, Crethar, & Carlson, 2008). A major way in which a helper's cultural empathy may be blocked is by one's state of *privilege*. Recall from Chapter 1 that privilege is an unearned advantage, such as being White, being able bodied, being heterosexual, or having economic resources. Because such privileges are unearned, it is easy to take them for granted and to underestimate the impact that lack of privilege has on others. For example, consider the kind of cultural empathy that would be conveyed if helpers could really understand the discrimination, oppression, and losses experienced by clients who may be of another race, ethnic origin, or religion or by clients who may be experiencing loss of health status or income.

Cultural empathy is also affected by the mirror neurons we talked about earlier. The Italian researchers who discovered the mirror neuron system are also exploring the role of mirror neurons in communicating information about emotions and social life across cultures. The brain is undoubtedly behind our capacity to create and maintain cultural and relational empathy. Cultural empathy includes consideration of context and society in which both the counselor and the client live. When context is ignored and attempts to understand are made solely from an individualistic frame of reference, "blaming the victim" can result. Ignoring social context overlooks the relational world in which clients live—the dyads; families; racial, ethnic, and/or religious groups; social classes; occupational groups; and genders to which clients belong. Theorists have coined the term *relational empathy* to describe this process (Jordan, 1997). Relational empathy involves empathy for oneself, other people, and the healing relationship. In empathic interactions with the therapist, the client develops self-empathy as well as an increase in empathic attunement to others. This leads to "enhanced relational capacity and to an increase in self-esteem" (p. 345). For therapists to work effectively with clients from cultures different from their own, they must be able to step back from usual ways of knowing and be open to different ways of seeing things (Jenkins, 1997).

Chung and Bemak (2002) offered three specific ways that counselors can foster cultural and relational empathy:

1. Have a genuine interest in learning more about the client's cultural affiliations.
2. Have a genuine appreciation for cultural differences between the counselor and the client.
3. Incorporate culturally appropriate help-seeking behaviors and treatment outcomes and expectations into the helping process as needed. (p. 157)

## APPLICATION EXERCISE 2.1

### Accurate Empathy and Cultural Empathy

### A. Hearing and Verbalizing Client Concerns

Using triads with one person as speaker, a second as respondent, and the third as observer, complete the following tasks. Then rotate the roles until each person has had an opportunity to react in all three ways.

1. The speaker should begin by sharing a concern or issue with the listener.
2. The respondent should
   a. listen to the speaker and
   b. verbalize to the speaker what he or she heard.
3. The observer should note the extent to which the others accomplished their tasks and whether any understanding or misunderstanding occurred.

Following a brief (five-minute) interaction, respond verbally to the following questions:

SPEAKER: Do you think the respondent heard what you had to say? Did you think he or she understood you? Did the listener seem to understand your culture? Discuss this with the respondent.

RESPONDENT: Did you let the speaker know you understood or attempted to understand? How did you do this? What blocks within you interfered with doing so? Did you struggle with the person's cultural affiliations?

OBSERVER: Discuss what you saw taking place between the speaker and the respondent.

Now rotate roles, and complete the same process.

### B. Understanding Client Concerns

This exercise should be completed with a group of three to ten people sitting in a circle.

1. Each participant is given a piece of paper and a pencil.
2. Each participant should complete—in writing and anonymously—the following sentence: My primary concern about becoming a helper is

_____

_____

3. Papers are folded and placed in the center of the circle.
4. Each participant draws a paper. (If one person receives his or her own paper, all should draw again.)
5. Each participant reads aloud the concern listed and then talks for several minutes about what it would be like to have this concern. Other participants can then add to this.

This process continues until each participant has read and discussed a concern. When discussing the concern, attempt to reflect only your understanding of the world of the person with this concern. Do not attempt to give a solution or advice.

After the exercise, members should give each other feedback about the level of empathic understanding that was displayed during the discussion. Feedback should be specific so participants can use it for behavior change.

(*Continued*)

### C. Cultural and Relational Empathy

Consider your capacity to relate to clients who are both similar to and different from yourself along cultural dimensions. Explore and discuss the following four areas:

1. What are your family's beliefs and feelings about the group(s) that comprise your culture of origin? What parts of the group(s) do they embrace or reject? How has this influenced your feelings about your cultural identity?
2. What aspects of your culture of origin do you have the most comfort "owning"? The most difficulty "owning"?
3. What groups will you have the easiest time understanding and relating to? The most difficult?
4. What privileges do you have as a function of being you? As a function of how and where you grew up and how and where you live now? Consider dimensions such as race, ethnic origin, gender, socioeconomic status, health status, age, sexual orientation, and so on. How might such a privilege(s) impede your understanding of a client and the client's context?

## Shame and the Empathy Bond

Another factor that is increasingly recognized as having a substantial impact on the helping relationship is shame. *Shame* is viewed as a central component or main regulator of a person's affective life. Normal shame is about values and limits; it is recognized, spoken about, and acknowledged. The shame that is considered problematic and a primary contributor to aggression, addictions, obsessions, narcissism, and depression is hidden shame—shame that is unacknowledged, repressed, or defended against—that seems to result in either an attack on others or an incredible self-loathing (Karen, 1992).

According to Lewis (1971), shame is inescapable in the counselor-client relationship and has major implications for the empathic bonding of the counselor to the client. Karen (1992) quoted Lewis as follows: "However good your reasons for going into treatment, so long as you are an adult speaking to another adult to whom you are telling the most intimate things, there is an undercurrent of shame in every session" (p. 50). Lewis (1971) asserted that not only do counselors overlook shame in clients and bypass dealing with it but they also inadvertently add to a client's "shame tank" through judgmental interpretations. Value judgments about the client's culture can also contribute to a sense of shame. Lewis stated that, when this happens, the client becomes enraged at the counselor, but because he or she cannot accept feeling angry toward someone who is a "helper," it is turned inward and becomes depression and self-denigration. Lewis cautions counselors to be alert to client states of shame so they can help clients work through and discharge the feeling. In this way, clients can move ahead. Otherwise, they are likely to continue to move in and out of shame attacks or shame spirals, both within and outside the counseling sessions.

A major precursor to shame appears to be the lack of parental empathy. According to S. Miller (1985), a child's sense of self-esteem comes largely from the parents' capacity to tune in empathetically with the child—to mirror and reflect the child as she or he develops. As Karen (1992) pointed out, in therapy, "the same phenomenon requires a special sensitivity on the part of the therapist. The patient is hypersensitive about acceptance and abandonment and uncertain of whether he can trust the therapist with his wound—a wound that, he no doubt senses, the therapy session has great potential to exacerbate. The therapist must win over the hiding, shameful side of the personality and gradually help it to heal" (p. 65).

In many situations, creating an empathy bond with clients can help heal shame, but in some situations, empathy can also evoke client shame. As Cowan, Presbury, and Echterling

(2013) point out, "the client's increasing contact with 'forbidden' thoughts and feelings through the counselor's empathic efforts can also evoke an anxious sense of vulnerability. The counselor is becoming important to the client as a new attachment figure, and the client fears that the counselor will in some way reject, punish or abandon the client as others have done in the past." (pp. 57–58). When this happens, instead of responding affirmatively to the helper's offerings of empathy, the client may "test" the helper and become critical and rejecting, leading the helper to conclude that the client is being "resistant" when, in fact, the client is simply reexperiencing shame (p. 58). It is important for helpers to navigate this potentially tricky passage by staying the course and walking the middle ground, so to speak. Overidentifying with clients' distress may make clients feel too powerful, as if they or their feelings can harm the therapist, while underreacting to clients' distress may make clients feel as if the therapist is invalidating or discounting their distress in the same way that their original caregivers did.

As Cowan and colleagues (2013) point out, when empathy activates the client's shame, staying inside what Siegel (2010) refers to as the client's "window of tolerance" (pp. 50–53) is a helpful therapeutic stance. Siegel (2010) describes a window of tolerance as a "band of arousal" in which each of us functions well and is flexible and adaptable. Outside this window of tolerance, we become dysfunctional and rigid or feel out of balance. We are all unique because we have had different attachment histories with caregivers and varying exposure to traumatic situations. Siegel (2010) states, "Our job with clients is to feel the movement toward the window's boundaries and work at this 'safe but not too safe' zone of treatment where change becomes possible" (p. 58).

Shame can also be culture-bound. Hardy and Laszloffy (1995) pointed out that every cultural group has pride and shame issues—that is, "aspects of a culture that are sanctioned as distinctively negative or positive" (p. 229). These are important issues to identify about a client's cultural group because they help to define appropriate and inappropriate behavior within a cultural context. In his new book, *The Empathic Civilization*, author Jeremy Rifkin (2009) asserts that globally, we need to develop empathic connections in order to avoid disaster on a worldwide basis.

## POSITIVE REGARD

In his early writings, Carl Rogers (1957) described positive regard as unconditional. More recent writers have relabeled positive regard as nonpossessive warmth. The effectiveness of positive regard appears to lie in its ability to facilitate a long-term working relationship and is so powerful that these authors argue it should not be withheld from any client (Farber & Doolin, 2011, p. 183). Positive regard is associated with clients' perceptions of improvement on issues, and it sets the stage for the use of various helping strategies and interventions (such as those we describe in later chapters). Lack of positive regard often produces and contributes to ruptures in the helping relationship (Farber & Doolin, 2011).

Positive regard or nonpossessive warmth seems to be conveyed by helpers to clients through the dimensions of friendliness, helpfulness, and trustworthiness (Williams & Bargh, 2008). Neurobiological research has found an area of the brain (the insular cortex) that is related to the processing of interpersonal warmth information; this area of the brain appears to be linked to early attachment in infancy with warm, physical contact with caregivers (Williams & Bargh, 2008).

Positive regard—or nonpossessive warmth—is often misconstrued as agreement or lack of disagreement with the client. Instead, it is an attitude of valuing the client. To show positive regard is to express appreciation of the client as a unique and worthwhile person. It is also involves being noncritical—providing an "overall sense of protection, support, or acceptance, no matter what is divulged" (Karasu, 1992, p. 36). In this context, it is important for counselors not only to feel positively about clients but also to convey these positive feelings to clients.

Consider the following scenario:

> Lettia, the counselor, tells her supervisor that she has seen her client, Pedro, for three sessions. She says she feels annoyed and frustrated with him because he comes in every session and "whines about his low grades," which she believes are bad because of his constant partying.

Can you find any regard in Lettia's attitude toward Pedro? Instead of experiencing Pedro as a unique person of value and worth, Lettia feels "put off" and frustrated by her client. It is hard to work effectively with clients if you do not like, respect, and value them for who they are. In this situation, Lettia's lack of regard may not only be for this individual client but may also extend to aspects of his culture. Sometimes, issues in positive regard are exacerbated in cross-cultural counseling, making progress and change even more difficult.

Contrast this with the way Lettia speaks about her other client, Maria. Maria is a young woman who has a chronic health condition that limits her functioning in several ways. While Maria's progress in counseling is also slow, Lettia notes how much she looks forward to each session with Maria and how supportive she feels toward her. As you can see, regard for clients is closely related to empathy and also to the other core relationship condition of congruence, or genuineness, which we consider later in this chapter.

## Positive Regard and the Acceptance Therapies

Although the concept of positive regard originated with Rogers, in recent years this construct has been expanded through the emergence of what we now call the acceptance therapies. These therapies represent approaches in which validation and acceptance of the client are seen as key precursors to change. Notable among these approaches are motivational interviewing (MI), acceptance and commitment therapy (ACT), and dialectical behavior therapy (DBT). Although the space and scope of this text does not permit us to overview these three approaches in great detail, we will highlight for you the ways in which each of these approaches contributes to positive regard by focusing on and promoting acceptance.

**MOTIVATIONAL INTERVIEWING** Motivational interviewing was developed by Miller and Rollnick (2012) and is an offshoot of person-centered therapy. It has been described as a collaborative, client-centered, empathic, and supportive helping style that supports the client's conditions for change through acceptance rather than persuasion. This approach stresses that it is the role of acceptance rather than pressure that ultimately empowers clients to change. MI is an approach that is nonjudgmental, nonconfrontational, and nonadversarial. Core interviewing skills in MI are referred to as OARS:

***Open-ended questions*—**inviting clients to tell their story without leading them in a particular direction.

***Affirmations*—**using statements that affirm some strength shown by the client, such as "I am so glad you have really taken some time to think this over."

***Reflective statements*—**acknowledging what you have observed and heard from the client, such as "I can see and hear that you feel really distressed and upset about what has been happening to your mother."

***Summaries*—**tying together significant aspects of a discussion such as a theme. For example, "Let me try to summarize everything I have heard you say about the situation with your job. Essentially it feels like a situation where you think there is no room for your input. Is that about right?"

Essential characteristics of the MI approach include the following:

Avoid arguing with clients.

Listen to clients with respect.

Encourage and empower clients' capacity to change in directions they desire for themselves.

Work in a collaborative manner.

Be a supportive presence.

Listen rather than tell.

**ACCEPTANCE AND COMMITMENT THERAPY** Acceptance and commitment therapy, also described in greater detail in Chapter 9, is an approach developed by Hayes (Hayes, Strosahl, & Wilson, 2012). As the name of this approach suggests, the goals of ACT are twofold: (1) to help the client accept and transform "symptoms" or difficult private, internal events, and (2) to help the client commit to meaningful action based on the client's core values. In this respect, ACT differs from many other psychotherapeutic approaches in that it does not focus on symptom reduction as a therapeutic goal. In fact, its focus is quite the opposite. ACT posits that trying to get rid of a symptom actually creates a clinical problem! Instead, clients learn methods to accept symptoms and thereby render them harmless and transient, even if such symptoms feel temporarily uncomfortable. This approach stresses that it is the process of trying to get rid of or avoid unwanted private experiences that creates psychological suffering, particularly over the long-term. Harris (2006) describes the mantra of ACT as follows: "*Embrace your demons and Follow your heart!*" (p. 8).

In ACT, practitioners ask clients to identify ways in which they have tried to get rid of or avoid the symptoms and to describe the results. Through acceptance, the therapist tries to increase clients' awareness that trying to control or fix their symptoms is actually doing more harm than good. ACT suggests to clients that the more they try to fight off a negative feeling, the more likely they are to feel overwhelmed by it because this "fight" produces a secondary level of distress about the primary distress, compounding the initial discomfort in myriad ways.

ACT uses six methods to promote acceptance within clients: defusion, acceptance without struggle, contact with the present moment, the observing self, values, and committed action.

*Defusion* is a method designed to help clients separate from disturbing thoughts that they have become identified with or fused to. It teaches clients how to step

back and observe thoughts so thoughts are regarded as impermanent and have much less power to affect them adversely.

*Acceptance without struggle* teaches clients how to make space for intrusive thoughts and emotions without giving them improper or undue attention.

*Contact with the present moment* helps clients develop mindfulness skills and practices so they can bring their full attention and awareness to their here-and-now experience.

*The observing self* teaches clients how to view their internal experiences as if they were a spectator, an observer. This activity is designed to decrease emotional reactivity and to prevent overidentification with thoughts, feelings, images, memories, and so on.

*Values* is a clarification process in which clients are asked to reflect on what is most meaningful and important to them and whether they can pursue their values in spite of their distress over symptoms.

*Committed action* helps clients to set goals based on their self-identified values and then to commit to taking action steps that support such goals and values.

**DIALECTICAL BEHAVIOR THERAPY** Dialectical behavior therapy, developed by Linehan (Linehan, 1993; Linehan & Dexter-Mazza, 2008; Koerner & Linehan, 2012), a Zen student herself, was created in part by her recognition that an unrelenting focus on behavior change was so invalidating to clients that it, in and of itself, evoked client resistance. She developed DBT to include concepts she refers to as *radical acceptance* and *validation*. For her, validation of the client and the client's experiences and feelings are at the heart of radical acceptance. She states:

> The essence of validation is this: The therapist communicates to the client that her responses make sense and are understandable within her *current* life context or situation. The therapist actively accepts the client and communicates the acceptance to the client. The therapist takes the client's responses seriously and does not discount or trivialize them. (p. 222).

Essentially, validation in DBT is both the recognition *and* acceptance of the client's experiences as being valid. Note that validation does not mean that the therapist agrees or disagrees with the client's subjective reality and experience but is able to understand the client's world as experienced by the client. Linehan describes six levels of therapeutic validation. As summarized by Linehan and Dexter-Mazza (2008), these six levels of validation are as follows:

**Level 1:** *Listening and Observing*
The helper listens and observes not only the client's words but also the client's body language and nonverbal behavior. In level 1, the helper shows interest in the client.

**Level 2:** *Accurate Reflection*
The helper builds on the observations gathered in level 1 and feeds back to the client what has been observed and understood.

**Level 3:** *Articulating the Unverbalized*
In essence, in level 3, the helper is able to communicate understanding about things that have not been expressed directly by the client but are implied or inferred by the client. Typically this is done by perspective taking—how someone in the client's situation could and would feel.

**Level 4:** *Understanding the Client's Behavior in Terms of History and Biology*
In this level, the helper validates the client's behavior in terms of its causes. The helper might say something like "Given what happened to you on that night, I completely understand why you might not want to be around that person again."

**Level 5:** *Normalizing the Emotional Reactions*
In level 5, the helper validates that the client's emotional reactions are typical or reasonable given the current context. The helper might say something like "It's true that most people would be pissed off and upset when their boss never honors their requests for time off."

**Level 6:** *Radical Genuineness*
Level 6 is really a compilation of all the prior levels of validation and is essentially an attitudinal stance that the helper takes toward the client, recognizing that the client is a person of worth just as the helper is a person of worth. It is a level of validation based on the idea of seeing the client as an equal to the helper.

To be effective, validation has to be true. Validation of clients is not about lying to them or making up strengths for them that do not exist, nor is it about agreeing with them. It is simply about accepting the client's experiences as real and understandable. It is also useful for helpers to recognize typical ways in which we invalidate clients. These include judging, denying, minimizing, and blaming. Invalidation can also be communicated to clients in nonverbal ways, such as checking the clock on the wall during a session, taking a phone call or text during a session, looking away from the client, or pulling your chair back from the client to create more distance.

Bein (2008) notes that radical acceptance and positive regard not only contribute to client self-acceptance but also provide a container for client risk taking and growth (p. 39). He states, "When clients experience your radical acceptance of them, they become disposed to explore their inner and outer lives with you. They move through this healing space with you secure in the knowledge that you accept them exactly as they are" (p. 31).

## APPLICATION EXERCISE 2.2

### Positive Regard

### A. Overcoming Barriers to Positive Regard and Acceptance

Think about expressing to the client those limitations that may be blocking your sense of liking for the client and those strengths that increase your appreciation for the client. The following steps may assist you in expressing this:

1. Picture the other person in your mind. Begin a dialogue in which you express what it is that is interfering with your sense of positive regard. Now reverse the roles. Become the other person. What does the person say in response? Then what do you say?
2. Complete this process again. This time, express the strengths you see in the other person—what you appreciate about that person. Again, reverse the roles. Become the other person. What does he or she say in response? Then what do you say?

This exercise can be used with any client toward whom you have difficulty experiencing positive regard and acceptance.

(*Continued*)

### B. Expressing Positive Regard and Acceptance

Take a few minutes to think about a person with whom you currently have a relationship and for whom you experience positive regard. What kinds of things do you do to express your feelings of positive regard for this person? Jot them down.

_____

_____

There is no set answer to the preceding exercise because each person has a different style of communicating good feelings for another person. The first step, though, is positive regard—to feel comfortable enough to express warm feelings to someone else. Being free enough to share feelings of regard for another human being spontaneously is a process that can be learned.

Think again for a moment about several of your existing relationships with a few people close to you—perhaps your partner, parent, child, neighbor, or friend. Then respond in writing to the following questions:

1. What is your level of expression of positive regard for these people?
2. How often do you say things like "I like you," "It's nice to be with you," "You're good for me," "I enjoy you," and so forth?
3. What is your feeling when you do express positive regard?
4. What is the effect on the other person?
5. If your expression of such statements is infrequent, what might be holding you back?

Either now or later, seek out someone you like and then try to express these kinds of feelings to that person. Then think again about the previous questions. Share your reactions with your partner. In doing this, you will probably note that warmth and positive regard are expressed both nonverbally and verbally.

## CONGRUENCE (GENUINENESS)

Neither empathy nor positive regard can be conveyed in helping relationships unless the helper is seen by the client as genuine. Genuineness is also referred to by Rogers as *congruence,* a condition reflecting honesty, transparency, and openness to the client. Congruence implies that therapists are real in their interactions with clients. As Corey (2013) noted, this means helpers are "without a false front, their inner experience and outer expression of that experience match, and they can openly express feelings, thoughts, reactions, and attitudes that are present in the relationship with the client" (p. 182). Through being congruent, helpers model for clients not only the experience of being real but also the process of claiming one's truths and speaking about them. When this happens, there is usually more vitality and a greater "connection" in the helping relationship. As Jordan (1997) noted, "We all know the deadened, bored, or anxious feelings that occur in interactions in which people cannot risk being in their truth. . . . Inauthenticity takes us out of real mutuality" (p. 350). Take a moment to think about the fact that most clients come into the helping process in a state of incongruence, often either not knowing who they are or not feeling as if they can truly be who they are. In this respect, the congruence of the helper is even more important. It helps clients become more congruent, making it easier for them to own their feelings and express them without excessive fears (Kolden, Klein, Wang, & Austin, 2011).

The beginning helper may find this condition easier to apply in theory than in practice. Questions inevitably arise when congruence is examined. Some examples are the following: What if I really don't like my client? Should I let that be known? Wouldn't it destroy the relationship? Congruence means that the helper is honest but in helpful rather than destructive ways. Expressing your feelings should not take precedence over understanding the client's feelings. The helping relationship does not have all the mutuality present in many other relationships, such as friend to friend, partner to partner, and so forth. Corey (2013) cautioned that congruence does not mean that the helper impulsively shares all thoughts and feelings with clients in a nonselective way. A general guideline is to share your feelings when they are persistent and if they block your acceptance of the client. At times, however, it may be better just to acknowledge these kinds of thoughts and feelings to yourself or to your supervisor. In other words, an important part of congruence means developing a sense of awareness about all that you are and what the impact of this may mean for your clients. For example, Roberto became aware through supervision that the sessions with one particular client, Jessica, seemed to drag on and move more slowly than with his other clients. Roberto was not sure why, but after disclosing this to his supervisor, he realized it was because Jessica talked a lot in the sessions about things that seemed trivial to Roberto compared to what his other clients discussed. Roberto was able to own and be congruent with these feelings with his supervisor, and he noticed these feelings growing less intense as a result. He also found a way to ask Jessica in the following session about her goals for counseling and about her own experience of the sessions so far. Interestingly enough, Jessica disclosed that she wished Roberto could take a more active role in the sessions so they could move along more quickly.

## Steps in Congruence: Awareness and Discernment

Because congruence can be a complicated process, consider the following two steps in the development of congruence in the helping relationship. The first step involves self-awareness or acknowledgment. The second step involves discernment or good clinical judgment.

Ask yourself what it means to be genuine. Can you tell when you are being yourself or when you are presenting an image that is different from the way you actually feel? To communicate congruence to the client, you must first learn to get in touch with yourself and your own truth—to become aware of who you are as an individual and what kinds of thoughts and feelings you have. This involves learning to discriminate among your various feelings and allowing them to come into your awareness without denial or distortion. A good question to ask yourself is "What am I experiencing now?" Congruence also involves paying attention to what goes on in your body during a counseling session. Our bodies provide cues to us about what we experience and also what clients experience during sessions. Furthermore, body cues can "leak" out to clients, particularly if we are unaware of them. For example, clients may feel the effects of our prior late night through our lack of energy, sleepiness, and shallow breathing, or they may sense our uptightness through our rushed speech and constricted breath.

Once you develop acknowledgment and awareness of all that you are and what you are experiencing and feeling, a second step in congruence involves discernment or good clinical judgment about expressing your feelings to clients. Sommers-Flanagan and Sommers-Flanagan (2014, p. 140) suggest the following guidelines to develop such discernment:

- Examine your motives: Is your expression solely for the client's benefit?
- Consider if what you want to say or do is really therapeutic: How do you anticipate your client will react?

Once you decide that you are in a situation in which expression would benefit the client—and the client would be helped by such expression—consider the use of both self-disclosure and feedback statements, which we describe in the next section.

**SELF-DISCLOSURE** Expression of your thoughts, ideas, and feelings follows after your awareness of them. This process might also be called self-expression or self-disclosure. Hill and Knox (2002) defined *self-disclosure* as statements that reveal something about you (p. 255). Self-expression and self-disclosure are important ways of letting the client know that you are a person and not just a role; however, self-disclosure should be used appropriately and not indiscriminately in the counseling sessions. Hepworth and colleagues (2013) cautioned against self-disclosure of hostility in particular. It is important not to interpret self-disclosure to mean that you should talk about yourself; the primary focus of the interview is on the client. However, it is occasionally appropriate and helpful for you to reveal or disclose a particular feeling you may have about the counseling session or about the client. The clue to appropriateness is often determined by the question, "Whose needs am I meeting when I disclose this idea or feeling—the client's or mine?" Clearly, the needs of the former are more appropriate. As Zur et al. (2009) state, "Appropriate, ethical, and clinically driven self-disclosures are intentionally employed with the client's welfare in mind and with a clinical rationale" (p. 24).

Self-disclosure can revolve around several different topics:

- The helper's own issues
- Facts about the helper's role
- The helper's reactions to the client (feedback)
- The helper's reactions to the helping relationship

Usually, disclosure in the latter two areas is more productive. Many times, helpers are tempted to share their problems and concerns when encountering a client with similar problems. In a few instances, this may be done as a reassurance to clients that their concerns are not catastrophic. But in most other instances, a role reversal occurs—the helper is gaining something by this sharing with the client. Some research indicates that the helper who discloses at a moderate level may be perceived by the client more positively than the practitioner who discloses at a high or low level (Edwards & Murdock, 1994). Thus, too much or too little self-disclosure may limit the client's confidence in you as an effective helper. Furthermore, self-disclosure that occurs too frequently may blur the boundaries between helper and client and can be a precursor to problematic multiple or nonprofessional relationships with clients. (We discuss the slippery slope of this situation in Chapter 10.) On the other hand, lack of self-disclosure can turn clients away. Self-disclosure is an important way to build trust with adolescent clients, with clients who have substance abuse issues, and in multicultural counseling situations (Egan, 2014; Sue & Sue, 2013). In other words, the decision about self-disclosure often varies with the *context* of the helping situation, including the setting, the type of client, and the theoretical orientation of the helper (Zur et al., 2009).

## APPLICATION EXERCISE 2.3

### Dyadic Encounter: Congruence

To assist you in becoming aware of your own thoughts and feelings, select a partner and spend a few minutes with this dyadic encounter experience (Banikiotes, Kubinski, & Pursell, 1981). It is designed to facilitate getting to know yourself and another person on a fairly close level. All you need to do is respond to the open-ended questions as honestly and directly as possible. Both of you should respond to one question at a time. The discussion statements can be completed at whatever level of self-disclosure you wish; there is no forced disclosure!

My name is . . .

The reason I'm here is . . .

One of the most important skills in getting to know another person is listening. To check on your ability to understand what your partner is communicating, the two of you should go through the following steps one at a time.

Decide which one of you is to speak first in this unit. The first speaker is to complete the following item in two or three sentences:

When I think about the future, I see myself . . .

The second speaker repeats in his or her own words what the first speaker has just said. The first speaker must be satisfied that he or she has been heard accurately.

The second speaker then completes the item in two or three sentences. The first speaker paraphrases what the second speaker just said, to the satisfaction of the second speaker.

Share what you may have learned about yourself as a listener with your partner. To check your listening accuracy, the two of you may find yourselves later saying to each other, "Do you mean that . . .?" or "You're saying that . . ." Do not respond to any sentence you do not want to.

When I am new in a group, I . . .

When I am feeling anxious in a new situation, I usually . . .

You're saying that . . . (Listening check)

Right now, I'm feeling . . .

The thing that turns me off the most is . . .

When I am alone, I usually . . .

I feel angry about . . .

Do you mean that . . .? (Listening check)

### Checkup

Have a short discussion about this experience so far. Keep eye contact as much as you can, and try to cover the following points:

How well are you listening?

How open and honest have you been?

How eager are you to continue this interchange?

Do you feel that you are getting to know each other?

(*Continued*)

Then continue with the following:

I love . . .
I feel jealous about . . .
Right now, I'm feeling . . .
I am afraid of . . .
The thing I like best about you is . . .
You are . . .
Right now, I am responding most to . . .

Often, clients may ask questions about the helper: Are you married? Why did you become a counselor? Are you in school? These are common questions clients ask in seeking information about the helper. In this case, it is usually best to give a direct, brief answer and then return the interview focus to the client. However, if this is a common occurrence with a particular client, there are other ways of responding. Continual client questioning of this sort often indicates that the client is anxious and is attempting to get off the "hot seat" by turning the focus onto you. There are better ways to handle this than spending the interview disclosing facts about yourself. Alternative ways of responding include the following:

1. Reflect on the client's feelings of anxiety: "You seem anxious about talking about yourself now."
2. Reflect on the process: "You seem to be asking a lot of questions now."
3. Make a statement about what you see happening: "I think you feel as if you're on the 'hot seat' and that asking me questions is a good way for you to get off it."

**SHARING AND FEEDBACK STATEMENTS** Some helpers are able to acknowledge their feelings and determine when these can be best expressed in the interview, but they are not sure how to express these kinds of thoughts and feelings to the client. Self-disclosure or expressions of congruence are often characterized by sharing and feedback statements—statements that convey to the client your sense of what is going on and your feelings about it. These kinds of statements are illustrated by the following examples:

"I am glad you shared that with me."

"If that happened to me, I think I'd feel pretty angry."

"I don't feel that we're getting anywhere right now."

Other examples of sharing responses are:

CLIENT: It's hard for me to say so, but I really do get a lot out of these sessions.
HELPER: That makes me feel good to hear you say that. or
HELPER: I'm glad to know you feel that way.

Note that in the helper's sharing statements, the communication is direct; it focuses on the helper's feelings and on the client. It is a better statement than a generalized comment, such as "I hope most clients would feel the same way." A sharing and feedback statement should avoid the trap of counseling lingo or language. To begin a sharing and/or feedback statement with "I hear you saying . . . ," "It seems that you feel . . . ," or "I feel that you feel . . ." gets wordy, repetitive, and even phony. Say exactly what you mean.

## APPLICATION EXERCISE 2.4

### Self-Disclosure

Think about yourself in the following instances:

1. You have a client who describes herself as shy and retiring. During the third interview, she says: "I'd like to be like you—you seem so outgoing and comfortable with people. Why don't you just tell me how you got that way?" Do you then consider it appropriate to share some of your experiences with her? Do you think your response to this might vary depending on the client's cultural affiliations? If so, how?
2. You have had one particular client for about seven individual sessions. After the first session, the client has been at least several minutes late for each session and waits until almost the end of the interview to bring up something important to discuss. You feel that he is infringing on your time. This is preventing you from giving your full attention and understanding to the client. You have acknowledged to yourself that this is bothering you. Is it appropriate to go ahead and express this to him? If so, what would you say?

Take a few minutes to think about yourself as the practitioner in these two examples. Now write in the following space what you would do in each example concerning self-disclosure.

_____

_____

_____

There is no right or wrong answer to these two examples; each counseling interaction is somewhat different. Ultimately, you, as the helper, will have to make a decision for yourself in each instance, taking into consideration the client and the context. In the first instance, rather than sharing facts about yourself, there may be more productive ways of helping the client reach her goals. For example, she might be more involved if you suggest role reversal. You become the client; have her be the outgoing and comfortable counselor she sees. In the second instance, the client, by being late, is not fulfilling his share of the responsibility or he is indirectly communicating something about his feelings that needs to be discussed.

## APPLICATION EXERCISE 2.5

### Expressing Helper Feelings

Sharing and feedback communicate to the client that you have heard or seen something going on and that you have certain thoughts or feelings about it that you want to communicate. Sometimes, you will want to say not only what you feel about a specific instance or experience but also how you feel about the client. This will be more effective if your feelings are expressed as immediate ones—that is, expressed in the present rather than in the past or future. This is the meaning of keeping the process of relationship in the here and now, using what is going on from moment to moment in each session to build the relationship. It is represented by the type of statement that communicates something like the following: "Right now, I'm feeling . . ." or "Right now, we are . . . ."

To experience this here-and-now kind of communication, try to get in touch with yourself this instant. What are you feeling this very moment as you are reading and thinking about this page, this paragraph, this sentence? Write down four or five adjectives that express your present feelings. Tune in to your nonverbal cues too (body position, rate of breathing, tension spots, etc.).

## APPLICATION EXERCISE 2.6

### Using Sharing Statements

With a partner, engage in some sharing statements that are direct, specific, and immediate. Can you tune in to your feelings as you engage in this kind of communication? What does it do for you, and what effect does it have on the other person? Jot down some of these reactions here. List the sharing statements you have made to your partner.

### POSITIVE FEEDBACK STATEMENTS: ENCOURAGEMENT AND STRENGTHS PERSPECTIVE

Positive feedback statements are also related to the quality of congruence. Like self-disclosure, these kinds of statements help clients see their helper as a real human being. Johnson (2014) has pointed out that both self-disclosure and feedback statements can reveal things to clients they do not know about themselves. Like self-disclosure, feedback statements should never be made against the client.

In a review of related research about feedback, Claiborn, Goodyear, and Horner (2002) concluded that positive feedback is more acceptable than negative feedback and that this is especially true early in the helping relationship. Hepworth and colleagues (2013) noted that positive feedback statements can focus on client strengths and effective coping and can empower clients. According to these authors, recordings of sessions between social workers and clients reveal a dearth of responses that underscore client strengths, successes, assets, coping behaviors, and areas of growth.

We spoke of strengths counseling in Chapter 1. Human strengths are important because they protect against illness, both physical and emotional (Vailant, 2000). Also, clients may be more likely to change when helpers focus on strengths rather than deficits (Smith, 2006). This is probably because focusing on strengths builds hope and fosters resilience—in other words, focusing on strengths with clients has "healing effects" (p. 36). One way to focus on client strengths is the intentional use of encouragement—that is, "feedback that emphasizes individuals' efforts or improvement" (p. 41). Positive feedback statements or compliments are key components of the encouragement process with clients (De Jong & Berg, 2013).

Positive feedback statements are useful when you have warm and supportive feelings for clients that are truly genuine. Consider the following examples offered by Hepworth and colleagues (2013, p. 123):

> HELPER TO INDIVIDUAL CLIENT: You have what I consider [an] exceptional ability to "self-observe" your own behavior and to analyze the part you play in relationships. I think this strength will serve you well in solving the problems you have identified.
>
> HELPER TO CLIENT WHO IS A MEMBER OF A COUNSELING GROUP: I've been touched several times in the group when I've noticed that, despite your grief over the loss of your husband, you've reached out to other members who needed support.

Some guidelines are fundamental to effective feedback processes. Such statements express a feeling of acknowledgment and ownership by the helper, as in "When something happens, I feel . . ." or "When I see you, I think. . . ." Note that these statements use the personal pronoun or "I" messages. They avoid judgment and evaluation. Most of all, they do not accuse or blame, as in the following statement: "You are a real problem

to work with because you are always late." In other words, they preserve the dignity and self-respect of the other person involved in the relationship. Furthermore, an effective feedback statement does not contain advice; it is not a "parenting" or scolding statement. It should also concern a behavior or attitude the other person has the capacity to change or modify. For example, it would not be helpful to use the following kind of feedback statement: "I just don't like the way you look. Why don't you do something about your complexion?" Focus your feedback statements on behavior rather than personality traits, and be specific rather than general.

Feedback is usually more effective when it is solicited. Thus, feedback statements that relate to clients' goals or to aspects of the counseling relationship may be better received by clients because of their involvement in this process. In any case, though, you can determine the effects of your feedback by the clients' reactions. If your clients are defensive, give detailed explanations or justifications, or make strong denials, this is a clue that perhaps you have touched on an issue too soon. At this point in the relationship, clients need an indication of your support and acceptance. It is also important to give clients a chance to explore their feelings about and reactions to these feedback statements.

## APPLICATION EXERCISE 2.7

### Focusing on Strengths: Positive Feedback Statements

### A. Characteristics of Feedback

With a partner, try some feedback-type statements similar to the examples described in the preceding section. Be sure your responses include a description of your partner's behavior as well as your reactions to it. For example, you might say something like "I appreciate [your feeling] your taking the time to talk with me [partner's behavior]."

List the feedback statements you make to your partner. What are the effects on you? On the other person? On the relationship?

_____

_____

_____

### B. Positive Feedback Statements and Focusing on Strengths

In a small group, construct a positive feedback statement that focuses on a positive ingredient or strength that each member brings to the group. This may refer to a specific behavior you have seen each person demonstrate in the group, or it may refer to something you appreciate about that person. Share your statements verbally in the group. Make sure there is time for the group member to respond to your positive feedback statements.

_____

_____

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## A CLIMATE OF SAFETY

The conditions of a therapeutic relationship are so important because they are intended to help clients feel safe. When clients feel safe, they feel trusting and free to be open. When clients do not feel safe, they often feel self-protective, guarded, and subdued. It is the helper's responsibility to offer the kind of climate in which clients feel the sense of safety they need in order to ask for and accept help. If a client has come from a particular kind of family or relationship in which there was a lot of stress—such as abuse or incest—then the helper's effort to provide a safe environment will need to be even more intentional and more intensive. Clients—particularly those who have had their trust broken in the past—will often test the helper. They will likely not believe that the therapist's initial efforts to be understanding, sincere, accepting, and warm are really true. They may want to find out if they really mean something—if they really are valued as the helper says they are. This may account for all kinds of client feelings and behaviors that are projected or reflected in or outside a session, including acting out, calling the practitioner on the phone, being late to a session, becoming angry, and so on. It is as if clients long for a warm, caring empathic helper but, due to their history, fear this and, in their fear, they resist, attack, or retreat (Karasu, 1992, p. 21). According to Teyber and McClure (2011), there is nothing that "casual" about these testing behaviors by clients; they are the clients' attempts to assess safety or danger in the helping relationship (p. 327). Establishing a climate of safety means that helpers provide a more effective response to clients than they have received or expect to receive from others; clients feel safer when the helper does not respond in a familiar yet problematic way that they have come to expect (Teyber & McClure, 2011).

A climate of safety is a basic prerequisite to progress in counseling. Efforts to provide a safe, therapeutic environment for clients need to be ongoing and persistent. This is especially true when you are working with clients who do not have privileges and power from the mainstream culture and who have experienced discrimination and oppression.

## Summary

Although the helping relationship has some marked differences from other interpersonal relationships, it does serve as a model that the client can use to improve the quality of relationships outside the counseling room. From the view of your clients, the helping relationship is described as a special place outside the usual context of family, friends, and work where they can express themselves freely to a respectful and supportive person (Lilliengren & Werbart, 2005).

Clearly, the helping relationship cannot succeed without the presence of accurate empathy or understanding of the client's world. When you assume that you understand but you do not, you and your client detour from a constructive and helpful course and risk the dangers of false conclusions and failure. In a similar manner, if you do not value your client or if you do not consider the client's problems and concerns to be real, you are denying the most reliable information about your client's perceptions. Lacking this information, you cannot help your client develop in more constructive directions. The degree to which you can be honestly and consistently yourself, know yourself, and share yourself with your client in congruent ways (all of which underlie accurate empathy and positive regard) establishes the ultimate parameters of the helping relationship.

A recent study of clients in counseling described the critical incidents that, from the client's perspective, helped to forge a strong helping relationship (Bedi, Davis, & Williams, 2005). These were described by

clients as specific things the helper said or did and included the following:

- Active listening: The counselor remembered what I said.
- Self-disclosure: The counselor recalled an experience similar to my own.
- Encouragement: The counselor focused on what I was doing well.
- Validation of feelings: The counselor understood my fears and my frustration over situations.

Bedi and colleagues (2005) concluded several things about the helping relationship from the client's perspective. First, clients see the strength of the helping relationship as related to things the helper does rather than things the client does. Second, as helpers, we may overlook behaviors and comments that seem simple or benign to us but have tremendous impact on clients for establishing a positive therapeutic relationship.

Although the behaviors presented in this chapter can be learned and incorporated into your style and repertoire, there is a dimension yet to be acknowledged. The integral human element of the helping relationship cannot exist by mechanical manipulation of certain behaviors at given moments. Your relationship with each client contains its own uniqueness and spontaneity that cannot—without the loss of both genuineness and sincerity—be systematically controlled prior to its occurrence. However, your spontaneity will increase rather than decrease once you have become comfortable with a variety of counseling techniques. While you are learning counseling responses, this ease may not be quite as apparent because you will need to overlearn them. However, once the responses suggested in this text have become second nature to you, your spontaneity as a helper will begin to emerge. You will be on your way to becoming the helper you hope to be.

## Reflective Questions

1. How do you approach a new relationship? What conditions do you require to be met before you open yourself to a closer relationship?
2. What were the "unwritten rules" in your family and in your culture about interactions with nonfamily members? How might these rules affect the kind of relationship you are able to offer clients?
3. If you were a client, what conditions would you look for in your helper?
4. Under what conditions do you feel safe? Do you feel open and able to disclose? Trusting? Does this vary with persons of different ages, gender, values, and ethnic origins?
5. How have your own childhood experiences influenced your relationships with others as an adult? In exploring this for yourself, can you see potential connections between the childhood experiences of your clients and the way they may relate to you and to others?

## MyCounselingLab

*For each exercise, log on to MyCounselingLab.*

1. Choose the Video Library tab under Video Resources; locate the Process, Skills, and Techniques tab; and select: "Empathy as a Foundation for Engagement." Watch this segment and then comment on how the two practitioners conveyed empathic understanding to this client as her grief unfolds.
2. Click the Process, Skills, and Techniques tab again. Watch "Example of Counselor Self-Disclosure." What did you think about this clinician's use of self-disclosure in this clip? How was it used? Did it seem to elicit something positive in the session?
3. Click the Process, Skills, and Techniques tab once again. Now watch "Establishing an Egalitarian Relationship." Comment on what you saw the practitioner do to establish a strong helping relationship with the client. Discuss instances in which you were able to identify empathy, positive regard, and congruence on her part. What effects did this seem to have on the client?

## Recommended Readings


Bein, A. W. (2008). *The Zen of helping*. Hoboken, NJ: John Wiley & Sons.

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