

CHAPTER 1

CHAPTER OUTLINE

What is Theory?

Common definition

What does theory do?

- Explains and predicts behavior

- Provides therapists with ways to help their clients

- Helps explain the process of helping clients change

- Offers ideas about client's psychological makeup

- Describes healthy versus unhealthy psychological functioning

What is Counseling?

‘Helping to overcome obstacles to their personal growth, wherever these may be encountered, and toward achieving optimum development of their personal resources’
(Committee on Definition, Division of Counseling Psychology, 1956, p. 283)

What is Psychotherapy?

“Psychotherapy is a primarily interpersonal treatment that is based on psychological principles and involves a trained therapist and a client who has a mental disorder, problem, or complaint; it is intended by the therapist to be remedial for the client's disorder, problem or complaint; and it is adapted or individualized for the particular client and his or her disorder, problem or complaint” (Wampold, 2001, p.3)

Why Bother with Theory?

- Theory is fun

- Theory works

- Theory is essential to human life

Counselors who don't use theory may get lost

Characteristics of a Good Theory

Precision and Testability

Theory should have clearly defined constructs

Clear relationships among the constructs of the theory

Constructs should be easy to operationalize

Theory should be refutable – able to deduce what kind of information would lead to disconfirmation of the theory

Empirical Validity

Good example is controlled case studies, where content, intervention and results are well defined and well documented

Eysenck (1952)

Meta-analysis

A statistical technique that combines the results of a selected set of studies into an overall index of effectiveness

Lambert and Bergin (1994)

Efficacy Studies

Also known as “exemplar” studies

NIMH Treatment of Depression Collaborative Research Program

Project Match

Effectiveness Approach

Consumer Reports Study (1995)

Empirically Supported Therapy

Common Factors Approach

- Similar worldviews

- Positive client expectations

- Interventions that are acceptable to client and counselor

Parsimony

Stimulation

Practicality

Choosing a Theory

Learn about some theories

Consider the available empirical support

Consider how the theory fits with your:

- Assumptions about people

- Values

- Preferred way of relating to others

Ethics: The Role of Professional Values and Standards

Client Welfare

Informed Consent

Confidentiality

Competence

Multiple Relationships

How Do I Decide

Presentation of Theory

A case study

Background

Basic Philosophy

Human Motivation

Central Constructs

Theory of the Person and Development of the Individual

Health and Dysfunction

Nature of Therapy

- Assessment

- Overview of the Therapeutic Atmosphere

- Roles of client and counselor

- Goals for therapy

Process of Therapy

Therapeutic Techniques

Evaluation of the Theory

Qualities of the Theory

Research Support

Issues of Individual and Cultural Diversity

The Case Study

Summary

Additional Resource: *Theories of Action* website

TEST ITEMS

Short Answer Questions

1. Why does the text's author believe theory is a good thing? Give two reasons and explain.
2. The author uses the terms interchangeably, but briefly describe the difference between "counseling" and "psychotherapy".
3. Explain how counseling theory might function as a schema. What are the benefits and drawbacks from this perspective?
4. Describe the drawbacks and benefits of using classic clinical trials (i.e. the efficacy approach) to study counseling/psychotherapy outcome.
5. Discuss the ethical issues faced by counselors regarding three of the following areas of concern: client welfare, informed consent, confidentiality, multiple relationships.

Multiple Choice Questions

1. The NIMH Collaborative Depression study found that:
 - a. the effects of psychotherapy were no different from placebo treatment.
 - b. interpersonal therapy was superior to cognitive behavioral therapy.
 - c. pharmacological therapies were superior to psychotherapies.
 - d. clients in this study did not improve much.

2. A statistical technique that combines the results of a selected set of studies into an overall index of effectiveness is called:

- a. multiple regression
- b. meta-analysis
- c. standard deviation
- d. bi-variate regression

3. The EST movement began in Division 12 of the _____

- a. American Psychological Association
- b. American Counseling Association
- c. International Psychoanalytical Association
- d. American Mental Health Counselors Association

4. In a recent study (Goodyear et al, in press; Murdoch, 2001) found “clinical practitioners” were more likely to undergo personal counseling than those self-identified as researchers. The majority of clinical practitioners who participated in personal counseling identified _____ as their theoretical orientation.

- a. Behavioral
- b. Cognitive
- c. Psychodynamic
- d. None of the above

5. A theory:

- a. gives scientists more sophisticated methods to state what they already know.
- b. is NOT comprised of constructs or ideas that are related to one another.

- c. is useful to a scientist, but not a practitioner.
- d. provides explanations for human behavior.

6. The primary purpose of theories of counseling is to explain:

- a. the processes for human behavior change.
- b. personality development.
- c. cognitive changes that occur across the lifespan.
- d. mechanisms for healthy versus unhealthy personalities.

7. Which of the following statements reflects a way that cognitive schemata can be harmful?

- a. They interfere with a person's ability to organize information.
- b. They contribute to the formation of stereotypes.
- c. They give us too much information and impede information processing.
- d. They allow us to more effectively learn a foreign language.

8. A counseling theory:

- a. helps therapists organize information about their clients.
- b. may lead a therapist to view a client from a biased perspective.
- c. contributes to the gap between theory and practice.
- d. both a and b are true.

9. Counseling theories provide therapists with:

- a. fancy ways to talk to their clients about their presenting problems.
- b. a method to identify with their clients.
- c. a professional schemata.

d. alternative to relying on self-disclosure during therapy sessions.

10. A good counseling theory is:

- a. precise
- b. has empirical support
- c. fits the client well
- d. a and b

11. The most important point of Project MATCH was to

- a. conduct a bigger, better, psychotherapy outcome study
- b. discover the unique ingredients of the Alcoholics Anonymous approach
- c. look at the effectiveness of three approaches to therapy with many kinds of clients
- d. assess the effects of client characteristics in psychotherapy outcome

12. The Consumer Reports study was controversial because

- a. it used retrospective reports of clients
- b. it was not an experimental study
- c. the therapists in the study were atheoretical
- d. a and b

13. Which of the following is NOT a criticism of the Empirically Supported Treatment (EST) approach?

- a. doing counseling based on treatment manuals is not like what happens in the real world

- b. we don't have enough studies that meet the EST criteria
- c. Random assignment of clients to treatment is not realistic
- d. none of the above

14. The principle of _____ says the simplest explanation that can handle the data is the best.

- a. stimulation
- b. parsimony
- c. practicality
- d. none of the above

15. The ethical principles of _____ dictate that counseling professionals are always attentive to client welfare and do not engage in behaviors that could in any way harm the client.

- a. informed consent and competence
- b. professionalism and concern
- c. beneficence and malfeasance
- d. none of the above

16. _____ dictates that clients be given information in writing regarding the confidentiality of information they give to therapists.

- a. HIPPA
- b. MAPA
- c. WHO
- d. none of the above

17. If you are working with clients below the age of _____, you'll need to know that they legally cannot give informed consent to treatment (except in a few circumstances).

- a. 16
- b. 13
- c. 18
- d. 21

18. Which of the following is one of the most clearly defined rules regarding confidentiality?

- a. Clients can give consent to the counselor to disclose information as they wish.
- b. Counselors are bound to disclose information if the client is in danger of harming him or herself or someone else.
- c. All states in the U.S. mandate that they counselor report evidence of abuse of a child.
- d. All of the above.

19. Counselors are not acting in a competent manner when they

- a. experience burnout
- b. conduct counseling sessions when you are in some way impaired
- c. practice using new approach with lack of appropriate skills in that method
- d. all of the above

20. What is usually the first step to take if you observe a peer or colleague acting in an unethical way?

- a. report them to their professional organization
- b. try to informally resolve the issue by talking to the transgressor
- c. report them to law authorities
- d. contact their licensing board regarding their behavior

21. In Eysenck's (1952) study, the control groups were:

- a. state hospital patients.
- b. insurance clients.
- c. waiting list controls.
- d. both a and b.

22. Eysenck (1952) found that:

- a. psychotherapy was effective.
- b. clients who received no therapy demonstrated better outcomes than those who received any therapy.
- c. behavior therapy was better than psychoanalysis.
- d. eclectic therapy was better than no treatment.