Welcome to the Field of Counseling

The field of counseling can be of interest to you even if you do not want to become a professional counselor. It offers tools for understanding, connecting, and helping that can be used to promote self-awareness and self-improvement and to enhance all aspects of life, including interpersonal relations, coping with stress, and problem solving.

Moreover, counseling as a career can be exciting and rewarding, and there are many reasons for becoming a counselor. You may expect that helping a client work through a crisis or develop a more effective and meaningful lifestyle will be personally gratifying. Perhaps you simply find people interesting, or you are curious about how the mind functions, or even fascinated by abnormal conditions such as schizophrenia. In addition, you may find appealing the challenge of working in a relatively new profession. Counseling offers numerous opportunities for its practitioners to make a significant contribution to the field. For example, you can develop new approaches to counseling or become involved in professional issues such as licensure. Indeed, there are many ways to involve yourself in the counseling profession, and this book seeks to help you identify those facets of counseling that you would like to explore.

What Is Counseling?

No simple answer addresses the question “What is counseling?” Counseling can most appropriately be understood as a dynamic process associated with an emerging profession. It involves a professionally trained counselor assisting a client with particular concerns. In this process, the counselor can use a variety of counseling strategies, such
as individual, group, or family counseling, to assist the client with bringing about beneficial changes and generating a variety of outcomes—facilitating behavior change, enhancing coping skills, promoting decision making, and improving relationships.

This chapter presents several conceptual models for understanding the different facets of counseling. Counseling is described first as an art and a science, then from the perspective of narrative psychology or storytelling. The chapter also differentiates counseling from psychotherapy and formal from informal helping, describes the personal qualities of effective helpers, identifies members of the helping profession, and provides information on past and future trends in counseling.

The Art and Science of Counseling and Psychotherapy

Counseling is essentially both an art and a science. The art-and-science model promoted throughout the book suggests that counseling is an attempt to balance the subjective and objective dimensions of the counseling process. From this perspective, the counselor, like an artist, can sensitively reach into the world of the client yet on some level maintain a sense of professional and scientific objectivity.

The theoretical origins of the art and science of counseling and psychotherapy can be traced to the scientist-practitioner model set forth in Boulder, Colorado, in 1949. The scientist-practitioner, or Boulder, model (Raimy, 1950) suggests that science should provide a foundation for clinical practice. The Boulder model continues to have a major influence over the structure of university programs for the education of those in the helping profession (Baker & Benjamin, 2000; Peterson, 2000). However, Beutler, Williams, Wakefield, and Entwistle (1995) noted that practitioners have become increasingly dissatisfied with traditional research methodologies, instead becoming interested in alternative approaches to research that are more directly linked to everyday clinical practice. Single-case research design (see Chapter 5), for example, is receiving attention as a viable tool for helping counselors bridge the gap between research and practice (Murray, 2009; Sharpley, 2007).

The art-and-science model of counseling and psychotherapy represents an extension of the scientist-practitioner model. From this perspective, the science of counseling generates a base of knowledge that promotes competency and efficacy in counseling. The art of counseling involves using this knowledge base to develop skills that can be applied sensitively to clients in a multicultural society. The art of counseling relates to the subjective dimension, and the science of counseling reflects the objective dimension. The focus of counseling can shift back and forth between these two dimensions as one proceeds through the counseling process. For example, during initial sessions, the counselor may function more like an artist, using listening skills to understand the client. Later, the focus might shift to the science dimension as the counselor uses psychological tests to obtain an objective understanding of the client. Together, the art and science can create a balanced approach to counseling. A more detailed description of these two dimensions follows.
THE ART OF COUNSELING  To a large degree, counseling is an art. To call counseling an art suggests it is a flexible, creative process whereby the counselor adjusts the approach to the unique and emerging needs of the client. The first Personal Note that follows illustrates how a counselor can be flexible and creative in working with a client.

As a psychologist working for the Public Health Service on a Navajo Indian Reservation, I was asked to work with a child with autism as part of my consultation with the public schools. School personnel had placed the young girl in a classroom for the mentally retarded, not knowing she was autistic. The child was referred to me for counseling and self-concept development. When she came into my office, I had some puppets ready to use with her. These puppets were part of a self-concept program called Developing an Understanding of Self and Others (DUSO; Dinkmeyer & Dinkmeyer, 1982). I soon realized that she seemed oblivious to me and the puppets. My counseling plans appeared to be useless.

I wanted to make contact with the child and find a way to reach into her world and develop a special relationship with her. I decided to let her be the guide, and I would follow. She walked over and threw the puppets into a neat pile. If she missed the pile with a puppet, she threw it over again until it landed right on top of the others. She was very good at throwing puppets into a pile, and she seemed to enjoy doing it. I had identified one of her assets—something she felt good about, something she felt secure with. It was an extension of her world, her way of doing things. It made sense to her.

Over the next year, she let me further into her world. For the most part, she was the guide and I the follower—a guest in her home. As the relationship grew stronger, she became willing to explore my world. Through our relationship, I helped her reach out into the world of others. For example, I helped her with language development and encouraged her to move away from her ritualistic behavioral patterns. (A more detailed description of this case can be found by referring to Nystul, 1986.)

Another aspect of the art of counseling is the giving of oneself in counseling. This concept, derived from humanistic psychology, emphasizes the importance of counselors being authentic and human in their approach. Counselors can give of themselves on many levels. They can give concern and support as they empathize...
with their client or, at a more intense level, engage in an existential encounter, which involves the process of self-transcendence. In this experience, the counselor moves beyond the self and feels at one with the client (Nystul, 1987a). The experience can help a client overcome feelings of aloneness and alienation.

Giving of oneself in counseling may be especially appropriate in situations that involve working with neglected and abused children. These children may be wards of a court, without parents or significant others. They may feel unloved and lost, lacking a reason to live. In these cases, the counselor may attempt to communicate compassion, kindness, tenderness, and perhaps even love. The second Personal Note that follows illustrates the concept of giving of oneself in counseling.

Counselors must use safeguards when expressing intense feelings to a client. They must, for example, clearly establish their role as a counselor and not a parent. They must also avoid becoming overly involved to the point where they lose professional objectivity. In addition, counselors must be aware that excessive concern or worry about a child could lead to burnout. Giving of oneself in counseling is a very delicate process: Though it can be enriching and rewarding for the counselor and the child, it can also be exhausting. Communicating intense emotion may not be practical for some counselors. For others, it is an art that can be developed over time.

**A Personal Note**

A 5-year-old child was abandoned by her parents and placed in a residential facility for neglected and abused children. On one occasion, the caretakers of the institution became concerned because the child had stayed up all night crying and vomiting. They brought her to a hospital the next morning. A pediatrician found nothing physically wrong with the child and referred her to me for mental health services.

After introducing myself to the child, I asked her how she was feeling. She sat down, put her face between her legs, and began to cry. It was the most deep-sorrowful sobbing I had ever heard. I leaned forward and gently touched her head, trying to comfort her. I could feel her pain. She looked up at me and appeared frightened and alone. I reached over and held her hand and told her I wanted to help her feel better. My heart reached out to her. I looked at her and said I thought she was a beautiful person and I wanted to work with her every day. She nodded in agreement. I worked with her in play therapy for several weeks. During that time, her depression gradually lifted.

**THE SCIENCE OF COUNSELING** The science of counseling provides a balance to the art of counseling by supplying an objective dimension to the counseling process. Claiborn (1987) noted that science is an important aspect of counselors’ identity in that the scientific perspective differentiates professional counselors from nonprofessional helpers. He suggested that counselors should strive to be counselors-as-scientists.
(i.e., to function as a counselor and think as a scientist). Thinking as a scientist requires the counselor to have the skills to formulate objective observations and inferences, test hypotheses, and build theories (Claiborn). Claiborn also suggested that the scientist-practitioner model, set forth by Pepinsky and Pepinsky (1954), could provide useful guidelines for contemporary counselors. This model conceptualizes science and practice as integrated, mutually dependent, and overlapping activities. The interrelationship of theory, research, and practice illustrates the complementary nature of science and practice. A counseling theory, for example, can be tested in practice and can then, in turn, be evaluated by research.

The science aspect of counseling also encourages counselors to develop skills that can promote professional objectivity in the counseling process. These skills include observation, inference, hypothesis testing, and theory building, which Claiborn (1987) suggested are necessary for counselors to think as scientists. The use of psychological tests, a systematic approach to diagnosis, a consideration of neuroscience, and research methods to establish counseling accountability and efficacy are other aspects of the scientific model. We should not view these as entities apart from counseling. Instead, counselors should integrate these skills and strategies into the counselor’s overall role and function.

**POSTMODERNISM** Postmodernism is based on theoretical perspectives such as constructivism and social constructionism that can be used to conceptualize counseling. Constructivism (Mahoney, 1988) emphasizes the role of cognition in interpreting external events, whereas social constructionism (Gergen, 1994b) stresses the impact of social forces on constructing reality. Both theories recognize the role that narratives play in creating stories that individuals utilize to define personal meaning in life. Postmodernism offers multiple opportunities for theory building, especially in terms of incorporating diversity issues into counseling.

Postmodernism recognizes that truth, knowledge, and reality are reflected contextually in terms of social, political, cultural, and other forces that can affect personal experience. Postmodernism offers opportunities for integrating multicultural issues, such as the role of culture and economic forces, into mental health and counseling. Postmodernism is associated with an evolving view of the self that suggests a movement away from the autonomous, integral self to a social-community self that extends beyond the individual to all aspects of society (Gergen, 1994b; M. B. Smith, 1994). Continued research regarding postmodernism appears warranted.

**Counseling as Storytelling**

Counseling as storytelling, also referred to as narrative counseling, suggests that people live “storied lives” (lives based on the stories they tell and hear about themselves) and that they can re-story their lives to create new meanings and opportunities (Nafziger & DeKruyf, 2013; Winslade & Monk, 2007). Howard (1991) and Sexton and Whiston (1994) suggested that narrative (or storytelling) methods for understanding human behavior have become increasingly popular in psychology. For example, identity development can represent life-story construction, and psychopathology can be related to dysfunctional life stories and can involve story repair (Howard).
Narrative psychology and its application to counseling as a form of storytelling are related to two emerging and complementary trends in counseling—the theories associated with postmodernism and brief-solution-focused counseling approaches (additional information regarding these trends is provided throughout the text). Narrative approaches to counseling attempt to simplify and demystify counseling by focusing on the client's own language as opposed to psychological jargon (Eron & Lund, 1993). The role of the counselor is to engage in a collaborative, nonimpositional relationship with the client (Eron & Lund). In this process, the counselor and client work together to create new narratives (or alternative stories) as a means of enhancing the client's well-being.

Howard (1991) provided a detailed description of the role of storytelling in counseling:

In the course of telling the story of his or her problem, the client provides the therapist with a rough idea of his or her orientation toward life, his or her plans, goals, ambitions, and some idea of the events and pressures surrounding the particular presenting problem. Over time, the therapist must decide whether this problem represents a minor deviation from an otherwise healthy life story. Is this a normal, developmentally appropriate adjustment issue? Or does the therapist detect signs of more thoroughgoing problems in the client's life story? Will therapy play a minor, supportive role to an individual experiencing a low point in his or her life course? If so, the orientation and major themes of the life will be largely unchanged in the therapy experience. But if the trajectory of the life story is problematic in some fundamental way, then more serious, long-term story repair (or rebiographing) might be indicated. So, from this perspective, part of the work between client and therapist can be seen as life-story elaboration, adjustments, or repair. (p. 194)

Meichenbaum and Fitzpatrick (1992) provided additional information on storytelling in terms of how people cope with stress:

- People organize information in terms of stories about themselves.
- Negative, stressful life events affect people's belief systems, thereby altering the nature of their stories.
- How people rescript their stories (i.e., engage in narrative repair) will influence how well they cope with stress.
- The literature is beginning to identify what are adaptive and maladaptive narratives and how stress-inoculation training can be used to help clients construct adaptive narratives to stressful life events.
Counseling as storytelling is an intriguing concept that appears to offer much promise for understanding counseling. As Russell and Lucariello (1992) have noted, there is a great need for empirical research to investigate the impact of storytelling on the counseling process. The following Personal Note provides an illustration of the role of storytelling in counseling.

A Personal Note

It seems as if everyone has a story to tell if one is willing to listen. I remember a mail carrier (whom I did not even know) once stopping me when I was walking around in my backyard. He was visibly angry and proceeded to tell me how a police officer had blocked his way on the road while the officer was writing a ticket. The mail carrier said, “I asked him to let me by, so I could do my job. But he wouldn’t, so I went by anyway, driving onto the shoulder. Good grief, some people only think of themselves.”

As he talked on, I thought, This is a story that this man must tell someone, anyone, to ventilate and to feel understood. I can think of many other examples of times (such as on some plane and bus trips I’ve had) when people have expressed their desire to tell their stories. I have also been in need of telling my own stories from time to time.

Lately I have become more aware of the role of storytelling in counseling. It has been my experience that most clients have stories to tell. Many of these clients have told their stories to others (such as friends or family members) with disappointing results. In counseling, the clients’ stories will hopefully be shown the respect and care they deserve.

One client’s story that stands out for me is one of pain, struggle, and courage. Pat was a 40-year-old Anglo single parent of four children. She had been in a serious car accident a year before I had my first counseling session with her. Much of our first sessions involved Pat sharing her story of the accident and her anger at the drunk driver who had hit her and the lack of support she was feeling from her insurance company.

Pat’s story was also one of fighting for her physical and emotional survival. She had endured numerous operations for her physical injuries; was unable to go back to work due to physical limitations; and had multiple psychological problems that included insomnia, depression, and anxiety. It was therefore necessary to work closely with a psychiatrist to include medication in conjunction with counseling in her treatment program.

Fortunately, Pat had a very strong support system, including friends and family members who helped her feel safe and encouraged, and this helped her overcome some of her feelings of anxiety and depression. Gradually, Pat was able to work her way out of her depression and see some hope and possibilities for a better tomorrow. As she struggled to regain control of her life, she appeared to be engaging in a process of narrative repair, replacing words of gloom with those of hope.
Counseling and Psychotherapy

In order to understand what counseling is, it is important to understand key terms and concepts such as counseling and psychotherapy. The counseling literature has not made a clear distinction between these concepts (Corsini & Wedding, 2000), perhaps because the two processes are more similar than different. A counselor may do both counseling and psychotherapy in one session. The two processes can therefore blend. We can probably best understand their relationship on a continuum, with counseling at one end and psychotherapy at the other.

One subtle difference between the two is that counseling addresses the conscious mental state, whereas psychotherapy also ventures into the client’s unconscious processes—providing insight to a client. Several other differences between counseling and psychotherapy, listed in Table 1.1, address focus, clients’ problems, goals, treatment, and setting.

As depicted in Table 1.1, the focus of counseling tends to be developmental in nature, whereas psychotherapy has a remediative emphasis. Counseling attempts to empower clients with tools they can use to meet the normal developmental challenges of progressing through the life span. Counseling is therefore preventative in nature and

| Table 1.1 Comparison of Counseling and Psychotherapy |
|----------------------------------|----------------------------------|
| Focus | Counseling | Developmental—fosters coping skills to facilitate development and prevent problems. | Psychotherapy | Remediative—aims at helping clients overcome existing problems, such as anxiety and depression. |
| Clients’ Problems | Counseling | Clients tend to have “problems of living,” such as relationship difficulties, or need assistance with specific problems, such as career choice. | Psychotherapy | Clients’ problems are more complex and may require formal diagnostic procedures to determine whether there is a mental disorder. |
| Goals | Counseling | The focus is on short-term goals (resolution of immediate concerns). | Psychotherapy | The focus is on short- and long-term goals. Long-term goals can involve processes such as helping the client overcome a particular mental disorder. |
| Treatment Approaches | Counseling | The treatment program can include preventative approaches and various counseling strategies to assist with the client’s concerns. | Psychotherapy | Psychotherapeutic approaches are complex. They utilize strategies that relate to conscious and unconscious processes. |
| Setting | Counseling | Counseling services can be provided in a variety of settings, such as schools, churches, and mental health clinics. | Psychotherapy | Psychotherapy is typically offered in settings such as private practice, mental health centers, and hospitals. |
growth facilitating. Counseling is used with clients whose problems do not stem from a serious mental disorder, such as a major depression. Instead, it is more appropriate for clients who have “problems of living,” such as parent-child conflicts or marital difficulties. The goals of counseling tend to focus on resolving immediate concerns, such as helping clients work through a relationship difficulty or make a career decision.

Treatment programs in counseling vary according to the client’s concern. For example, counseling might involve a parent education program to help parents learn how to establish a positive relationship with their child. Other counseling strategies might help a client work through marital difficulties. Counseling approaches are usually short-term, involving one session each week for 3 to 12 weeks, and counseling services may take place in a variety of settings, such as schools, churches, and mental health clinics.

Psychotherapy, on the other hand, is directed at helping clients overcome the pain and suffering associated with existing problems, such as anxiety and depression. The problems addressed by psychotherapy tend to be more complex, and treatment can involve both short- and long-term goals: The short-term goals may focus on problems similar to those addressed in counseling, for example, dealing with marital problems; long-term goals relate to more deep-seated or involved problems, such as depression or schizophrenia. Psychotherapy itself is complex and requires expertise in several areas, such as personality theory and abnormal psychology. It also relates to both conscious and unconscious processes; for example, the process may involve hypnosis, projective tests, and dream analysis techniques to examine unconscious processes. Psychotherapeutic approaches are usually long-term, involving sessions once each week for 3 to 6 months and sometimes even longer. Typical settings for psychotherapy are private practice, mental health centers, and hospitals.

**Differentiating Formal From Informal Helping**

Another way to answer the question “What is counseling?” is to differentiate counseling from the informal helping that can take place between friends. Some individuals who have had no formal training in counseling can provide valuable assistance. These informal helpers usually have some of the personal qualities associated with effective counselors, such as being caring and nonjudgmental and having good listening skills. However, professional counselors may differ from informal helpers in a number of ways.

First, counselors can maintain a degree of objectivity because they are not directly involved in the client’s life. Though there are exceptions, informal helpers usually have a personal relationship with the individual, so the assistance they provide is likely to reflect a personal bias. A related fact is that counselors usually do not have a preconceived idea of how a client should behave. Thus, having had no previous experience with the counselor, the client is free to try new modes of behaving and relating. This often does not occur with informal helpers, who may expect the person they are trying to help to act in a certain way; the person being helped might easily fall into the habits established in the relationship, which can create a restrictive environment.
Second, counselors are guided by a code of ethics, the American Counseling Association (ACA) Code of Ethics and Standards of Practice (2014), which is designed to protect the rights of clients. For example, the information that a client presents to a counselor must be held in confidence, except in extreme circumstances, such as when the client plans to do serious harm to self or others. Knowing this, a client might feel more free to share thoughts and feelings with a professional counselor than with an informal helper.

Third, formal counseling can be an intense and emotionally exhausting experience. After establishing rapport, the counselor may find it necessary to confront the client with painful issues. Informal helpers may avoid confrontation to avoid jeopardizing the friendship. They often play a more supportive and reassuring role, at times even attempting to rescue the person they are helping. In doing so, the helper, despite good intentions, does not communicate the all-important belief that the client is a capable person. In this way, the helper may deprive the individual of an opportunity to get in touch with feelings.

A final difference lies in the repertoire of counseling strategies and techniques available to professional counselors and their ability to systematically utilize these strategies and techniques to promote client growth. For example, a client may have a phobia about heights. The counselor may use a behavioral technique called systematic desensitization, which helps the client replace an anxiety response to heights with a relaxation response. Some clients may not be able to stand up for their rights or state their opinions and could therefore benefit from assertiveness training. Other clients may have marriage or family problems; the professional counselor may draw upon various marriage and family therapies to assist these clients. Lacking formal training as a counselor, informal helpers are unfamiliar with and thereby unable to utilize these strategies. Instead, they typically rely on advice giving as their main method of helping.

**Personal Qualities of Effective Helpers**

The following helping formula developed by Brammer (1999) provides yet another conceptual model for answering the question “What is counseling?”

<table>
<thead>
<tr>
<th>Personality of the Helper</th>
<th>Helping Skills</th>
<th>Growth-Facilitating Conditions</th>
<th>Specific Outcomes</th>
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</table>

This formula suggests that taking the personality of the helper and adding some helping skills like counseling techniques can generate growth-facilitating conditions. A feeling of mutual trust, respect, and freedom between the counselor and client characterizes these conditions (Brammer, 2002), and when they exist, desirable outcomes tend to emerge from the counseling process.

The helping formula emphasizes the importance of the personality of the helper (Brammer, 2002). Evidence is emerging that suggests the personal characteristics of
the counselor play a critical role in the efficacy of counseling (Corey, Corey, Corey, & Callanan, 2015; Herman, 1993). As early as 1969, Combs et al. (1969) suggested that the central technique of counseling is to use the “self as an instrument” of change. In other words, counselors use their personality to create a presence that conveys encouragement for, belief in, and support of the client. Rogers (1981) also commented on the importance of the counselor’s personal qualities. He noted that the client’s perception of the counselor’s attitude is more important than the counselor’s theories and methods. Rogers’s point underscores the fact that clients are interested in and influenced by the personal style of the counselor.

A number of attempts have been made to identify the personal characteristics that promote positive outcomes in counseling. Strong (1968) suggested that counselors be perceived as expert, attractive, and trustworthy. Corey et al. (2015) contended that effective counselors present a positive model for their clients by being actively involved in their own self-development, expanding their self-awareness as they look honestly at their lives and the choices associated with personal growth and development. Beutler, Machado, and Neufeldt (1994) found some empirical support for other counselor characteristics, such as emotional well-being, self-disclosure, and optimism.

It would not be realistic to imply that an effective counselor must be a certain type of person. At the same time, the literature does suggest certain basic qualities tend to be important to the counseling process. I have incorporated these basic qualities into what I believe are the 14 personal characteristics of an effective counselor.

1. **Encouraging.** Being encouraging may be the most important quality of an effective counselor. Encouragement helps clients learn to believe in their potential for growth and development. A number of Adlerian counselors have written about the power of encouragement (e.g., Dinkmeyer & Losoncy, 1980).

2. **Artistic.** As mentioned, effective counselors tend to be sensitive and responsive to their clients. Being artistic implies being creative and flexible and adjusting counseling techniques to the unique needs of the client. Just as true artists give something of themselves to each thing they create, counselors must give of themselves to the counseling process. Effective counselors cannot insist on maintaining an emotional distance from the client if such a distance inhibits client growth. If necessary, counselors must allow themselves to experience the client’s world directly and be personally affected by the counseling process, as they bring their humanness and vulnerability to the moment. Counselors who allow themselves to be human may also promote authenticity and genuineness in the counseling process.
3. **Emotionally stable.** An emotionally unbalanced counselor will probably do more harm than good for the client. Unfortunately, some counselors enter the counseling profession in order to work through their own serious mental health problems. These counselors may attempt to meet their own needs at the expense of their clients. Langs (1985) went so far as to suggest that a substantial number of clients spend much of their energy adjusting to the mood swings of their counselor. In some instances, clients might even believe they have to provide temporary counseling for the counselor (Langs, 1985). Role reversals of this type are obviously not in the best interest of the client. An inconsistent counselor will not only waste valuable time but create confusion and insecurity within the client.

4. **Empathic and caring.** Effective counselors care about people and have the desire to help those in need. They are sensitive to the emotional states of others and can communicate an understanding of their struggles with life. Clients experience a sense of support and kindness from these counselors. This can help the client have the courage to face life realistically and explore new directions and possibilities.

5. **Self-aware.** Being self-aware enables counselors to become aware of their limitations. Self-awareness can also help counselors monitor their needs so that they can gratify those needs in a manner that does not interfere with the counseling process. Self-awareness requires an ongoing effort by the counselor. The various ways in which counselors can promote their self-awareness include using meditation techniques and taking time for personal reflection.

   Self-awareness appears to be related to a number of other concepts related to the “self,” such as self-acceptance, self-esteem, and self-realization. In this regard, as people become more aware of themselves, they are in a better position to accept themselves. Self-acceptance (see the next characteristic) can then lead to enhancement of one’s self-image or self-esteem, which in turn can free a person to move toward self-realization.

6. **Self-acceptance.** Self-acceptance suggests that counselors are comfortable with themselves. Although ideally they are working on enhancing their personal growth and development, the discrepancy between the real self and the ideal self is not be so great as to cause undue anxiety.
7. **Positive self-esteem.** Positive self-esteem can help counselors cope with their personal and professional lives and maintain the emotional stability that is central to their job. Also, counselors who do not feel positive about themselves may look for the negative in their clients. Even worse, such counselors may attempt to degrade the client to enhance their own self-image.

8. **Self-realization.** Self-realization is the process of actualizing one’s potential. It represents a journey into personal growth and discovery. Effective helpers reach out in new directions and explore new horizons. As they do, they realize that growth requires commitment, risk, and suffering. In this process, they model for their clients that one must stretch to grow. Counselors welcome life experiences and learn from them. They develop a broad outlook on life that can help their clients put their problems in perspective. Counselors’ enthusiasm for life can create energy and optimism that can energize and create hope for a client.

9. **Self-disclosure.** Effective counselors are constructively open with their thoughts and feelings. When counselors model openness, they encourage their clients to be open. The resulting candidness can be critical to the counseling process.

10. **Courageous.** Although it is important for clients to perceive their counselors as competent, counselors are not perfect and should not be viewed as perfect. Instead, they should try to model the courage to be imperfect (Nystul, 1979a). Counselors with the courage to communicate their weaknesses as well as their strengths are disclosing an authentic picture of themselves. They are also presenting a realistic view of the human condition and can help clients avoid self-defeating, perfectionist tendencies. Another facet of the courage to be imperfect is the willingness of counselors to seek out counseling services for themselves if the need arises. Counselors should not feel that they are so “complete” or “perfect” they have no need for counseling; otherwise, they may develop a condescending attitude about counseling that could result in regarding their clients as “inferior.” Obtaining counseling can also help counselors understand what it feels like to be in the role of client, contributing to a better understanding of the counseling process.
11. **Patient.** Being patient can be valuable in the counseling process. Helping someone change is a complex process and requires significant effort. Clients may make some progress and then regress to old habits. Counselors must be patient and recognize the goal of achieving overall positive therapeutic movement.

12. **Nonjudgmental.** Counselors must be careful not to impose their values or beliefs on the client, even though they may wish at times to expose clients to new ideas. Being nonjudgmental communicates respect for clients and allows them to actualize their unique potential.

13. **Tolerance for ambiguity.** Ambiguity can be associated with the art of counseling. For example, the counselor never knows for sure what the best technique is to use with a client or exactly what was accomplished during a session. Although the science of counseling can contribute to the objective understanding of the counseling process, counselors must be able to tolerate some ambiguity.

14. **Spirituality.** Spirituality recognizes the value of addressing the spiritual-religious dimension in the helping process. Characteristics of spirituality include being sensitive to religious-spiritual issues in oneself and others (such as concepts of morality and the soul) and being able to function from and relate to the spiritual world as distinct from the material world.

**The Helping Profession**

Counseling can also be understood within the general context of the helping profession. The term *helping profession* encompasses several professional disciplines, including psychology, counseling, and psychiatry, each of which is distinguished by its unique training programs and resulting specialties. Many individuals from these various groups provide similar services, such as counseling and psychotherapy.

Members of the helping profession often work together on multidisciplinary teams. For example, school counselors and school psychologists join forces to provide counseling services in school settings. Psychiatrists, psychiatric nurses, psychiatric social workers, psychologists, and mental health counselors blend their specialized skills to provide a comprehensive treatment plan in mental health settings. An overview of the degree requirements, specialized skills, and work settings for the members of the helping profession is provided in Table 1.2.
<table>
<thead>
<tr>
<th>Type of Helper</th>
<th>Licensure and Degree Requirements</th>
<th>Skills and Responsibilities</th>
<th>Work Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health counselor</td>
<td>Master’s degree in counseling or related field. Most states require licensure.</td>
<td>Use of counseling and psychotherapeutic strategies</td>
<td>Community mental health centers, hospitals, and private practice</td>
</tr>
<tr>
<td>Marriage, child, and family</td>
<td>Usually a master’s degree in marriage, child, and family counseling or related field. An increasing number of states require licensure.</td>
<td>Marriage, child, and family counseling</td>
<td>Private practice</td>
</tr>
<tr>
<td>counselors</td>
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</tr>
<tr>
<td>Psychiatric social worker</td>
<td>Usually a master’s degree in social work. Most states require licensure.</td>
<td>Counseling and psychotherapy, usually from a family perspective; knowledge about psychiatric service; ability to assist with social services (food, shelter, child abuse and neglect, foster and nursing care)</td>
<td>Most work in hospitals and social service agencies. Some have their own private practice.</td>
</tr>
<tr>
<td>Pastoral counselor</td>
<td>Master’s degree in counseling or related field. Some states require certification or licensure.</td>
<td>Counseling and psychotherapy from a religious perspective. Some focus on issues pertaining to marriage and the family (e.g., marital enrichment).</td>
<td>Churches or agencies with church affiliation</td>
</tr>
<tr>
<td>Clinical and counseling psychologist</td>
<td>PsyD, PhD, or EdD (doctor of psychology, philosophy, or education). All states require licensure or certification.</td>
<td>Counseling and psychotherapy, psychological testing, and mental health specialist. Some states grant prescription privileges.</td>
<td>University counseling centers, community mental health centers, hospitals, and private practice</td>
</tr>
</tbody>
</table>

Table 1.2 Types of Professional Helpers
<table>
<thead>
<tr>
<th>Type of Helper</th>
<th>Licensure and Degree Requirements</th>
<th>Skills and Responsibilities</th>
<th>Work Setting</th>
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<tbody>
<tr>
<td>Psychiatrist</td>
<td>MD (medical degree) and 3–4 years specialized training in psychiatry in a full residency program. All states require licensure.</td>
<td>Treatment of serious mental disorders, usually involving the use of medications; some counseling and psychotherapy; and consultation. Supervision of other mental health workers is usually involved.</td>
<td>Hospitals, community mental health centers, and private practice</td>
</tr>
<tr>
<td>Psychiatric nurse</td>
<td>RN (registered nurse degree). All states require licensure.</td>
<td>Assist in the psychiatric treatment of mental disorders by monitoring medication and providing counseling and psychotherapy.</td>
<td>Hospitals and community mental health centers</td>
</tr>
<tr>
<td>School counselor</td>
<td>Many states require a master’s degree in counseling. All states require certification or licensure in school counseling.</td>
<td>Personal and career counseling and consultation with school staff and parents</td>
<td>Elementary, middle, and high schools</td>
</tr>
<tr>
<td>School psychologist</td>
<td>Many states require at least a master’s degree in school psychology or a related field. All states require certification or licensure as a school psychologist.</td>
<td>Psychological testing, counseling, and consulting</td>
<td>Elementary, middle, and high schools</td>
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Counseling: Past, Present, and Future

The counseling profession has undergone a dynamic evolution. This section provides information on the key individuals and events in the history of the profession, the current professional identity of counselors, and future trends in counseling.

Counseling From a Historical Perspective

Kottler and Brown (2000, 2004) have traced the origins of counseling to noted individuals in our ancestral past who provided insights into the human condition that continue to influence the evolution of counseling and modern clinical practice.

- Hippocrates (400 BCE) developed a classification system for mental illness and personality types.
- Socrates (400 BC) posited that self-awareness was the purest state of knowledge.
- Plato (350 BC) described human behavior as an internal state.
- Aristotle (350 BC) provided a psychological perspective on emotions, including anger.
- St. Augustine (AD 400) suggested that introspection was necessary to control emotions.
- Leonardo da Vinci (1500) described the human condition in terms of art and science.
- Shakespeare (1600) created psychologically complex characters in his literary works.
- Phillippe Pinel (1800) described abnormal conditions in terms of neurosis and psychosis.
- Anton Mesmer (1800) used hypnosis to treat psychological conditions.
- Charles Darwin (1850) proposed that individual differences are shaped by evolutionary events relating to the survival of the species.
- Søren Kierkegaard (1850) related existential thought to personal meaning in life.

A number of other prominent individuals have made unique and lasting contributions to the counseling profession. The pioneering work of Freud, Adler, and Jung (see...
Chapter 7) can be credited with establishing the foundation for modern clinical practice. These three men, colleagues in Vienna in the early 1900s, each went on to develop a unique school of counseling and psychotherapy. Freud developed psychoanalysis, which emphasizes the role of sexuality in personality development. Adler developed his own school of psychology called individual psychology, which emphasizes the importance of social interest in mental health. Jung is credited with originating the school of psychology called analytic psychology. Jung’s work was influenced by various disciplines, including theology, philosophy, and anthropology. His theory is probably best known for its recognition of a collective unconscious, an idea that suggests that all people share some common memories.

Numerous other schools of counseling have emerged since the pioneering work of Freud, Adler, and Jung. Perhaps more than any other theorist, Rogers has influenced the development of contemporary counseling approaches. His person-centered approach was founded on a belief in the dignity and worth of the individual (Rogers, 1981) and has gained wide support among individuals in the helping profession. Rogers was particularly influential in the development of the third-force, or humanistic, school of counseling and psychotherapy. Becoming increasingly popular are the cognitive-behavioral theories of counseling, such as those developed by Albert Ellis (1994) and Aaron Beck (1993). These approaches have been welcomed by managed-care health organizations because they tend to focus on relief of symptoms (such as anxiety or depression) and can be accomplished in a time-limited format.

Recent trends in counseling are reflected in the postmodern theories of constructivism (Mahoney, 1995a) and social constructionism (Gergen, 1994b), brief-solution-focused approaches to counseling (de Shazer, 1994), and empirically supported treatments (Norcross & Hill, 2003). Postmodern theories have created an opportunity for a paradigm shift in counseling by recognizing the roles that cognition, language, and narratives play in defining truth, knowledge, and reality. Similarly, brief-solution-focused approaches have also created potential for a paradigm shift through their focus on strengths and solutions as opposed to problems, weakness, and pathology.

KEY HISTORIC EVENTS Several events have been important in the history and evolution of counseling. Among these are the vocational guidance movement, the standardized testing movement, the mental health movement, and key legislative acts.

The vocational guidance movement had its inception in the efforts of Frank Parsons, a Boston educator who started the Vocational Bureau in 1908. Parsons contended that an individual who took the time to choose a vocation, as opposed to a job, would be more likely to experience success and work satisfaction (Brown & Brooks, 2002). Career counseling, which focuses on helping clients explore their unique potential in relation to the world of work, evolved from the vocational movement.
The standardized testing movement can be traced to Sir Francis Galton, an English biologist, and his study of heredity. Galton developed simple tests to differentiate characteristics of genetically related and unrelated people (Anastasi & Urbina, 1997). Many others have made significant contributions to the testing movement. For example, James Cattel set forth the concept of mental testing in 1890 (Anastasi & Urbani), and Alfred Binet developed the first intelligence scale in 1905.

World Wars I and II played important roles in the testing movement. The military's need to classify new recruits for training programs resulted in the development of mass intelligence and ability testing. Examples are World War I's Army Alpha and Army Beta tests and World War II's Army General Classification test. After World War II, the use of tests proliferated throughout American society and soon became an integral part of the public school system. Tests were also used in a variety of other settings, including mental health services and employment agencies. During the 1960s, the testing movement declined to some extent when it became apparent that many standardized tests reflected a cultural bias (Minton & Schneider, 1981). Since that time, the construction and use of tests appear to incorporate an increased sensitivity to multicultural issues.

The mental health movement arose as a result of several forces. In 1908, Clifford Beers wrote *A Mind That Found Itself* describing the horrors of his 3 years as a patient in a mental hospital. Beers's efforts resulted in an increased public awareness of the issues relating to mental disorders. Beers later formed the Society for Mental Hygiene, which promoted comprehensive treatment programs for the mentally ill (Baruth & Robinson, 1987).

Another major factor in the mental health movement was the development in 1952 of medications that could treat serious disorders such as schizophrenia (Rosenhan & Seligman, 1995). Today, it is uncommon for psychiatric patients to remain in a hospital for more than a couple of weeks. Although medications do not cure mental disorders, they often can control symptoms to the degree that a person can function in society. Unfortunately, it has been difficult to develop effective follow-up programs for psychiatric patients after their discharge, which has resulted in an alarming number of mentally disturbed people wandering the streets as homeless "street people." Several studies have estimated that 25%–50% of homeless people are mentally ill (Ball & Harassy, 1984; Frazier, 1985). Many mental health professionals are attempting to develop more effective follow-up and outreach services for the chronically mentally ill.

Key legislative acts have also contributed to the evolution of the counseling profession, in particular, the National Defense Education Act (NDEA) of 1958. This act, designed to improve the teaching of science in public schools, was motivated by a popular belief that the United States was lagging behind Russia's achievements in science, which developed after Americans learned of the Soviet Union's success in launching the first space satellite, Sputnik. The NDEA had a major impact on the counseling profession by providing funds to train school counselors, resulting in a marked increase in the number of counselors employed in US schools.
PROFESSIONAL IDENTITY Mellin, Hunt, and Nichols (2011) noted that the counseling profession has historically struggled to establish a clear identity distinct from other members of the helping profession (e.g., psychologist, social workers, and psychiatrists). In an effort to clarify the role of professional counselors, Mellin et al. surveyed 238 practicing counselors regarding professional identity to determine the underlying philosophical orientation that characterized the counseling profession. Results of the survey were consistent with previous research that suggested that the counseling profession emphasized human development, prevention, and wellness.

Mellin et al. (2011) reported that professional counselors embraced having a unified professional identity across counseling specialties (e.g., mental health counseling and school counseling). The authors suggested that professional counselors appeared to take this position because of common training within Council for Accreditation of Counseling and Related Educational Programs (CACREP) programs, which shared standards and promoted licensure, and the ethical code of the American Counseling Association. Mellin et al. suggested there has been an ongoing debate among counseling faculty and professional organizations regarding the merits of having a unified professional identity. Kaplan & Gladding (2011) addressed these issues by noting that the American School Counseling Association contends there are several counseling professions (not one) and professional identity definitions should reflect the different counseling specialties.

More recently, representatives of the American Counseling Association put forth a definition of counseling that could be used to inform the public about what characterizes professional counseling: “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 366). The definition of counseling evolved from a process referred to as “20/20: A Vision for the Future of Counseling: The New Consensus Definition of Counseling,” which included representatives from throughout the counseling profession, including all major counseling organizations. All but 2 of the 31 counseling organizations endorsed the definition. The American School Counselor Association refused to endorse the definition because that organization believed the definition did not differentiate professional counselors from other mental health practitioners; it preferred to use its own definition of counseling; and the definition lacked research support. The Association for Social Justice also did not endorse the definition, because that organization contended that the definition failed to recognize the importance of multicultural competencies, social justice, and advocacy issues.

Reiner, Dobmeier, and Hernandez (2013) noted that professional identity of counselors continues to be associated with promoting human development, prevention, and wellness. The authors suggested that a unified (single) professional identity is necessary for the counseling profession to promote professional goals of obtaining third-party insurance reimbursement, such as from Medicare, and for licensure portability between states. Reiner et al. believed that professional counselors are in the best position to promote a unified professional identity with professional organizations, CACREP, and counselor educators also playing important roles in this regard.
The counseling profession appears to be making significant gains regarding addressing and clarifying professional identity issues. Additional dialogue and action will be necessary to ensure that the public understands the merits of professional counseling and supports the professional goals of licensure portability and access to third-party insurance.

**Emerging Trends**

Emerging trends that may impact the future of counseling include mindfulness-based approaches, research, multicultural counseling, managed mental health services, evidenced-based (empirically supported) treatment, wellness, positive psychology, mental disorders, spirituality, cybercounseling, technology, problematic-impaired counseling students, self-care for counselors, and neuroscience.

**MINDFULNESS-BASED APPROACHES** Mindfulness-based approaches integrate Eastern philosophies, such as Zen Buddhism, and psychotherapy. Kabat-Zinn (2003) suggested that mindfulness is an awareness that results from nonjudgmentally paying attention in the moment. Emerging trends associated with mindfulness approaches include the following:

- Integrating mindfulness approaches with positive psychology (e.g., well-being and optimal functioning) and character strengths (universal qualities associated with human goodness, such as wisdom and knowledge, courage, humanity, justice, temperance, and transcendence; Niemiec, Rashid, & Spinella, 2012).

- Loving-kindness meditation strategies that focus on love, acceptance, and satisfaction with oneself and others to promote self-care, inner peace and bliss, positive interpersonal relationships, empathy, compassion, and altruism (Kristeller & Johnson, 2005; Leppma, 2012).

- Use of mindfulness approaches to treat trauma. For example, dialectical behavior therapy and acceptance commitment therapy have been effective in treating posttraumatic stress disorder (Goodman & Calderon, 2012).

Pickert (2014) reported that there has been a surge of interest in mindfulness strategies, such as meditation, as a way of empowering clients to cope with the stress of daily living; enhancing health, wellness, and happiness; and increasing the quality of life. Mindfulness-based approaches have also been integrated into a number of psychotherapeutic perspectives such as cognitive-behavioral, humanistic, and psychodynamic therapy to treat mental disorders and promote health and wellness (Germer, 2013).
Pickert (2014) suggested that mindfulness strategies are being utilized by a cross section of people in a variety of settings. Examples of mindfulness strategies going mainstream are educators teaching students meditation techniques to improve concentration and deal with stress; Steve Jobs, co-founder of Apple, and other entrepreneurs using mindfulness strategies to get into a “zone” of enhanced concentration, freeing up mental space for creativity and innovative ideas; and US Marines using mindfulness training to foster soldiers’ resiliency during combat. There appears to be much potential for the use of mindfulness-based approaches to foster health and wellness (see Chapter 9 for additional information on mindfulness-based approaches).

RESEARCH Historically, professional counselors have experienced a disconnect between research and practice due to research’s perceived lack of relevance to daily practice (Edelson, 1994; Havens, 1994; Wester & Borders, 2014). The current emphasis on “best practices” associated with evidence-based, empirically supported interventions (which are recognized by third-party insurers) has contributed to a resurgence of interest regarding the role of research in practice (Marquis, Douthit, & Elliot, 2011).

Marquis et al. (2011) reported that there has been vigorous debate within the counseling profession regarding whether best-practice research is in the best interest of clients. Advocates believe there is a need for evidence-based, empirically supported research to promote accountability, reliability, and quality of counseling services (Marquis et al.). Critics contend that research methodology often cited as the best way to determine best practices (e.g., quantitative experimental design) appears to be driven by third-party insurers and the medical model and is not consistent with the philosophical foundations of the counseling profession relating to human development, prevention, and wellness (Marquis et al.).

Marquis et al. (2011) noted that research with fewer participants (e.g., single-subject case designs and qualitative research methodologies) may be more appropriate to address clinically sensitive issues such as the counseling relationship, multiculturalism, and advocacy. Qualitative methods are similar to counseling in that they utilize a variety of research strategies, such as interviews, to discover with participants clinically relevant information. Hays and Wood (2011) identified six emerging qualitative methodologies and their research goals as follows: **Grounded theory** can be used for theory development and validation; **phenomenology** provides an understanding of events from the participant’s perspective; **consensual qualitative research** is based on the consensus opinions of participants and researchers; **ethnography** explores issues from the perspective of a cultural group or setting; **narratology** provides an understanding of phenomenon based on the stories shared by others; and **participatory action research** promotes participant empowerment and transformation through advocacy and real-world change.

Mixed-methods research designs have emerged as an attempt to integrate quantitative and qualitative research methodologies (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). Mixed-methods designs allow data to be gathered and analyzed from
a variety of perspectives, expanding the horizons of scientific inquiry. Mixed-methods designs recognize the value of both the objective and subjective dimensions, thereby reflecting the concept of counseling as an art and a science that is advocated in this text.

Wester and Borders (2014) identified 159 counseling research competencies based on input from a panel of counseling research experts. Wester and Borders suggested that the advancement of the counseling profession depends on rigorous research methodology and that research competencies can be used to promote quality research.

MULTICULTURAL COUNSELING  Multicultural counseling can be considered the fourth force in psychology, following the psychodynamic, existential-humanistic, and cognitive-behavioral perspectives (Pedersen, 1991a; Sue, Ivey, & Pedersen, 2007). D’Andrea and Foster Heckman (2008a) noted that multicultural counseling has become the centerpiece of the counseling profession. The multicultural counseling movement is directed at reconceptualizing traditional counseling theory and practice to address diversity issues such as culture, race, ethnicity, gender, age, sexual orientation, and advocacy.

Advocacy, which has become an increasingly important piece of a multicultural approach, involves taking action to overcome oppressive forces that undermine human rights and opportunity. Kohn-Wood & Hooper (2014) noted that mental health counselors need to increase their advocacy efforts to help clients from racial and ethnic minorities and of low socioeconomic status overcome inequities regarding access, utilization, and quality of mental health services. Nilsson, Schale, & Khamphakdy-Brown (2011) found that advocacy skills can be promoted by providing counseling students opportunities to work directly with refugees and other immigrants (e.g., making home visits and advocating for necessary social services and legal aid).

Multicultural competencies have been identified that are associated with a wide range of counselor-client variables, including the counselor’s self-awareness and cultural knowledge and culturally sensitive counselor interventions (Arredondo, Tovar-Blank, & Parham, 2008). Multicultural competencies are beginning to attract research interest. Chao (2012, 2013) conducted research that explored the complex relationships among factors that influence the development of multicultural competencies (e.g., multicultural training, racial/ethnic identity, and color-blind racial attitudes such as denial of the existence of racism). Additional research on how multicultural competencies can be promoted appears warranted.

MANAGED MENTAL HEALTH SERVICES  Managed care, which contrasts with managing benefits, began for mental health services in the late 1980s (Freeman, 1995) and continues to be a major part of contemporary health care. Managed care typically involves health maintenance organizations (HMOs), managed mental health care organizations (MMHCOS), independent provider organizations (IPOs), and employer assistance programs (EAPs). It is becoming increasingly important for mental health practitioners to affiliate themselves with these organizations in order to become part of the health care system and be able to provide services. Some major concerns
about the managed-care movement include a reduced number of visits (usually three to seven sessions), problems with confidentiality, depersonalization, the questionable training of those screening for mental health problems, and restrictions on the choice of mental health providers (Solomon, 1996). Rupert and Baird’s (2004) study of the impact of managed care on the independent practice of psychology shows that managed care is a source of stress for practitioners, especially in terms of paperwork and external constraints, such as reimbursement issues. The degree of involvement with managed care is also related to stress and burnout, with those highly involved in managed care being at risk for stress-related burnout.

The Affordable Care Act was signed into law March 23, 2010, with the goal of improving health care coverage for all Americans. The intent of this law was to increase Americans’s opportunity to access high-quality medical coverage, including mental health services. Further monitoring and research regarding these issues is needed.

**EVIDENCE-BASED (EMPIRICALLY SUPPORTED) TREATMENT** Marquis, Douthit, and Elliot (2011) noted that evidence-based practice and best practices are used interchangeably to describe the use of empirically supported research to identify optimal counseling interventions. Norcross and Hill (2003) have noted an international movement in the health care professions toward empirically supported treatments (EST). Managed-care organizations have recognized the merits of empirically supported interventions as a means of identifying approved treatment protocols associated with specific diagnostic conditions (Wampold, Lichtenberg, & Waehler, 2002).

The APA Division of Clinical Psychology (Task Force, 1995) attempted to identify ESTs that are effective with certain mental health disorders and to communicate this information to the public and members of the helping profession, but there has been considerable debate regarding what constitutes evidence of effective treatment (Wampold et al., 2002). As a result, numerous models have evolved to evaluate treatment modalities. Wampold et al. identified seven principles that could be used to review evidence of empirically supported interventions. Chwalisz (2003) suggested that evaluation of EST should be expanded to include consideration of philosophical, political, and social issues. And Marquis et al. (2011) recommended that EST should include consideration of multicultural issues and clinical expertise. Norcross and Hill (2003) and Marquis et al. noted that the EST movement does not consider personal factors such as client characteristics and the nature of the therapeutic relationship that can have an important influence on therapeutic outcomes. Murray (2009) suggested that information regarding EST needs to be communicated to clinicians in a manner that is more clinician friendly (e.g., easy to access, understand, and apply). Murray also suggested that applied research be given greater emphasis within counselor education programs.

Karlin and Cross (2014) reported that, although there has been significant progress in identifying evidence-based practices, dissemination of this information to practitioners often takes years. In addition, when the information does reach practitioners, it is often inaccurate, resulting in clients not receiving the true evidence-based treatment.
Considering these problems, it is not surprising that only 10% of practitioners treating clients with posttraumatic stress disorder (PTSD) utilize evidence-based practices (Rosen et al. 2004). Karlin & Cross (2014) noted that the US Department of Veterans Affairs has implemented a multidimensional model to address these issues so that veterans can receive accurate evidence-based treatments in a timely manner. EST appears to hold much promise for mental health services. It can promote accountability and provide a recognized protocol for research and the development of mental health treatments. Future research strategies regarding EST could include consideration of human factors, such as the counseling relationship, and multicultural factors in determining counseling efficacy.

WELLNESS  The concept of wellness, along with an emphasis on promoting human development and prevention of illness, has been central to the identity of professional counselors and counseling psychologists (Raque-Bogdan, Torrey, Lewis, & Borges, 2012; Reiner, Dobmeier, & Hernandez, 2013). Wellness was also included in a recent definition of counseling that stated counseling is a professional relationship that promotes “mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 366). Meyers (2014) described wellness within the framework of holistic health noting that “the essence of wellness is the integration of mind, body, and spirit” (p. 33). Meyers also suggested that wellness and holistic health can be promoted by mindfulness strategies, the creative arts, nutritionists, and trainers.

Myers and Sweeney’s (2004, 2008) Indivisible Self Model of Wellness (IS-Wel) provides “an evidence-based paradigm for understanding the multidimensional nature of holistic well-being” (Lawson & Myers, 2011, p. 163). IS-Wel, which is based on Adlerian psychology, includes the Five Factor Wellness Inventory relating to five dimensions of the self (the creative self, the coping self, the social self, the essential self, and the physical self). Myers, Willse, and Villalba (2011) conducted research to determine whether wellness factors (as measured by the Five Factor Wellness Inventory) were predictive of self-esteem in adolescents. Results of the study showed that strength of the coping self (ability to self-regulate and transcend negative events) was consistently related to all aspects of self-esteem, as measured by the Coopersmith Self-Esteem Inventory. These findings suggest that counselors should include interventions that promote coping mechanisms when addressing adolescents’ self-esteem issues.

Lawson and Myers (2011) utilized the IS-Wel model and the Five Factor Wellness Inventory in a study that investigated the relationships among wellness, professional quality of life, and career-sustaining behaviors. Results of the study suggested that counselors who had high wellness scores were less prone to experience burnout because they engaged in more career-sustaining behaviors (e.g., spending time with family and sense of humor) and because they reported higher levels of professional quality of life (e.g., were able to find pleasure in helping others). Additional research regarding the concept of wellness appears warranted.

POSITIVE PSYCHOLOGY  Positive psychology emphasizes the role of strengths and positive emotions such as happiness, hope, motivation, flow, and
forgiveness on health and well-being (Harris, Thoresen, & Lopez, 2007; Scheel, Davis, & Henderson 2012). It represents a shift in emphasis from pathology to wellness, from problems to solutions. Waterman (2013) noted that the historical roots of positive psychology can be traced to the theories of humanistic psychologists, such as Carl Rogers’s person-centered therapy that described the fully functioning person and Abraham Maslow’s theory of motivation relating to self-actualization. Waterman reported that Martin Seligman’s research on optimism, optimal development, and flourishing has also played a significant role in the evolution of positive psychology.

Harris et al. (2007) recommended that counselors consider positive psychology and the language of strengths and solutions when formulating counseling goals and interventions (e.g., asking a child “What will your teacher say about you when you turn in your assignments on time?”). In addition, postmodern perspectives such as narrative psychology can be used to promote self-fulfilling prophecies of success (e.g., parental encouragement messages can instill a can-do spirit in a child).

Rashid and Seligman (2014) provided evidence of increased interest in positive psychology by noting that between 2000 and 2010, there have been more than a thousand publications on positive psychology and health and wellness. Sin and Lyubomirsky (2009) conducted a metaanalysis of 51 studies that showed positive interventions were effective in the treatment of depression and promotion of well-being. There appears to be much promise in the role that positive psychology can play in counseling to promote physical health, mental health, and well-being.

MENTAL DISORDERS Yager (1989) and Pincus et al. (1989) made projections about the impact of advances in science on the diagnosis and treatment of mental disorders that continue to accurately predict trends in this area. Following is a summary of their predictions:

- Genetics will play an increasingly important role in the diagnosis and treatment of mental disorders. For example, scientists could use genetic engineering to alter the gene structure to prevent or treat mental disorders, and clinicians will be able to identify children who are at risk of developing mental disorders.

- Neurobiologists will gain a more complete understanding of the role of neurotransmitters, or agents that facilitate communication between neurons, in the development and treatment of mental disorders.

- Psychopharmacology researchers will develop more effective medications with fewer unwanted side effects. Scientists will also develop new medications that will successfully treat mental disorders previously unresponsive to medication (e.g., substance use disorders, personality disorders, and sexual disorders).
• Sociobiologists will identify factors that trigger the onset of mental disorders.

• Advances in computer technology and software will enable clinicians to make better use of computers in the diagnosis and treatment of mental disorders.

The American Psychiatric Association initially intended that the Diagnostic Statistical Manual, Fifth Edition (DSM-5; American Psychiatric Association, 2013) would represent a paradigm shift reflecting an emphasis on neuroscience (Paris, 2013b). Paris noted that the APA backed away from this position when it was unable to identify clear biological markers associated with mental disorders (e.g., genetics, neuroscience). The APA addressed these issues in the DSM-5 by noting:

> Until incontrovertible etiological or pathophysiological mechanisms are identified to fully validate specific disorders or disorder spectra, the most important standard of the DSM-5 disorder criteria will be their clinical utility for the assessment of clinical course and treatment response of individuals grouped by a given set of diagnostic criteria.” (p. 20)

It appears that the importance of biological markers in diagnosing mental disorders will be an important part of future DSMs.

**SPIRITUALITY** The recognition of spirituality in counseling offers opportunities and challenges for professional counselors (Richards & Bergin, 1997, 2004). Spirituality can be conceptualized as a universal human quality reflected in the search for meaning in existence (Haase, Britt, Coward, Kline, & Penn, 1992; Ingersoll, 1995). Spirituality and religion are interrelated, with religion providing the structure within which spirituality can be expressed. Given that spirituality is a widespread phenomenon with 90% of US residents believing in God (Kroll & Sheehan, 1989), counselors are recognizing its potential importance to the counseling process (Miranti & Burke, 1995).

Spirituality can be an important force in all phases of the counseling process, from establishing a relationship through assessment, goal setting, and treatment (Richards & Bergin, 1997). The spiritual perspective is also consistent with the movement toward brief-solution-focused counseling from the point of view of utilizing strengths. For example, it is common for people to turn to prayer and other forms of spirituality during times of great need to gain strength and support to promote recovery and healing (Miranti & Burke, 1995).

Fowler’s (1981) faith development theory (FDT) “offers a nonsectarian model of spiritual growth that permits assessment of spiritual development apart from the specific contents of various faith traditions” (Parker, 2011, p. 112). FDT can be used by
counselors to provide a development framework for conceptualizing spiritual change and transitions, identify and address adaptive and problematic modes of spiritual expression, and offer a growth-facilitating model for spiritual development (Parker).

Snodgrass, McCreight, and McFee (2014) suggested that when counselors have difficulty understanding and addressing clients' spiritual-religious issues, they should consider referring them to mental health practitioners who have theological training (e.g., pastoral counselors). Snodgrass et al. provided guidelines for the referral process and information regarding the unique services that such counselors can provide. Furthermore, the counseling literature provides empirical support for considering the spiritual domain in counseling. For example, many clients indicate that they cannot be effectively helped unless their spiritual issues are addressed sensitively and capably (Richards & Bergin, 1997, 2004; Shafranske, 1996). In addition, increasing evidence suggests that spiritual health plays an important role in physical and psychological health and well-being (Bergin, 1991; Richards & Bergin, 1997, 2004). Studies such as these appear to be giving spirituality the scientific credibility that will help propel it into the mainstream of counseling.

**CYBERCOUNSELING** Cybercounseling (also referred to as online or distance counseling) is becoming an increasingly popular means of providing counseling services (Wiggins-Frame, 1998). Cybercounseling can take many forms but often involves counselors using the Internet to create websites like Psych Central (Hannon, 1996). Counseling on these sites is done via email; clients typically submit questions of up to 200 words to the counselor, and the counselor responds to the client in 1 to 3 days (Wiggins-Frame).

Haley and Vazquez (2009), Sude (2013), and Warren (2012) identified a number of emerging forms of cybercounseling, including the following:

- **Email counseling.** The counselor and client use email as a forum for counseling.

- **Bulletin board counseling.** Clients post questions on a bulletin board, typically using pseudonyms to ensure confidentiality. A mental health professional then posts a response that is visible to all users.

- **Chat room counseling.** Clients and counselors engage in real-time (synchronous) communication over the Internet in a chat room.

- **Web-telephony counseling.** The client and counselor use a microphone and speakers to talk over the Internet (e.g., while in a video chat room).

- **Computer-assisted or stimulated counseling.** Computer-generated counseling answers clients’ concerns.
• **E-coaching.** Counselors provide guided activities for clients regarding specific problems such as how to cope with anxiety or depression. Clients are often given information and tasks designed to address these issues and then receive feedback from the counselor.

• **Text messaging.** Text messaging can be used to send messages that may include pictures and videos relating to clinical and administrative issues (e.g., to provide support regarding interventions and scheduling appointments).

• **Mind mapping.** Clients download mind-mapping applications to provide visual aids and information they can use as an adjunct to therapy (e.g., SimpleMind and Thinking Space provide clients with a list of rational statements they can assess when implementing rational emotive behavior therapy).

Counselors appear to be expressing guarded interest in participating in cybercounseling. Kirk (1997) conducted a survey of professional counselors that showed 30% would never engage in cybercounseling, 25% would consider using it, and 45% would use it as an adjunct to face-to-face counseling. Finn (2006) found that social workers also had concerns regarding the use of technology, with 87.7% reporting that email was not appropriate for providing clinical services to clients.

Wiggins-Frame (1998) and Sude (2013) identified potential benefits and hazards of cybercounseling. Benefits include providing counseling services to individuals who otherwise might not be able to receive services (such as those who live in rural areas) and efficiently handling administrative functions such as scheduling appointments. Cybercounseling may also be more attractive to individuals with disabilities, such as those with hearing impairments. Hazards include a number of potential ethical problems, such as difficulty ensuring confidentiality, promoting client welfare, and providing adequate informed consent. Sude also noted possible problems with service delivery, such as difficulty establishing rapport without face-to-face interactions and responding appropriately to certain clinical issues, including crises.

Heinlen, Welfel, Richmond, and Rak (2003) provided additional information regarding cybercounseling. They surveyed 136 websites offering counseling services via chat rooms and email. Results of their study showed a wide range of services, fee schedules, and provider credentials. For example, credentialed providers maintained significantly higher levels of compliance with ethical standards than did noncredentialed providers. Cybercounseling was also found to be an unstable source of counseling, with more than a third of the websites surveyed no longer in existence 8 months after the study was initiated. Heinlen et al., expressed concern over the quality and scope of services provided, the instability of the websites, and what appeared to be widespread ethical violations (especially among noncredentialed providers). Additional research regarding the merits and concerns of cybercounseling appears warranted.
TECHNOLOGY Haley and Vazquez (2009) provided an overview of technology and counseling. They noted that in addition to cybercounseling, technology is being used in a wide variety of counseling tasks, including the following:

- **Computers as counselors.** The earliest example of computers as counselors occurred over 45 years ago when Joseph Weizenbaum developed a computer program called ELIZA. ELIZA was a nondirective Rogerian type of counselor that responded to clients’ concerns.

- **Voice-activated computer systems.** This exciting new form of counseling uses such state-of-the-art technology as virtual reality to systematically desensitize phobic clients.

- **Online testing.** Online testing (including test interpretation and scoring) is widely used for virtually all types of standardized testing (e.g., interest inventories, personality assessment, and career assessment).

- **Databases.** Databases can assess clients on a variety of topics such as degree of risk for homicidal or suicidal behavior. These databases typically require responses to approximately a thousand questions relating to variables associated with specific areas of assessment. For example, databases relating to predicting violence could include questions on history of violence, family background, and personality tendencies.

- **Client intervention aides.** Counselors can turn to the Internet to obtain materials for therapy. For example, http://www.therapistaid.com was developed to help child trauma victims create a virtual world in which they could safely address difficult life situations.

- **Information services and forums.** Numerous sites on the Internet provide information on all aspects of counseling, including the latest treatment regimens for specific mental disorders (such as empirically supported treatments for childhood depression). Forums can allow for joint communication between researchers and practitioners regarding clinical issues, for example, the role of informed consent in legal-ethical decision making.

- **Virtual self-help groups.** Internet self-help groups that communicate via email, chat rooms, and other forums are becoming increasingly popular. Self-help groups find the Internet a convenient way to address a wide range of problems (e.g., attention deficit hyperactivity disorder). These groups often provide guidance and other forms of support for the participants.
• **Client-therapist referrals.** Many websites provide information on what counseling is (e.g., the American Psychological Association's Help Center at http://helping.apa.org) and how to receive assistance with obtaining counseling services (e.g., E. G. Aletta's World of Psychology blog post at http://psychcentral.com/blog/archives/2010/01/26/10-ways-to-find-a-good-therapist/).

• **Counselor supervision.** Sophisticated forms of technology are being quickly integrated into the process of supervision. Some examples include online supervision of student counselors (e.g., group chat room supervision sessions). Another form of technology used in supervision is electromyography (EMG), which helps supervisors monitor student counselors' emotional state via changes in skin temperature and skin conductance levels and process this information during videotaped replay or live supervision.

**PROBLEMATIC-IMPAIRED COUNSELING STUDENTS**  
Interest in “gatekeeping” issues relating to counseling students who demonstrate professional deficiencies such as emotional problems, inappropriate interpersonal relation skills, and unethical behavior—that is, **problematic-impaired counseling students**—appears to be growing (Johnson & Campbell, 2004). Other professions, such as law, have an established history of considering issues like character and fitness, but the same rigor has not been applied in the helping profession (Johnson & Campbell, 2004). Vacha-Haase, Davenport, and Kerewsky (2004) provided an overview of terms used to describe the personal issues of students in training programs, such as **problematic** and **impaired**. **Problematic** relates to mental illness, emotional distress, and other personal conflict that can undermine professional function. **Impaired** relates to behaviors that are unacceptable, such as inappropriate interpersonal behavior during academic training or clinical practice.

Vacha-Haase et al. (2004) recommended that training programs provide guidelines for what could be considered acceptable and problematic (unacceptable) behavior and what should be done when students engage in unacceptable behavior. Issues regarding what is developmentally normal (such as counselors in training experiencing anxiety when they first see clients) should be differentiated from abnormal emotional responses. Problematic student behavior must also be differentiated from impairment relating to disabilities as defined by the Americans with Disabilities Act of 1990. Elman and Forrest (2004) have provided guidelines for psychotherapeutic remediation for students in training programs. They noted a number of challenges, including balancing the need to protect confidentiality in therapy with the need to keep informed of the student's progress on issues that needed to be addressed.

**SELF-CARE FOR COUNSELORS**  
Counseling can be a stressful profession as counselors attempt to deal with a wide array of challenging issues such as large caseloads, low salaries, clients who present with serious emotional issues that may include harm to self and others, and clients with chronic mental health problems.
These challenges can be overwhelming for counselors, especially if they are not receiving the support from supervisors and others and/or lack self-care coping strategies (Lee et al.). When these problems are not resolved, burnout can occur. Burnout has been described as feelings of hopelessness (nothing will get better), emotional and physical exhaustion, and not feeling appreciated for one's contribution. When counselors experience burnout, it can undermine psychological and physiological well-being and their ability to provide counseling services (Lee et al.).

Lawson and Myers (2011) and Lent and Schwartz (2012) provided evidence that community mental health practitioners and school counselors experienced significantly more burnout than those in private practice. Lent and Schwartz also reported that burnout was associated with demographic factors such as sex, race, and years of experience (e.g., experience helps reduce burnout). In addition, personal characteristics that promote job satisfaction and mental health included being outgoing, agreeable, and committed to doing a good job (Lawson & Meyers).

Richards, Campenni, and Muse-Burke (2010) noted that professional counselors can use self-care strategies to promote well-being that include exercising; receiving personal counseling; addressing spiritual issues; and obtaining support from friends, family, and colleagues. Richards et al. also found that mindfulness (awareness of self and surroundings) can play an important role in enhancing well-being. In addition, Wolf, Thompson, Thompson, and Smith-Adcock (2014) reported that Myers and Sweeney's *Indivisible Self Model of Wellness* (2004, 2008) promoted self-care strategies for graduate students in counseling fields. Additional research regarding counselor burnout and self-care strategies for counselors appears warranted.

**COUNSELING AND NEUROSCIENCE** The field of neuroscience explores the neurobiological basis of behavior. By combining counseling and neuroscience, professional counselors can expand their role to include using a neuroscience perspective for the diagnosis and treatment of mental disorders. Interest in the role of neuroscience in counseling has increased (Montes, 2013). Advocates of this approach suggest that counselors must know what is occurring in the client's brain to be effective, whereas critics are concerned that the neuroscience movement will take counseling away from its humanistic roots (Montes).

Myers and Young (2012) noted that CACREP's 2009 Standards recognized the importance of neuroscience in counselor education by requiring coursework that promotes an understanding of the neurobiology of behavior: "the relationship among brain anatomy, function, biochemistry, and learning and behavior" (p. 60). Myers and Young suggested that the intent of CACREP was not to require separate coursework in neuroscience but to require counselors to get the training necessary to integrate neuroscience into their clinical work.

Montes (2013) reported that an increasing number of counselors are utilizing newer counseling approaches that incorporate a neuroscience perspective (e.g., cognitive enhancement therapy and eye movement desensitization and reprocessing therapy). Researchers are beginning to examine the efficacy of neurobiologically based counseling
practices. For example, Myers and Young (2012) noted that neurofeedback, a subtype of biofeedback, can be used to help clients monitor, regulate, and change their brain wave patterns to promote wellness. Myers and Young cited metaanalyses and outcome studies that support the efficacy of neurofeedback for the treatment of a wide range of conditions and disorders (e.g., attention deficit hyperactivity disorder, autism spectrum disorder, drug addiction, and epilepsy).

Makinson and Young (2012) provided an in-depth description of neurobiological factors associated with posttraumatic stress disorder (e.g., the role of the prefrontal cortex and amygdala in processing traumatic events and in emotional self-regulation). Makinson and Young suggested that an understanding of the neurobiology of mental disorders can help counselors determine the most appropriate counseling interventions. They went on to identify how cognitive behavior therapies (e.g., trauma-focused cognitive behavior therapy, eye movement desensitization and reprocessing therapy, and mindfulness-based cognitive therapy) can be used to treat posttraumatic stress disorder from a neuroscience perspective.

The neuroscience perspective appears to offer much promise as it provides an objective scientific basis for counseling. Counselors can maintain a balanced counseling approach by recognizing how the art of counseling has arisen from the field’s humanistic origins.

**SUMMARY**

Counseling is a complex process that does not afford a simple definition. For example, counseling is both an art and science, and thus both the subjective and objective dimensions are important. Counseling also has a basis in narrative psychology, or counseling as a form of storytelling.

Counseling is differentiated from psychotherapy in terms of clients, goals, treatment, and settings. It is also a helping profession, a category that includes psychiatrists, psychologists, mental health counselors, and school counselors.

Emerging trends in counseling encompass mindfulness-based approaches, research, multicultural counseling, managed mental health services, evidenced-based (empirically supported) treatment, wellness, positive psychology, mental disorders, spirituality, cybercounseling, technology, problematic-impaired counseling students, self-care for counselors, and the incorporation of neuroscience.

**PERSONAL EXPLORATION**

1. What interests you about counseling?
2. Do you think you would ever want to be a counselor. If so, why?
3. What are good and bad reasons for wanting to be a counselor?

4. Have you ever been to a counselor? If so, what did you like or dislike about the experience?

5. Who are the people associated with the evolution of counseling that intrigue you, and what fascinates you about these people?

6. What are some personal qualities you have that you believe would help make you an effective counselor, and why are these qualities important?

7. What are some future trends in counseling that interest you?

8. What is narrative psychology or counseling as storytelling?

9. What is the difference between postmodernism and modernism?

10. Do you think counseling should be both an art and science. If so, why?

**LEARNING ACTIVITIES**

1. Talk with someone who is in the helping profession (e.g., a school counselor or a professor) and explore why that person went into this profession and what he or she believes are the rewards and challenges of working in this field.

2. Wellness is considering an emerging trend in counseling. What actions can you take to promote wellness for yourself and others?

**WEBSITES**


