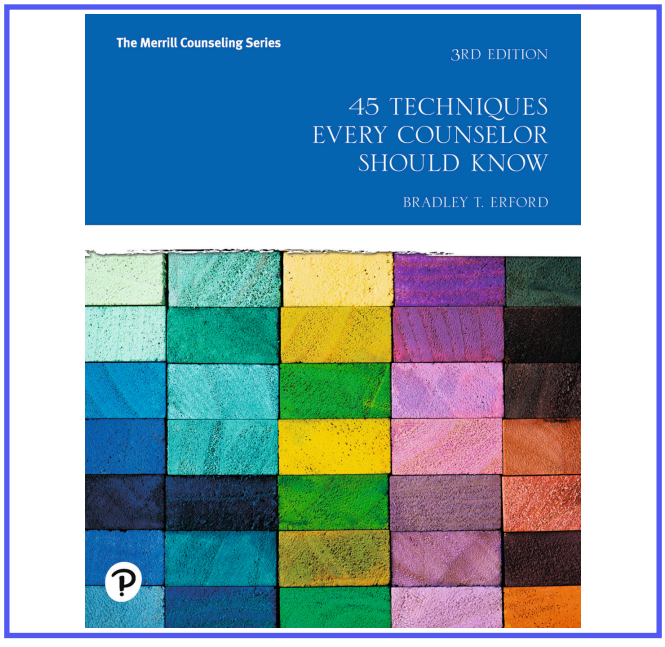


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Assessment Instruments Committees for AACE; past president of the Maryland Association for Counseling and Development (MACD); past president of Maryland Association for Measurement and Evaluation (MAME); past president of Maryland Association for Counselor Education and Supervision (MACES); and past president of the Maryland Association for Mental Health Counselors (MAMHC). He was an associate editor of the *Journal of Counseling & Development*.

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Introduction

To some, a text specifically featuring counseling techniques is an anathema, an abomination even. From their perspective, counseling is a process and an art. It should be a relationship built between client and professional counselor that is undergirded by the core conditions of genuineness, empathy, and respect as espoused by Carl Rogers; best conducted using effective communication skills, such as those delineated by Ivey and Ivey's Microskills approach; and facilitated using theoretical counseling processes, such as those championed by Glasser, Ellis, Adler, or Perls. I agree! Counselor education programs all over the world do an excellent job of preparing counselors to do all of the above with a high degree of skill.

But what led to the composition of this text was the pragmatic realization that even professional counselors who are highly skilled communicators, grounded in a rich theoretical approach, and truly living the core facilitative conditions sometimes have difficulty moving the client toward the agreed-to objectives of the counseling experience. Counselors-in-training experience these difficulties very frequently and often desire specific, direct guidance on what to do in these situations to create movement. Specialized techniques, arising from important counseling theories, can provide this movement when they are judiciously applied.

This specific training need is the true motivation behind this text. The techniques are presented one at a time in a deconstructed manner, and each has a theoretical genesis and a rich, extant literature base that informs professional counselors about its appropriate and effective use. The techniques presented are clustered within the theoretical domain with which it is most closely associated (see Table I.1). I believe that all techniques are integrative in nature and will eventually be categorized as such because the future of counseling will entail becoming more integrative. For the time being, various theoretical camps claim certain procedures and techniques within their domains, and Table I.1 illustrates this artificial partitioning.

Each technique in this text is presented in a standardized manner. First, the origins of the technique are presented. Some have a rich history steeped in a single theoretical orientation. Others are more integrated or claimed by several theoretical approaches. Next, each chapter covers the basic steps or procedures for implementing each technique, followed by common variations of these procedures documented in the literature. To demonstrate real-life applications of how each technique can be used in counseling, case examples are presented. Most of the case examples include actual transcripts from an actual session. Yes, the transcripts were edited for brevity and clarity, and to remove distracting affectations and mitigated speech that clients and professional counselors present in real life (e.g., divergent thoughts, digressions). In addition, each technique is evaluated for usefulness and effectiveness using sources from the extant literature. The literature provides a rich source of ideas regarding what each technique has been (or could be) used to address, as well as how effective it was in addressing those issues. This information allows the reader to make empirically based decisions to benefit clients and maximize client outcomes. Finally, the reader will be invited to consider how the technique could be applied in real life. Several case studies are presented at the end of this introduction and the reader is challenged to construct a couple more cases from current, previous, or even anticipated future clients and students. Considering how to apply each technique helps to prepare you for the challenges ahead and remind you that these 45 techniques can and should be used in real life to help clients and students accomplish objectives!

TABLE I.1 The 45 Techniques Described in This Text, Categorized by Primary Theoretical Approach

Theoretical Approach	Techniques
Section 1: Solution-focused brief counseling	Scaling; exceptions; problem-free talk; miracle question; flagging the minefield
Section 2: Adlerian or psychodynamic	I-messages; acting as if; spitting in the soup; mutual storytelling; paradoxical intention
Section 3: Gestalt and psychodrama	Empty chair; body movement and exaggeration; role reversal
Section 4: Mindfulness	Visual/guided imagery; deep breathing; progressive muscle relaxation technique (PMRT); meditation
Section 5: Humanistic-phenomenological	Self-disclosure; confrontation; motivational interviewing; strength bombardment
Section 6: Cognitive-behavioral	Self-talk; reframing; thought stopping; cognitive restructuring; rational-emotive behavior therapy (REBT); systematic desensitization; stress inoculation training
Section 7: Cognitive-behavioral for use within and between sessions	Assigning homework; bibliotherapy; journaling
Section 8: Social learning	Modeling; behavioral rehearsal; role play
Section 9: Behavioral approaches using positive reinforcement	Premack principle; behavior chart; token economy; behavioral contract
Section 10: Behavioral approaches using punishment	Extinction; time out; response cost; overcorrection
Section 11: Emerging approaches	Narrative therapy; strengths-based counseling; client advocacy

Each of the techniques in this text has been selected because of its usefulness and effectiveness in creating client movement toward agreed-upon objectives. Of course, writing a measurable behavioral objective is an important issue in itself and will be addressed here at the outset, in this Introduction.

COUNSELING OBJECTIVES

Erford (2016, 2019a) provided an easy-to-implement, nuts-and-bolts procedure for writing measurable objectives using the ABCD model: (A) audience, (B) behavior, (C) conditions, and (D) description of the expected performance criterion. In individual counseling, audience (A) refers to the individual client. In other types of counseling, the audience could be a couple, family, group, or some other system or configuration, like a classroom of students. Behavior (B) usually refers to the changes that the client and counselor will observe as a result of the intervention—that is, the actual behaviors, thoughts, or feelings that one will observe to be altered. Conditions (C) refer to the specific contextual applications or actions that will occur. In counseling sessions, this usually refers to the intervention that will be implemented and the context or circumstances surrounding its implementation. The description of the expected performance criterion (D) is usually the quantitative portion of the objective: how much the behavior will increase or decrease.

Counseling goals are differentiated from counseling objectives by the degree of specificity and measurability. A counseling goal is broad and not amenable to direct measurement. A counseling objective, on the other hand, is both specific and measurable. A reasonable goal of counseling may

be "to increase a client's ability to manage stress and anxiety." Notice how the wording of a goal is nebulous and not amenable to measurement as stated. In developing a counseling objective related to this goal, particular emphasis is given to specific actions that are measurable. For example, a possible objective stemming from this goal could be "After learning thought stopping procedures, the client will experience a 50% reduction in episodes of obsessive thinking after a one-week period." Another possible objective might be "After learning deep breathing procedures, the client will practice deep breathing for at least five minutes, three times a day, every day of the week." A third example might be "After implementing time out with contingency delay procedures, the client's display of noncompliant behaviors will decrease from the current average of 25 episodes per week to no more than 5 episodes per week." Notice how the objectives designate the audience, the stated behavior, how the behavior will be addressed, and the level of expected performance (Erford, 2016, 2019a).

Establishing counseling objectives early in a counseling relationship is important for at least five reasons. First, classic studies indicated, and there is an emerging consensus in the research literature (Erford, 2019b), that about half of the progress in counseling ordinarily occurs within the first eight sessions and one of the best indicators of counseling outcome is whether the counselor and client were able to come to a quick agreement on counseling goals, ordinarily defined as occurring during the first two sessions.

As one can easily see, establishing counseling objectives early in the counseling relationship is vital to successful client outcomes. This doesn't mean that clients will always immediately know or understand the true nature of the issues that bring them to counseling. It does mean that those clients who can immediately establish counseling objectives are more likely to experience successful outcomes. By extension, it also means that professional counselors skilled at getting clients to develop counseling objectives quickly will be more successful in helping clients reach desired outcomes. It also does not assume that the "real problem" will be identified early in counseling. Many times, making progress toward obvious, surface-level problems will facilitate the client–counselor trust needed to tackle those deeper psychological issues that the client is less likely to reveal early in a counseling relationship.

Second, counseling objectives provide a concrete, operationalized target of where the counseling process is headed and how both the client and professional counselor will know that progress is being made. As such, objectives allow periodic updates of progress and concrete displays of whether the counseling interventions are having the desired outcomes. In program evaluation, we refer to this as formative evaluation because periodic checks reveal whether the professional counselor should stay the course and continue the current counseling approach or modify the approach to improve client outcomes.

Third, objectives present targets that initiate movement. Targets are essential in counseling because they motivate clients and thus create movement. Indeed, at its core, counseling is all about motivating clients to move in the direction of counseling goals and objectives in a way that empowers clients to be able to continue making progress toward life goals independently after counseling has ended.

Fourth, a well-crafted objective allows the professional counselor to glean effective approaches, interventions, and techniques from the extant counseling literature shown to be useful in helping clients with similar issues. Counseling has a rich outcome research literature, and this literature informs professional counselors of best practices for resolving client issues. Each chapter, each technique featured in this text, includes a section entitled "Usefulness and Evaluation of [the Technique]." This chapter section features outcome research from the counseling literature to guide professional counselors in the effective application of each technique, including the issues each technique has been demonstrated to address and its effectiveness in doing so. Such information informs professional counselors of the appropriate use of each counseling technique.

Finally, a measurable objective lets the client and professional counselor know when counseling

has been successful, when new objectives can be crafted and pursued, or when counseling can be terminated. Objectives serve as the target for success in counseling. It is important to note that each of these five purposes for objectives serves to motivate both the client and the counselor and to energize the counseling process. Having gained an understanding of the purpose of this text and having discussed the development and effective use of counseling objectives, readers are now ready to consider important multicultural applications.

MULTICULTURAL COUNSELING AND TECHNIQUES

It has been said that all counseling is multicultural counseling. Each client comes to a session with a unique worldview shaped by various cultural experiences, such as through race, ethnicity, gender, sexual orientation, socioeconomic status, age, and spirituality, among others. Such client worldviews will affect a client's receptiveness to certain theoretical approaches and the resulting techniques or interventions. Multiculturally competent counselors recognize that counseling theories help answer *why* questions—for example, Why is the client seeking counseling? Why is the difficulty occurring? Why now? Interrelated with this realization, multiculturally competent counselors realize that the experience of a human being may have some finite limitations, but the perceptions and interpretations of these experiences are infinite. Explained another way (Orr, 2018), "There is a specific range of emotions that humans are capable of expressing; however, the meaning that is assigned to those emotions is dynamic and based on the ever-evolving variables of culture and context" (p. 487). Orr proposed that counselors must constantly strive to adapt counseling theory to meet the diverse client needs stemming from this dynamic interplay, all the while realizing that, where culture is involved, within-group differences are almost always larger than between-group differences. Adapting theories to the individual client context allows counselors to frame client problems in unique ways, creating new challenges—and opportunities—for the application of techniques to problem resolution. In this way, counselors can choose to stay grounded in a primary theoretical orientation while simultaneously integrating techniques into the approach that help to create movement for clients of diverse backgrounds.

So how does a multiculturally competent counselor adapt a theory to fit the unique worldview of a client? The detailed answer to this question is rooted in the context of each client's dynamic situation, and four general guidelines were offered by Orr (2018):

1. ***Illuminate assumptions:*** All theories are predicated on certain assumptions about mental health and worldview. Before using your chosen theory with any client, you need to familiarize yourself with the associated underlying assumptions.
2. ***Identify limitations:*** All theories do not fit all people, so explore the limitations of your chosen theory even before you begin working with clients. Pinpoint the gaps or gray areas in your theoretical orientation and strategize ways to compensate for them.
3. ***Simplify concepts:*** Theories are notorious contributors to jargon. Quite often various theories use multiple terms to refer to similar phenomena. Consider the concept of the therapeutic alliance as first described by Freud. Subsequent theorists have used any number of terms, such as partnering, rapport building, and so on, to describe the same process. Develop a layperson's explanation for your chosen theory that contains easily recognizable concepts in place of jargon.
4. ***Diversify interventions:*** Many theories are accompanied by a particular set of interventions. These interventions may be primary to the theory, but they are by no means the only way to apply that theory. Consider the commonly recognized empty chair technique, which involves clients imagining and role-playing a conversation with someone with whom they are in conflict as if that person were actually present. This technique is typically attributed to psychodrama and Gestalt theory, but it can be adapted for use with a

wide range of theoretical orientations. This technique can be especially useful with clients who have a more collectivist worldview, regardless of counselors' primary theoretical orientation. In those situations, the empty chair can be occupied by imagined family or community members, elders, or other supporters who might be needed to endorse the particular treatment.

APPLYING TECHNIQUES TO CASES AND CLIENTS

At the end of each chapter, you will be invited to apply the techniques to several cases outlined below, but you are also strongly encouraged to construct case studies of clients or students you have seen, are currently working with, or are likely to encounter in the future. Think deeply and creatively about how each technique or a variation of the technique could apply to one or more of these cases. Remember, the purpose of the technique is to create movement in the session and help the client to accomplish a therapeutic objective.

Right now, think about three to five challenging cases from your past or currently on your case load. Reflect on these challenging cases as you read about the 45 techniques you encounter throughout the remainder of the book and try to apply the techniques as applicable. In addition, consider the follow five diverse cases and apply the techniques as applicable. For a multicultural twist, imagine how the techniques might be differentially applied to each case if the clients were from diverse racial or ethnic backgrounds, were male or female, or had diverse affective orientations.

Case A: Ali is a youngster with behavior problems. In school Ali does not follow instructions, gets out of the chair without permission, calls out without raising a hand, and invades the personal space of other students. At home, Ali does not comply with parent directions, is oppositional, has an incredibly messy bedroom, and fights with older siblings. Lately Ali appears more sad, is sullen, and complains, "Everybody is always yelling at me!"

Case B: Bailey is an anxious and depressed teenager who is very moody and broody! Bailey also presents with a couple of specific phobias: test anxiety and fear of heights. Lately, Bailey has been fighting night and day with the parents and usually ends up running to the bedroom in tears and slamming the door. Bailey has historically been an excellent student, but grades have been slipping. Oh, and the love interest is described by friends as "bad news." "Even my friends don't like my date!"

Case C: Corey is a stressed-out college student who has harnessed newfound freedom to develop a love for parties and a taste for alcohol and other drugs. Passing out several times has been a wake-up call, especially because of not remembering whether or not sex had occurred. The grades are slipping and weight accumulating. "In the doldrums" would be a good description of the current mood state. "If I fail out of college, this amazing party will end! I have to turn things around."

Case D: Dakota is a young adult confused about what direction life should take. Sure, there is the whole career thing; a lot of good that degree in XXXX did! "I have been going from one dead end job to another; I need to figure this out." There is also that whole partner-for-the-rest-of-my-life thing, complicated by the same-sex attraction urges evident since adolescence but never acted upon, as well as complicated by religion and traditional parents-waiting-to-become-grandparents. "Ugh. My parents would kill me if they knew…. " All of this confusion is leading to a lot of depression, anxiety, and substance use to kill the pain.

Case E: Ellery is a mature adult approaching seasoned citizenhood and grieving the loss of a partner of 25 years. With no kids, Ellery is questioning not only the meaning of life but also whether life will or even should go on. Ellery and her partner had caring family and social networks, but Ellery has lost touch and ignored these during her grieving.

SOME FINAL REMARKS BEFORE YOU GET STARTED

Successful counseling involves moving clients from situation or problem identification to successful attainment of their goals and objectives. The operational word in the previous sentence is *moving*. All professional counselors know how to establish counseling objectives and how to tell when those objectives have been met. All professional counselors are skilled in implementation of a counseling process, whether it stems from a single theoretical orientation or from an integrative approach. But what happens when the counseling process stagnates, the client becomes frustrated with little or no progress, and the counseling relationship is in danger of premature termination?

In this book, I have advocated for a flexible approach to counseling that allows professional counselors to choose techniques shown in the outcome literature to address specific counseling objectives effectively and create the movement in counseling that is vital to success. I have *not* advocated for the nonjudicious or haphazard application of the techniques contained herein; such an approach is unprofessional and unethical. But when you are in session with a client whose progress has halted, I hope you will recall enough of the knowledge and procedures contained within this book to help move that client forward in the counseling process and ever closer to the counseling objective that both you and the client committed to reaching. Counseling is indeed an art, but technical know-how allows the artist to create an exceptional work.

Now it is time to begin a whirlwind tour of *45 Techniques Every Counselor Should Know*. Enjoy!

NEW TO THIS EDITION

A number of features have been added to this third edition:

- Five brief case studies are provided in this Introduction. At the end of each chapter, an application question will prompt you to apply the chapter techniques to these cases or to one of your own clients.
- A new chapter on mindfulness meditation was added (Chapter 17). Mindfulness is an important emerging approach to counseling and has been coming into greater prominence recently.
- New chapters on the additional emerging approaches to counseling were added, including narrative therapy (Chapter 43), strengths-based counseling (Chapter 43), and client advocacy (Chapter 45)
- A new chapter on assigning homework (Chapter 29) joins chapters on journaling and bibliotherapy as techniques that bolster work between counseling sessions and focus on counseling objectives.
- A number of transcripts have been added, edited, or expanded to more clearly exemplify each chapter technique.
- Sources were updated and added so that this third edition contains more than 50% of the references from 2010 or later—yet it maintains the classic sources.

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Brief Contents

SECTION 1 Techniques Based on Solution-Focused Brief Counseling Approaches 1

Chapter 1 Scaling 3
Chapter 2 Exceptions 10
Chapter 3 Problem-Free Talk 15
Chapter 4 Miracle Question 18
Chapter 5 Flagging the Minefield 23

SECTION 2 Techniques Based on Adlerian or Psychodynamic Approaches 29

Chapter 6 I-Messages 31
Chapter 7 Acting as If 36
Chapter 8 Spitting in the Soup 40
Chapter 9 Mutual Storytelling 44
Chapter 10 Paradoxical Intention 53

SECTION 3 Techniques Based on Gestalt and Psychodrama Principles 61

Chapter 11 Empty Chair 63
Chapter 12 Body Movement and Exaggeration 70
Chapter 13 Role Reversal 73

SECTION 4 Techniques Based on Mindfulness Approaches 77

Chapter 14 Visual/Guided Imagery 79
Chapter 15 Deep Breathing 85
Chapter 16 Progressive Muscle Relaxation Training (PMRT) 90
Chapter 17 Mindfulness Meditation 96

SECTION 5 Techniques Based on Humanistic-Phenomenological Approaches 103

Chapter 18 Self-Disclosure 105
Chapter 19 Confrontation 110
Chapter 20 Motivational Interviewing 116
Chapter 21 Strength Bombardment 122