Preface

We first wrote Developing Your Theoretical Orientation in Counseling and Psychotherapy with the objective of assisting other helping professionals through finding their theoretical orientation more easily than we did. We realize that the term helping professionals may seem generic, but we use it in an effort to include helpers who work with diverse populations in a wide array of fields. Specifically, we are speaking to mental health counselors, psychologists, social workers, school counselors, substance abuse counselors, psychotherapists, and peer helpers. This third edition attempts to assist clinicians further in finding their theoretical orientation in a diverse society while enjoying the process of self-exploration. The theories are presented in a way that allows the reader to identify quickly the philosophical and cultural foundations of the theories while accessing the goals and techniques of the theories.

Because the work of helping professionals needs to be grounded in theory, we have featured in this text an innovative model for selecting a theoretical orientation and hands-on activities to assist readers in their quest for a theoretical approach to helping. Learning activities, reflection questions, and case studies are included throughout the text, with several featured prominently in Chapter 5. These activities have been updated to demonstrate traditional and contemporary theories as well as multicultural perspectives so important to the helping fields.

The Intentional Theory Selection (ITS) model is a contemporary model for selecting a theoretical orientation. This model can assist helpers in finding a theory that is congruent with their personal values. We also acknowledge that the selection of a theoretical orientation may be quite cyclical. Just as in life, change in theoretical orientation is constant and inevitable. Thus, a professional helper may revisit the model many times throughout his or her career.

This text may also serve as a reminder or overview of the foremost helping theories and their respective schools of thought. We provide readers with a reminder of the basic philosophies, goals, and techniques of the major theories of counseling. We hope this text offers just enough information to remind professional helpers of what they already know while enticing them to seek out and learn more about a presented theory.

In addition to a summary of selected counseling theories, students and counselors will be exposed to 10 applied ways to aid in the self-discovery process. This self-discovery will begin the readers’ processes of intentionally finding a theoretical orientation that is congruent with their own worldview, beliefs, and values. The Selective Theory Sorter–Revised (STS–R) is a survey that was developed to help students and counselors discover which researched theories they might endorse. This sorter, more important in self-discovery than in assessment, is one of several tools that will be offered to readers while they are in the process of finding their own theoretical orientation.

We hope that readers find the material and the ITS model refreshing and at the same time meaningful. Those in the helping professions know, through research and
observation, that theory is important. Many innovators, researchers, and clinicians have dedicated their research and life work to finding techniques and philosophies that can best serve our clientele. We owe so much to these pioneers who have helped us to be effective and ethical in the work we do.

The helping professions are truly important to a developing society. Helping professionals have the opportunity to prevent and remediate when they serve in a field that makes its daily impact by improving the lives of others. As you work on your own professional identity and struggles, remember that this opportunity is both a blessing and a responsibility. In this text, as in many endeavors in your professional life, you will be asked to look inward. As professionals, we ask this of clients; as authors, we ask this of you. Take this opportunity to challenge yourself and grow.

We have presented the ITS model and the STS–R at many professional conferences and have greatly appreciated the feedback and the anticipation for this project to be in print for a third time. We still receive emails and phone calls from faculty members who have adopted the text and their students who have enjoyed using it. The interest we have received professionally has served as a muse and motivation for us to improve and update it in this third edition.

NEW TO THIS EDITION

The third edition of Developing Your Theoretical Orientation in Counseling and Psychotherapy offers the following new elements:

- An increased focus on diversity, including commentary regarding the application of each theory in a culturally rich profession.
- A greater review of the implications of empirically validated treatments.
- A greater review of the implications of common-factor approaches to counseling.
- An expansion and update of the counseling theories, which are necessary for the successful completion of national and state counselor examinations, including updated techniques.
- Greater explanation of the application of multicultural counseling and feminism.
- Increased focus on material that readers will find relevant to Counseling for Accreditation of Counseling and Related Educational Programs™ (CACREP) 2016 Standards.
- Updated websites related to theories and theoretical training to allow readers quick access to more information.
- Updated cases to assist readers through the process of choosing their theoretical orientation.

With the addition of several new topics, the references have been updated significantly since the previous editions. Readers with experience with the first and second editions will also note a more consistent voice throughout the text.

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A PERSONAL EXPERIENCE

Since our first years of teaching graduate counseling classes, students have often asked, “How did you decide your theoretical orientation?” This question is reasonable and understandable because students in the helping professions are frequently asked about their theoretical orientation. Thus, we began pondering the development of our own theoretical orientations, which centered inevitably around three core issues: personalities, mentors and supervisors, and clients.

First, we contemplated how personality might play a role in the theories that we liked and the ways we worked with clients. For example, one of us is an outgoing, energetic person who reflects these traits in interactions with others, both personally and professionally, and who sets high standards and believes that, in general, people strive to do what they believe is right. The other tends to focus on philosophical understanding, however, and consequently practices existential questioning in everyday life. These personal tendencies greatly influence our theories. One of us focuses on social and humanistic theories, while the other works with theories that have strong philosophical foundations. Personal qualities, values, actions, and assumptions clearly have an impact on our theoretical orientations and consequently on our work with clients.

Next, we thought about our mentors and supervisors and the various theoretical orientations they espoused. For instance, one mentor was very clearly humanistic and relied on Gestalt interventions. Some faculty members were fairly diverse in their theoretical orientations and championed constructivist, client-centered, cognitive-behavioral, and ecological approaches. One clinical supervisor said that he was a “planned eclectic.” These mentors and supervisors greatly affected our choices of theoretical orientation. Their feedback, guidance, and expectations were always tinted by their theoretical orientations. As a result, we knew that they had affected our choices as well; we were just not sure how.
CHAPTER ONE

Acknowledging that we had been exposed to a wealth of theoretical orientations, we began to think about past and present clients with whom we had worked. We thought about how effective our theoretical orientations were for them. We concluded that each client must have also affected us as we selected our theoretical orientations. Despite, or perhaps because of, our examinations of these theoretical orientation issues, we seemed to answer students by saying, “You just figure it out as you go along. When a theory really ‘fits’ for you, you will know it.”

But we knew this answer was not satisfactory. We remembered all too well our first years as helping professionals. We had often been quizzed about our own theoretical orientations and yet we had not been given any tools other than the required survey course in major theories to guide us. As we recounted our own similar struggles, we were reminded in many ways just how important theoretical orientation is in the helping professions. Thus, we wanted to offer clinicians and our students specific strategies to use in developing their theoretical orientation.

THE BIG PUZZLE

Selecting a theoretical orientation is typically a puzzling experience for students in the helping professions. A common goal of training programs is to teach effective helping skills. Academic programs also strive to help students conduct counseling in a way that is intentional and theory based. Consequently, students are frequently asked during the course of their graduate programs to state their theoretical orientation, typically by writing a paper about it. The assignment usually goes something like this: After reading a brief overview of counseling theories, which one do you believe fits your style of counseling? Although this assignment is valuable, it may occur too early in the education of professional helpers. Because these students do not yet have enough clinical experience to guide them, they typically respond to the theoretical orientation assignment by picking theories that sound good on paper. Students at this stage usually have little understanding of the theories they choose. Unfortunately, many students continue to support, research, and apply their chosen theory, which ultimately limits their overall understanding of counseling theories. Some students simply choose the instructor’s theoretical orientation in hope of receiving a high grade on the assignment. Others pick the theory that they understand best. It is not that students are attempting to be lazy or manipulate instructors for a higher grade; rather, they are overwhelmed by the multitude of theories and therapeutic interventions to which they are exposed. Even when students find theories that they like on paper, they often feel lost and unable to apply theory to practice. Hence, most students in the helping professions find it extremely difficult to develop and articulate in both words and practice their own theoretical orientation. This dilemma can easily be compared to the experience of holding pieces to a jigsaw puzzle without having the picture on the front of the box that contained the puzzle pieces. In this situation, the corner and the edge pieces are easily identified, but the central pieces are difficult to discern.

On the journey to finding a theoretical orientation, the role of soul searching and clinical practice cannot be emphasized enough. Although this text does not offer
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direct clinical experience, it does provide for self-evaluation and soul searching. This text does offer applied methods to assist students and clinicians as they look for their theory of counseling. Within these pages you will first be offered the Intentional Theory Selection (ITS) model, which can serve as a guide to make finding your theoretical orientation a process. Tools, such as the Selective Theory Sorter–Revised (STS–R), will also be offered to serve as pragmatic assistants. Many resources, theory summaries, reflective questions, and case studies will also be offered to help clinicians and counselors-in-training begin to complete a puzzle that culminates in forming their theoretical orientation.

WHAT IS THEORETICAL ORIENTATION?

Before students in the helping professions can begin the voyage to finding and solidifying a theoretical orientation, they must have a working definition of the term theoretical orientation. This definition enables students, counselors, and the field in general to have a similar idea of what being theoretically orientated means. Poznanski and McLennan (1995) provide an excellent definition: A theoretical orientation is “a conceptual framework used by a counselor to understand client therapeutic needs” (p. 412). More specifically, theoretical orientation provides helpers with a theory-based framework for “(a) generating hypotheses about a client’s experience and behavior, (b) formulating a rationale for specific treatment interventions, and (c) evaluating the ongoing therapeutic process” (Poznanski & McLennan, 1995, p. 412). Thus, theoretical orientation forms the foundation for helping professionals in counseling, social work, and applied psychology. Having a theoretical orientation provides helpers with goals and techniques that set the stage for translating theory into practice (Strupp, 1955).

As students in the helping professions learn skills and theories, they often struggle with ways to integrate the information. Yet theory and practical application need a balance (Drapela, 1990). In counseling classes, for example, students may learn to express empathy and to confront, but they do not yet understand how to practice those skills with the intention that follows from a specific theoretical orientation. By choosing a theoretical orientation to practice and applying it, a counselor is able to use general counseling skills in an applied and intentional way.

THE HELPER’S TOOL BELT

Once counselors learn the basic helping skills, they have the opportunity to use them in an intentional way. In many ways, a theoretical orientation serves as a tool belt. The tool belt is filled with a multitude of tools that serve different functions. Among the tools, counselors will find the basic skills of confrontation, reflection of feeling, open-ended questions, and empathy. Additionally, counselors who have a theoretical foundation have tools specific to their theory. For example, a Gestalt counselor has the tool of the empty-chair technique, and the behaviorist counselor has the tool of behavioral contracting. Any of these tools can be useful in the construction (helping)
process. All of the techniques have the potential of achieving the same desired result: helping the client. The difficult part is knowing when to use each tool. Continuing with the tool belt analogy, there is an old adage that says something like this: “If you only have a hammer, everything looks like a nail.”

For example, a student enrolled in a graduate counseling program is seeing a client at his practicum site. The client, a college freshman, is very frustrated with her mother and anxious about going home over the holiday break. The student believes that the client needs to express her feelings toward her mother. Depending on the counselor’s theoretical orientation, the tool selected for the expression of the client’s feelings may vary. If the counselor prefers rational emotive behavioral therapy (REBT), he may explore with the client her beliefs about going home for the holidays. If the counselor works from an existential framework, he might encourage the client to be authentic with her mother regarding her feelings of frustration. If the counselor ascribes to Gestalt theory, however, he may decide to use the empty-chair technique, prompting the client to express her feelings during the session. In this particular case, the counselor decides to use the empty-chair technique. The intervention looks somewhat awkward, and the counselor is clearly uncomfortable with the intervention and the processing of it with his client. After the session, the counselor says to his instructor, “Wasn’t that awful? I can’t believe it didn’t work. I really thought the client would like it.” Unfortunately, the counselor picked an intervention that really was not in his typical tool belt because his natural theory was REBT. He used an intervention, a tool that was not congruent with his theory. Although you can use a wrench to pound a nail, it will likely not feel right and may not be as effective.

WHAT CAN A THEORETICAL ORIENTATION DO FOR ME?

A theoretical orientation provides helpers with a framework for therapy that sets the foundation for intentional counseling. For the counselor, being intentional is a prerequisite to ethical and effective helping. Theory is an important factor in structuring therapy and directing interventions (Hansen & Freimuth, 1997). Consequently, intentional counseling requires counselors to rely on their theoretical orientation to guide therapy. Thus, when counselors get lost in the therapeutic process, theory can provide a road map. Theory is also a way for counselors to organize and listen to data and information given to them by clients. A number of theories provide specific steps to treatment planning; these steps may assist counselors in being intentional and consistent in their role as a therapist. Ideally, counselors’ interventions stem from their theoretical orientation; however, human beings do not fit neatly into categories. Hackney (1992) has written eloquently about theory and process, stating that, like human nature, “client problems are typically multidimensional” (p. 2). The following is a clinical example.

Louis, a 23-year-old, Mexican-American male seeks therapy. During the initial interview, he states: “I am a loser. I have a college degree and can’t get a job. I don’t ask people out on dates because I know they’ll see immediately that I’m a loser. When I do
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The therapist believes the client has a problem with self-esteem. While self-esteem is an important facet of the client’s experience, it needs to be viewed from a larger perspective. The client’s problem seems to encompass his thinking, feeling, behavior, and interactions with the world around him. A therapist who has a specific theoretical orientation will be able to view the client holistically, knowing that the theory will provide a road map for the therapy.

Espousing a theoretical orientation to helping has numerous benefits for both clinicians and the clients they serve. Specifically, a theoretical orientation provides ways to organize client information. An orientation can also help intentionality and consistency within the work of a professional helper. Although the helper should understand what a theoretical orientation is, why it is important, and what it can do for both the client and the counselor, this information provides little help to a counselor who must pick a theory from which to work. The ways in which others have picked a theory may help students understand where they can go to pick a working theory.

HOW HAVE OTHERS PICKED A THEORETICAL ORIENTATION?

Hackney (1992) noted that most helpers choose their theoretical orientation based on one of three considerations: (1) the theoretical orientation of the helper’s training program, (2) the helper’s life philosophy, and/or (3) the helper’s professional experience as a client. Some helpers also consider the evidence supporting the various therapies or even look at the common characteristics of effective therapies. While helpers commonly use these traditional methods to find their theoretical orientation, each has inherent pitfalls. The shortcomings of each of these methods will be discussed in order to provide a rationale for a new model of choosing a theory that is presented in Chapter 2.

First, initial training programs may or may not expose students to every theoretical orientation. For example, if faculty members at the same institution support the same theoretical orientation, they limit their students’ exposure to the myriad of available theories. Conversely, if students enroll in an academic program where every faculty member has a different theoretical orientation, the students may receive mixed messages about “effective” therapy. Another potential difficulty for students is under-exposure to the process of developing a personal orientation because faculties choose not to discuss their own theoretical orientations in hopes of being unbiased in their teaching. Thus, a theoretical orientation to helping cannot be based solely on students’ training programs.

Second, some counselors base their theoretical orientation on their own personality and philosophy of life. This approach can also present difficulties. For example, counselors who are predominantly optimistic and believe the best about people may choose a humanistic approach. Other counselors may believe that people’s thoughts are the core of their problems and choose REBT as a way to help clients develop more rational thinking. Both beliefs ultimately influence how counselors perceive, interact with, and treat their clients, even if those clients have a personality and worldview...
much different from those of the counselors. Although theory provides a framework for working with most clients, counselors must remember that each client is unique. A counselor must remain both open to experience and flexible with clients.

The third way helpers determine their theoretical orientation is through clinical experience, even though helpers may realize that their theoretical orientation does not fit for all clients or clinical situations. For example, counselors who favor a humanistic orientation may have difficulty in career-counseling settings. While these counselors may be skilled at the reflection of feeling, genuineness, and rapport building that lay at the core of the humanistic approach, their clients who are seeking résumé reviews and job information may feel frustrated when they get a “listening ear” but not the results they expected, such as direct advice on finding an internship or tips on interviewing. In such cases, counselors need to adjust their theory to fit the needs of the client.

The fourth strategy employed by counselors to determine their theoretical orientation is choosing an evidence-based theory. While this is a sound decision-making strategy, it may be difficult for counselors to find an evidence-based theory that fits their personality, values, and/or client needs. Those who choose their theory in this way limit themselves to theories that lend themselves to empirical testing and validation. For example, therapies that focus on helping clients strive toward actualization and personality change may not be easy to validate and thus may be ignored in the process of choosing a theoretical orientation.

Counselors not only must maintain their fundamental beliefs and values regarding the helping relationship but also must adapt their interventions to help the client. In the example of the humanist in the career-counseling situation, he may choose to hold onto the belief that people are basically good and striving for actualization. However, in an attempt to meet the needs of the client, the humanistic career counselor may be open to a change of perception—one that acknowledges that formal career exploration can lead to greater actualization. In another example, while attempting to be grounded in theory, a cognitive-behavioral therapist utilized cognitive techniques that were not appropriate for her client because the client had low intellectual functioning. In attempting to stay completely in harmony with her theory, the therapist was not meeting her client's needs. Consequently, she had to adapt her style and take a more behavioral approach.

WHAT IF I'M ECLECTIC?

Most examples provided in the text thus far highlight a counselor with one specific theoretical orientation. However, many counselors do not believe that one size fits all and believe that they can best serve their clients by offering a variety of approaches to their clients. Thus, they believe there is better efficacy in applying different theories and techniques to different clients. In general, eclecticism has been found to be a practiced theoretical orientation (Norcross, 1997), with many offering it as their primary identified theory. However, some cautions about eclecticism should be noted. First, eclecticism requires extensive training and competency, which beginning counselors typically lack (Norcross, 2005). To truly be an effective, eclectic counselor, clinicians
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should be able to be intentional in their application of techniques. They should have a
great understanding of what techniques to apply when specific symptoms present or
specific client characteristics emerge. Often those that purport to be eclectic share
that their goals include assessing their clients, identifying clients’ needs, and providing
those techniques or therapies that would be most beneficial to the clients. This, how-
ever, takes a great deal of skill and knowledge. It is truly a daunting task, during the
complex interchange of a therapy session, to assess a client and pull from one’s reper-
ertoire the “right” technique or the “right “therapy” that will meet a presenting client’s
needs. In addition, many who identify as eclectic have not completely identified and
acknowledged the differences between technique and theory. Most who identify as
eclectic refer to the eclectic component of their work as the action stage where inter-
ventions are offered to clients. Thus a potentially more accurate way to describe their
work is by saying that they offer a variety of techniques or interventions.

Most eclectic counselors have an overarching theory that guides their work. Although this may not be true of all eclectic counselors, in practice, most counselors
have a theoretical orientation they lean toward or even consider their primary orienta-
tion. “Switching” theoretical orientations to meet client needs does indeed seem to
make sense. In the field of counseling, however, theoretical orientation offers a frame-
work for how a clinician might view development, pathology, and the counseling rela-
tionship itself. Altering one’s view, or application of, such constructs while in the
middle of a therapeutic relationship would seem to be almost risky to the productivity
of therapy and could even be confusing to clients. If a clinician is to choose eclectic as
an approach, however, it would seem that he or she should have a vast understanding
of the theories and therapies they hope to utilize with clients. Thus, the authors of this
text and many others recommend that beginning counselors may be best served by
developing a single theoretical orientation that works best for them and learning to be
as effective as possible within that paradigm.

However, eclecticism is indeed endorsed by many counselors, so its merit
should not be just thrown out. Sometimes eclecticism is titled strategic eclecticism,
highlighting the intentionality and purposefulness of using a wide variety of therapies
and techniques. However, the authors offer a reframe. There is a difference between
being eclectic and applying a variety of techniques. A counselor who is truly eclectic in
terms of theory would change fundamental beliefs about human development, psy-
chopathology, and epistemology from situation to situation and from client to client.
However, applying a variety of techniques while maintaining a firm foundation in a
fundamental belief is a different process. For example, an existential therapist work-
ing with a client with a phobia may use systematic desensitization (an eclectic technique
for a traditional existentialist) while maintaining that removing such a phobia will
enable the client to move toward greater actualization and live a more meaningful life
(theoretically founded).

Being grounded in a theoretical orientation does not stop you from being flexi-
bile to the needs of clients. To truly serve clients, we should be fluid in the process and
adaptable in the relationship. We should be willing, and competent, to be able to
understand clients from a variety of perspectives. Their symptoms, characteristics,
and immediate needs should affect how therapists work with clients. As a therapist
works with diverse clients and their needs, however, flexibility and eclecticism in fundamental beliefs seems like a potential disservice not only to clients but also to therapists who strive to be congruent, ethical, and effective.

EMPIRICALLY VALIDATED THERAPIES: ARE THEY BETTER?

Similar to those who choose eclecticism as an answer to the question of theoretical orientation are those who choose how to work with clients based on research. Some clinicians and researchers believe that the best way to decide how to work with clients is by examining the research and seeing what, through scientific inquiry, we know are effective therapies. Research in the fields of counseling, psychology, and the related helping professions has produced a variety of empirically validated therapies (EVTs), with a large number of those being "proven" (see Chamless et al., 1998) to work.

Those who promote using EVT's or empirically supported treatments (ESTs; see Parson, 2009) as the focus of their work worry less about what theory to "choose" and instead ask what technique or theory is "proven" to work with the client issue that is presented. To discover EVT's, specific techniques are typically applied to clients with an isolated or limited symptomology through the use of controlled research methods to see which therapies indeed prove to be most effective for specific clients and specific symptoms. This commonsense approach is becoming vastly popular through the helping professions; however, it does present some difficulties.

Many of these proven approaches specifically look at therapies that attempt to address one specific symptom. Most of the EVT's discovered do not promote client health and welfare or alleviate diagnosed disorders. They look instead at how specific symptoms can be reduced or eliminated. Thus, EVT techniques are predominately behavior-based because there is a propensity to measure symptoms while using these techniques.

Consequently, although the EVT argument is often presented as relevant when discussing clinicians choosing a theoretical orientation, most EVT's are not theories at all. This is partly because, for a therapy to be empirically validated, it must "be studied as a treatment for a disorder or problem, be manualized, and be validated either by two different studies done using a randomized clinical trials design, or by use of a single-subject design (traditionally of relevance primarily to behavioral therapies)" (Bohart, O’Hara, & Leitner, 1998, p. 142). Thus, they may be categorized more accurately as techniques or collections of interventions. In addition, many of these therapies do not, as a theory would, provide conceptualization of clients, perspectives of development, or frameworks for the progression of therapy. They are focused on the relief of specific symptoms and include approaches such as interactive behavioral therapy (IBT) for people with intellectual disabilities (Tomasulo & Raza, 2009), dialectical behavioral therapy (DBT) for people with borderline personality disorder (Hoffman & Steiner-Grossman, 2012) and for eating disorders (Safer, Telch, Chen, & Linhan, 2009), and cognitive behavioral therapy for panic disorder (Craske & Zunker, 2001).

Many of the studies validating these approaches analyze interventions and approaches with clients that have specific symptoms (Yalom, 2002) and not with
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clients with complicated diagnoses. Although there is scientific support for the use of empirically validated therapies, there is limited ability about generalizing findings to a diversity of clients and symptomologies. As Yalom (2002) states, however, “nonvalidated therapies are not invalidated therapies” (p. 223).

GUIDANCE FROM COMMON FACTORS:
DO THEY ALL WORK?

Theories vary greatly in their depth, complexity, and usefulness. In the counseling field, there really could be as many theories, and there likely are, as there are counselors. However, the theoretical approaches that are generally published are those proven to have some generalized effectiveness (Kottler, 1999). Some answer the question of choosing their theoretical orientation by looking at the characteristics from all theories of counseling and examining the commonalities and the effectiveness about all of them. This so-called dodo bird effect states that factors common to all the various counseling theories account for the efficacy of all of the currently practiced psychotherapy theories (Leibert, 2011; Wampold, 2001). This effect states that we can find common, curative characteristics (Grencavage & Norcross, 1990) that occur in counseling and therapeutic relationships to explain why therapy ultimately works.

Wampold sought data for differential efficacies among therapies but discovered the opposite. Wampold ascribed this to the common factors theory of uniform efficacy among all existing psychotherapies. The idea that common factors among the different counselors are what account for their efficacy was first proposed by Rosenzweig (1936). This concept received little attention until nearly 40 years later, when Luborsky, Singer, and Luborsky (1975) found empirical data to suggest that all therapies had nearly equal outcomes, thereby confirming the accuracy of the dodo bird effect. Since that time, numerous studies have been done and articles have been written that support the dodo bird effect (Assay & Lambert, 1999; Duncan, 2002; Wampold et al., 1997).

Assay and Lambert (1999) concluded from their empirical study comparing various therapies that specific factors or techniques accounted for only 15% of the variance in treatment outcome, whereas common factors accounted for the remaining 85%. Specifically, they found that client factors (what the client brings to therapy) accounted for the majority of the variance in outcome (40%), followed by relationship factors (30%) and by placebo, hope, and expectancy (15%). Wampold (2001) offered similar common factors, including alliance, allegiance, adherence, and counselor effects.

Of particular importance are Assay and Lambert’s (1999) expectancy factor and Wampold’s (2001) allegiance factor. Expectancy involves the clients’ belief in the credibility of the theory and thus their expectation that it will be helpful and produce positive change. Allegiance involves a condition similar to that of expectancy, except it is the counselor who must believe that the treatment he or she is offering is efficacious. The concepts of expectancy and allegiance parallel Frank’s (1973) assertion that counseling is most helpful when both the client and the counselor believe in its efficacy. Arthur (2001) expressed a similar sentiment regarding efficacy in his review
of studies on factors contributing to counselors’ choices of theoretical orientation. These common factors lead to the first consideration for counselors-in-training when choosing a theoretical orientation: They must assess whether they believe in the theory themselves and whether they believe they can convey that conviction to clients sufficiently to gain their acceptance of the theory as well.

Finding what is common and effective in various theories of therapy has proven successful to researchers (e.g., Grencavage & Norcross, 1990) and beneficial to clinicians (Halbur & Halbur, 2006) across the various counseling theories. If people accept wholeheartedly the premise of the dodo bird, then what theoretical orientation one chooses is not nearly as important as that a theoretical orientation is chosen. As stated above, research on common factors theory has suggested that, although all major theories have the potential for equally effective outcomes, counselors’ belief in their theory is critical to its actual effectiveness (Arthur, 2001; Assay & Lambert, 1999; Frank, 1973; Wampold, 2001).

ONCE I HAVE IT, HOW CAN I USE IT?

Once a counselor’s theoretical orientation is developed, it must be put into action. Counselors are often ready to jump in with one of the many techniques shown to be effective with clients (e.g., Erford, Eaves, Bryant, & Young, 2010). It is important to know first, however, how to move forward. Theoretical orientation is used as a blueprint to organize a client’s information as well as a tool to guide clinical decisions, diagnosis, intervention selection, and treatment planning. Theoretical orientation can help determine the direction of and activities used during the course of counseling. Certainly, counselors use theory to explain or conceptualize clients’ problems. According to Kottler (1999), theory is “the place to start when you are trying to sort out a complex, confusing situation” (p. 30). Similarly, Strohmer, Shivv, and Chodo (1990) suggest that counselors may also use theoretical orientation to confirm selectively their hypotheses regarding their clients. Not only does theoretical orientation help in case conceptualization, diagnosis, and treatment planning, but it may also allow for a clinician to behave ethically.

HOW ARE THEORETICAL ORIENTATION AND ETHICS RELATED?

Clinicians are ethically and often legally bound to have a theoretical foundation. Informed consent is a component of many professional ethical codes, including those of the American Counseling Association (ACA), the American Psychological Association (APA), and the National Association of Social Workers (NASW). Each of these professional ethics codes states that clients enter the helping relationship with informed consent. Implicit within the notion of informed consent is that helpers should share their theoretical orientation with clients or must at least be able to articulate their theory if asked by clients. Helpers who share their theoretical orientation
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with clients allow them to make an informed choice to engage in therapy. Thus, helpers need to be able to articulate their theoretical orientation and how it affects the helping relationship and the therapeutic process. In addition, many states dictate that licensed practitioners provide their clients with a professional disclosure statement. Such a statement usually orients the client to the counseling process and typically includes information about the helper’s educational background and areas of expertise, the length of sessions, the responsibilities of each party, the hourly fee, and the helper’s theoretical orientation. Thus, helpers need to be able to articulate their theoretical orientation in order to meet these ethical and professional obligations.

THE MAIN POINTS

In summary, counselors must develop a theoretical orientation that gives them the tools to build ethical, helping relationships based on their values, personality, and intention. Choosing a theory, “a conceptual framework used by a counselor to understand client therapeutic needs” (Poznanski & McLennan, 1995, p. 412), is an ongoing process that will ultimately make counselors more confident and effective in serving the needs of their clients. Within the chapter, the processes that counselors often engage in to determine their theory range from finding their theory based on their own therapeutic experiences to examining research on empirically validated therapies.

In the following chapters, readers will be assisted in developing their theoretical orientation through many forms of self-examination. The Intentional Theory Selection (ITS) model, which is presented in Chapter 2, offers a framework for finding a theoretical orientation. Chapter 3 builds on this model by offering reflection questions, activities, value clarification, and the Selective Theory Sorter as ways to help counselors understand theories that are most likely congruent with who they are and the potential work they do and will do with clients. In the remaining chapters, theory is offered in a pragmatic way following the ITS model, and clinical and supervision examples of the ITS model in action are discussed.

REFLECTION QUESTIONS

1. If you had to select your theoretical orientation today, what would it be? How confident are you with your current choice of theoretical orientation?
2. What experiences have you had with clients that either support or negate your current theoretical orientation?
3. What influences have faculty members and supervisors had on your theoretical orientation?
4. What do you see as advantages and disadvantages to using empirically validated therapies?
5. What steps do you need to take to increase your allegiance to the theories in which you are interested?
Practitioners and researchers alike contend that, for effective and intentional counseling to occur, helping professionals must adopt a comprehensive counseling theory. Theory serves as a conceptual framework and guide to interventions and assists helpers in the process of effective counseling. Thus, being theory driven is important, but clinicians have many theories to understand. And knowing the various theories and espousing one specific paradigm are not sufficient for helpers to translate theory into practice. Placing theory on a practical level requires more than textbook knowledge and a desire to be theory based. First, a helper must make an intentional cognitive shift. This shift, which is necessary for the most effective counseling, starts with a process of self-exploration; is built on a foundation of knowledge; and, if successful, culminates with the ability to move to client-counselor action. For the greatest therapeutic gains, helpers should begin to think in new ways. However, understanding and integrating a personal theory of counseling is often a foreign process, especially to the neophyte helper.

MAKING THEORY USEFUL: A MODEL

Making theory practical requires a process that starts with increased self-knowledge and ends with techniques to help clients. In counseling practicum and fieldwork courses, students often ask, “Now what do I do with him?” or “What technique do you think would be best to use with her now?” Although quite relevant, these questions are similar to a golfer asking a caddy which clubs to use before learning the art of the golf swing. For you, as a helper, to do ethical and intentional counseling, a process of development must occur.

This development is not a linear process. Cognitive and personal changes will likely occur as you have new experiences and learn more about yourself and the world around you. Consequently, beginning helpers, as well as the most seasoned professionals,
will have moments where their theoretical orientation is challenged or influenced. Although challenges are difficult, the helper must undergo intentional development to become more confident and effective.

If traveled successfully, the road to development begins with self-reflection and ends with application. Making theory practical starts with the understanding of what we call life philosophy. Obviously, as your life experiences change, your view of the world also changes. Thus, your counseling theory and ultimately the techniques you use may change over the course of your career. A commonly expressed fear of many beginning counselors is that, once they have adopted one theory, it will be tattooed on their foreheads for all instructors, supervisors, and future clients to judge. This worry is unnecessary because, as helpers change, so may their theory.

**THEORY DEVELOPMENT**

Through self-awareness, helpers may begin the ongoing and ever-evolving process of theory development. This development will continue to unfold for helping professionals as their life philosophy changes through experiences and insight. Once a counselor has taken the first step of acquiring self-knowledge through experience, classes, and reading, the next step is to gain a general understanding of the six major schools of thought. The schools of thought serve almost as families of ideas, each with related yet unique members. About 250 established counseling theories have been identified, and these can typically be placed into families or schools of thought. These theories are often categorized together by identifying specific ideological similarities. One way to categorize theories is through the following six schools of thought: (1) psychodynamic, (2) behavioral, (3) humanistic, (4) pragmatic, (5) constructivist, and (6) family approaches. These schools of thought hold unique philosophies regarding human nature; thus, a general understanding of them is a key component in selecting a working theory. Each of these schools is represented by more specific, finely honed theories. For example, within the pragmatic school, several paramount theories exist, such as rational emotive behavioral therapy (REBT), which focuses on being rational and thinking logically. The related, yet contrasting, reality therapy focuses on taking control of one’s actions and confronting the consequences (Corey, 2012). Adopting a specific theory from a school of thought is similar to picking a blue crayon from a package of 100 crayons that has several shades and hues of blue. Hence, like the color blue, the various theories in each school have hues that are similar yet distinct.

Once clinicians examine their life philosophy, adopt a school of thought, and select a specific theory, they are ready to take some action. At this stage, helping professionals need to develop goals and techniques for therapy that are supported by their theoretical orientation. This, too, is challenging because the uniqueness of clients frequently requires helping professionals to use different techniques, like pulling tools from a tool belt. Knowing which tool to access, however, requires having a working framework that is best supported by a strong foundation in theory.

Although the process of making theory practical may seem overwhelming now, it is manageable if helpers follow several steps, which are described in the next several
sections. Later in the text, information, case studies, and activities are presented to help counselors gain awareness and make effective choices as they choose and solidify a theoretical orientation.

The Intentional Theory Selection (ITS) model of selecting a theoretical orientation is utilized as an example throughout this text (see Figure 2.1). The ITS model incorporates those aspects of theory selection that were found through research with students and counselors to be most significant in their personal solidification of theory. This model may be used to help counselors find not only their theoretical point of reference but also an orientation that is congruent with their individual values.

**IMPORTANCE OF YOUR LIFE PHILOSOPHY**

Life philosophy is the foundation of the ITS model. As a helper, being anchored in theory first requires that you have self-understanding and insight. You must become aware of how you view your world and must gain a greater comprehension of your own values (Hansen & Freimuth, 1997; Watts, 1993). Consider these questions: What is truth? Are people good? How do we gain knowledge? What causes behavior? Is spirituality important? What is right? It appears a revisit to Philosophy 101 is approaching. As a helper, however, you do not need to seek the writings of philosophers; instead, you have the opportunity to be introspective. You have the opportunity to look inside yourself and identify your own “assumptive world” (Hansen & Freimuth, 1997, p. 656). Your assumptive world is like a camera lens containing your ideas, beliefs, culture, and values; through this camera lens you perceive the world around you. Understanding how you view yourself, others, and the world around you is the first step in placing theory into a practical realm. These personal and motivating beliefs are core to your every action. Your schema of the world is not just essential to what you do but also ultimately the center of who you are. Helping professionals learn to help clients identify what they value and ultimately what gives meaning to their lives. As helpers incorporate
CHAPTER TWO

theory into practice, they undergo a similar process. Once aware of your own views, you can move to adopting a counseling theory that not only serves clients in intentional ways but also complements who you are as a unique individual. An often-quoted phrase of Socrates, “The unexamined life is not worth living,” holds true for helping professionals as well. Without understanding your own life philosophy, you will find it difficult to provide effective counseling.

An additional building block of life philosophy is what you find personally meaningful. Whether this belief comes from family, ethnicity, traditions, spirituality, or culture or is created personally, it will greatly affect how you work with clients. At the root of these questions—What keeps you going? What gives you inspiration? Why do you wake each day?—is an important revelation: your purpose, your life’s meaning.

Your beliefs, values, and meanings are key components to who you are and your own subjective world. Yet you are so much more. As a multicultural individual, you are also a product of your culture, ethnicity, gender, family, sexual orientation, socioeconomic background, and religion. Your values and beliefs are founded on where you come from and where you intend to go. These differences may at times greatly affect your work as a counselor. For example, we once asked a class of ours, “What do you value?” We received the typical and expected answers—family, work, children, friends, being honest, working hard. However, several students had immediate, overt, nonverbal reactions when one international student responded, “Dependence.” We asked these students to clarify their reactions, and they discussed their values of autonomy, empowerment, and independence. Their values, like their classmate’s values, were greatly influenced by their cultural background and where they came from. You are influenced by your traditions and your adoption or adaptation of those traditions. Your life philosophy is indeed your own, yet it is made up of many influences.

Those working in the helping professions are becoming vastly more diverse, as are the clients served. As we pointed out to our class, values, beliefs, and worldviews are neither right nor wrong. It is paramount for helping professionals to identify their philosophy of life but not necessarily judge it. For example, is the student who valued dependence wrong? No. However, that student must understand her value and how it may affect her theoretical orientation and her work with clients. Conversely, those students who valued independence must understand that everyone does not hold this value. They must be careful about the assumptions they make about the personal worldviews of the clients they serve.

LIFE PHILOSOPHY—IT’s PERSONAL

Identifying your life philosophy is likely the greatest challenge in finding your theoretical orientation. The most important questions are often the hardest. Many beginning counseling theories courses offer a culminating exercise that asks the developing clinicians to state their theoretical orientation of choice. This capstone project reflects the field’s emphasis on theory and theoretical orientation. However, this creates strain and stress in some students. This occurs for many reasons; however, one paramount reason is that stating your theory, a reflection of your life philosophy, is actually a
rather personal acknowledgment. Our theoretical orientation actually serves as a reflection of us—the values and beliefs that we hold dear. Sharing such personal information about ourselves places us in perceived vulnerable positions. We may feel vulnerable because there are only a few situations comparable to being questioned about our theoretical orientation. The first is in graduate training—often in a beginning course—a time where we already feel judged. The second is when we interview for positions as clinicians or educators. In this case, we also worry that our proclamation of a certain theory may either gain us acceptance or cause us rejection. Third, we are sometimes questioned about our theory by our clients. Typically clients are not asking us our theory to scrutinize it but to be informed and to understand what it is we might “do” to them.

It is important to remember that when we share our theory, it is the theoretical orientation of choice stemming from where we are in this particular point in life. One’s life philosophy is an ever-changing, ever-emerging construct. Life events—those that are positive, those that are negative, and everything in between—affect, influence, and mold us. Just as the experiences therapists see their clients grapple with life-altering events, counselors, too, have life-changing experiences. Some of these are subtle—minor changes in financial status, schedule changes, or new information gained at a workshop. However, some of these may have far greater impacts. Family changes, major health changes, epiphanies in faith, career changes, the death of a partner, or having children are “everyday” events that change how one construes meaning about the surrounding world. Some of these experiences, even those that are happenstance, create an opportunity for clinicians to change. In times where meaningful experiences occur, therapists are not only likely to change their life philosophies but, perhaps, should change their life philosophies. It makes sense that therapists should allow life to happen and affect them, one hopes in positive ways. As change occurs, however, and worldviews remain fluid, counselors will change, too. Consequently, life philosophy, the foundation of the Intentional Theory Selection Model, will also change. Ultimately this means that, as counselors experience life, the work they do with their clients will alter. It is important, as a component of self-reflection and ethical practice, that counselors remain astute and aware of how their clients are affected by counselor changes.

SCHOOLS OF THOUGHT

The truly difficult step in adopting a theory for a counselor is gaining self-knowledge. Once you identify your own life philosophy, you can begin to examine the schools of thought that drive theory. This initial examination of theory requires only the willingness to read, listen, and comprehend. The information is available in this text and in a multitude of other resources. Beyond classroom lectures, you can find a bounty of literature describing the six schools of thought and their various theories (see Suggested Readings and Webpages at the end of Chapter 3). This step in the process toward adopting a theory is simple to learn. Knowing the multitude of facts surrounding each theorist, the counseling history, and the specific rhetoric of each school is not a
prerequisite at this stage. However, you must begin to learn the basic assumptions of each theory, which will empower you to identify those theories that seem to hold assumptions similar to your own life philosophy. Consequently, you may take on a process of discovery in which you look for those applications that are congruent with the core of who you are.

Professional helpers are not in complete agreement on how many general schools of thought exist. However, they typically count four to six (e.g., Corsini, 1979; Halbur & Halbur, 2006; Halbur & Halbur, 2011; Ivey et al., 1997) families, schools, or clusters that have similarities among the theories within. We have identified six schools of thought: (1) psychodynamic, (2) behavioral, (3) humanistic, (4) pragmatic, (5) constructivist, and (6) family approaches. We debated how best to include family approaches and chose to consider them as a separate and unique school of thought. Many, and perhaps most, counselors do indeed acknowledge the use of family paradigms in their work with families and individuals. Consequently, it is likely that some narrative therapists (from the constructivist school of thought) would also acknowledge family systems (a major approach within the family approaches) as a vital part of their theoretical orientation. However, many clinicians work predominantly out of a family approach serving individuals, couples, and families, so including family approaches as an independent school is practical.

Although these schools of thought may seem distinct, similarities between them make the job of choosing one more challenging. However, these schools of thought are diverse in their assumptions regarding how personality develops, how pathology is perceived, how health is achieved, and what the role of the counselor is. For example, the counseling theory of existentialism within the humanistic school of thought espouses the idea that clients’ health is achieved through helping them embrace meaning in their lives, while cognitive-behavioral approaches assist clients in developing more effective views of themselves and the world. While both approaches have proven successful in helping clients achieve more fulfilling lives, the underlying philosophies are quite different. Thus, helpers must first be oriented to the basic philosophies of the major schools of thought (see Chapter 4). Choosing your school of thought is ultimately an attempt to find a fit for you. Some schools of thought may leave you feeling that something is missing, while other schools may leave you feeling that you have found a natural match. However, choosing a school of thought will seem easier after you have completed the first step of personal reflection: looking at your life philosophy.

THEORIES

Once you have identified your life philosophy and have a general understanding of the school of thought that best fits your beliefs, you are ready to pick your theory or theories. This process begins when you gain a general understanding of the various theorists within the school of thought that is most congruent to your life philosophy (Watts, 1993). For example, within the psychodynamic school, do you agree with Sigmund Freud, who viewed humans as mostly sexual creatures, or with Alfred Adler,
who saw humans primarily as social creatures? At this stage, you will likely begin looking for those theories that most parallel your own views by using a process of comparing and contrasting. As you pick the theory that matches your own most closely, you will begin to feel yourself gaining a stronger foundation.

In choosing your theory, you should understand that anyone can build a theory. However, the theoretical approaches that are generally published are those proven to have some generalized effectiveness (Kottler, 1999). As you move toward acceptance of a theory, you may experience times of anxiety or frustration in the process. You may sometimes find dissonance between your own beliefs and the theories with which you are confronted. This dissonance results in emotional consequences, which is part of a natural developmental process. Once you identify with a specific theory, however, you are likely to have a general sense of relief because you will find direction and may feel more confident in your interactions with clients (Mahoney, 1991). For example, one of our graduate students took the Selective Theory Sorter–Revised (STS–R) (in Chapter 3) and scored high on rational emotive behavioral therapy and the constructivist school of thought. She then took the advice later stated in Chapter 3 to learn more about those theories that she scored high on. She visited a webpage that streamed a video about Albert Ellis, the founder of REBT, that showed REBT in action. She found herself feeling dissonance because she did not like the persona she found in Ellis. Later, however, after she wrestled with her decision, she found the theory to be congruent with her and her reactions were really more in reaction to Ellis. She felt relief as she settled into her theory and is a practicing REBT therapist today.

Finding your theoretical orientation can be likened to a tree, with theory serving as the branches. Your life philosophy serves as your soil and nutrients, sustaining your actions. Your adopted school of thought is the trunk, holding all that you do with your clients. The branches, the theories you choose, support all that you demonstrate to clients and all that you do to serve them therapeutically. Finally, these theories determine what you actually give to your clients. The leaves and fruits, your goals and techniques, provide your clients supporting shade and give them sustenance to grow. Although this may seem ambiguous right now, as you read on, you will likely gain a better understanding of the schools of thought and their theories and how this will prepare you to provide counseling and psychotherapy that is intentional (see Chapter 4).

GOALS AND TECHNIQUES: INTERVENTIONS AT WORK

After making a theoretical choice, the next step for the helper is to adopt goals and techniques. Helpers should think ahead to the activities and interventions that will form their techniques (Jongsma & Peterson, 1995), which they will utilize when they provide counseling and therapy. What techniques you as a helper ultimately choose, however, will, and should, be based on your theoretical orientation, which will make you accountable for the therapeutic work you do with clients.

As a beginning counselor, you may decide or feel pressured to skip self-understanding and theoretical development and jump straight to applying goals and
techniques. You rightfully want to know what to do, and you may believe that you should learn immediately how to help. In many training programs, however, discussing counseling techniques comes too early. In most programs, helpers often learn how to act as counselors before they learn who they are as counselors. This approach is often driven by the belief that counselors’ training rests primarily on helping counselors know what to do. As a result of the widely accepted belief that the counselor is the true instrument of change, we run the risk of forgetting that counseling is ultimately a unique, yet specified relationship. At a fundamental level, almost anyone can learn techniques. For example, the empty-chair technique requires that you ask clients to talk to someone as though that person were present when she is not (the empty chair). This technique is utilized to help individuals through various therapeutic challenges. Using this technique requires very simple instructions that a nonprofessional can understand. However, the ways in which you as a helper follow up on this intervention and respond to the client are based in your theory. Consequently, you should be theory based before you can be properly technique driven.

The argument for eclectic work is typically the strongest when it comes to choosing techniques. It is very common for counselors to be hesitant about limiting the number of techniques they use. This is an especially strong argument because some techniques do truly work better with some clients. As discussed in Chapter 1, we believe there is truly a difference between intentionally utilizing diverse techniques and being eclectic. If a technique from an alternate theory can help the counselor and client move forward in the change process, and if the technique is congruent with the therapeutic goals, it is ethical and valuable to be flexible in the therapy process. A narrative therapist, for example, would traditionally not utilize behavioral contracting. However, if a behavioral technique would help the client work toward goals that are congruent with narrative work, the counselor-client relationship remains founded on theoretical orientation.

As the counselor, you are the one who ultimately provides interventions that help your clients achieve their goals. Each theory and school of thought provides you with techniques and therapeutic goals that are appropriate, given your values and your clients’ needs. If you have adopted a theoretical approach successfully, your effectiveness as a helper then depends on your ability to recognize with your clients their needs and to execute techniques congruent with your theory (e.g., Hansen, Rossberg, & Cramer, 1993). At this point, researchers and clinicians who have come before you have already done the work and the research, and you simply have to consult their teachings and writings. In this endeavor, you will learn quickly that the various schools, theories, and interventions strive to meet the needs and characteristics of a diverse society.

COUNSELORS ARE DIVERSE

Multicultural issues have been widely incorporated into counseling and its theoretical approaches. Integrating this facet of competence into your counseling approach first requires an understanding of the term culture. Culture is ultimately the rules, values, symbols, and ideologies of an identified group of people (Srebalus & Brown, 2001).
INTEGRATING THEORY INTO PRACTICE

This general definition of culture should help you to see that an interactive society includes both separate and unique cultures. To understand the implications of culture, you must first understand your own culture and have a general understanding of other cultures with which you work. Diversity that comes from age, gender, race, socioeconomic class, ability, religion, and sexual orientation has a major impact on how relationships in general, as well as counselor-client relationships, develop and mature. Typically, the literature focuses on how counselors may work most effectively with clients who represent a population that is different from their own. Most of the literature assumes, however, that the counselor is of the dominant culture, and counselors see themselves more and more often represent underrepresented cultures.

For example, many counseling textbooks offer practical suggestions for working with clients who are gay, lesbian, bisexual, or transgender. Their authors stress that helpers must be in touch with their values and biases and that it is vital for them to consider the social environment pertinent to their clients. Issues specific to these populations, such as oppression and the coming-out process, are discussed, and primers on various cultures are offered. However, little practical support exists for the counselor who is from an underrepresented population. The question, How can a counselor work with a client who is a lesbian? is not unique and is addressed in the professional literature. However, the question, How can a counselor who is a lesbian work with clients? is often ignored. In this emerging field, helpers continue to build on the research and literature addressing the multicultural needs of their clients. However, counselors often struggle in addressing their own multicultural needs, backgrounds, and experiences.

Like clients, counselors also come from a variety of cultures and backgrounds. Their life philosophy and values, which are a dramatic component of their counseling approach, do influence how they interact with clients and direct what they believe is important for their clients. The ITS model utilized throughout this text offers great benefits to counselors across cultures of race, gender, sexual orientation, ability, religion, and age. As we have outlined, the foundation of this model begins with the identification of one’s life philosophy. However, life philosophy is so deeply rooted in one’s specific culture that to imagine separation seems ludicrous. How people view the world is influenced greatly by their cultural experience and basically defines much of who they are. Because of this influence, as counselors we must not only embrace the diversity of our client population but also embrace the diversity within ourselves and our field.

RESISTANCE TO THEORIES: ECLECTIC, INTEGRATED, OR JUST DON’T KNOW

Many beginning helping professionals do not subscribe to one specific theory but rather identify themselves as being eclectic or integrative. Evidence supports trends in this area. Many theory textbooks now include chapters that focus on eclectic and integrative approaches, such as Lazarus’s (1989) multimodal theory and Prochaska and DiClemente’s (1982) transtheoretical model, along with many others. This trend is further evidenced by surveys of mental health practitioners, who, when asked about their theoretical orientation, identify themselves as eclectic (Schmidt, 2001; Wrenn, 1960).
While it is plausible and pragmatic for clinicians to choose interventions from various schools of thought, this choice requires intentionality and a thorough working knowledge of the utilized theories. Sometimes, however, students endorse eclectic theories without having the required knowledge and intentionality of seasoned practitioners.

Although not always the case, portraying oneself as eclectic can be an “easy out” when one is asked about personal theory. We have heard several students say that, while interviewing for clinical positions, they present themselves as eclectic in an attempt to avoid presenting a theory not endorsed by the interviewer. These students believe that there is a “right” answer and that part of their interviewing success depends on their ability to show themselves as congruent with the interviewer or open to the interviewer’s personal theory. As you likely can see, your theory is ultimately based on your life philosophy—your values and beliefs—which in many ways are highly personal. To offer a specific theory, a revelation of yourself, places you in a vulnerable position that portrays you and puts you in a place where judgment may occur. Especially as a beginning counselor, you may find it frightening to say specifically to which theory you ascribe. If you state, “I am a feminist therapist,” you may be questioned about what that means, what your beliefs are, and what interventions a feminist helper utilizes in therapy. By identifying yourself as grounded in a specific theory, you are making both a statement about what you believe and who you are and a commitment to how you will work with clients. For example, if we say we are psychoanalytic therapists, you have the opportunity to make some assumptions about us. Consequently, some students feel safer saying, “I am eclectic.”

Other students have shared that their portrayal as eclectic allowed them to utilize interventions that they believed would work. They shared that this allowed them to be “themselves” and to accept individual clients as they are. The helping professions do typically promote individuality, so this argument has some merit. If helpers do not orient themselves with a specific theory, however, they are not in a place where they can justify their work with clients. By not justifying their approach, they thereby circumvent truly intentional, ethical counseling.

An additional struggle with eclectic approaches revolves around the issue of student and clinical supervision. To train effective and ethical helpers, educators and supervisors must give counselors feedback on their clinical work. Typically, counselor educators and clinical supervisors attempt to provide counselors with feedback that is based on the supervisees’ specific approach. When students and beginning counselors adopt an eclectic model, providing specific feedback is difficult. Not uncommonly, students and counselors endorse this paradigm of eclecticism to avoid targeted feedback. Students may do this not because they want to avoid learning or even grading but rather because they fear being evaluated as a helping professional.

This resistance to adopting a theoretical orientation can surface in many forms. While the purpose of this text is to help counselors dedicate themselves to a theory, it is also an attempt to advocate for the helping professions and increase the professionalism of their identities. For example, because of the impact of health-care reform and managed care, as a profession, we are constantly required to provide more justification for counseling and psychotherapy. If, as professionals, helpers are unable to portray
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themselves as being theory driven, they run the risk of being seen as incompetent and unreimbursable. Thus, each counselor’s openness to having strong theoretical foundations adds to the professionalism of the counseling field.

DOES IT REALLY WORK?

Let us offer you an example where we supervised a counselor-in-training through a practicum experience. In this class, the students saw clients while we had the opportunity to observe them through a one-way mirror and make calls into the session to offer suggestions and reflections. The student we observed, Carolyn, showed a great level of understanding of theory, and she demonstrated skills beyond what is typical of her level of training. She consistently demonstrated the ability to develop quick rapport with her clients and was keenly attuned to the affective world of her clients.

She was working with a college student who was experiencing social anxiety and was potentially struggling with test anxiety. Carolyn was doing great work with her client and was really helping the client to see herself in a new way. In session, Carolyn was helping the client to examine what thoughts and events tend to trigger times of greatest anxiety. She was also sharing her observations of her client’s social skills. Although the client was verbally expressing a fear of others, she was being quite open and honest with Carolyn. During the session, Carolyn also encouraged the client by saying that she “would be okay.” A segment of the session follows.

Carolyn: So, during times where you notice you have values in common with others, you feel the greatest sense of social confidence.

Client: Well, I guess, but I still find I don’t know how to talk with others. I struggle, as I don’t feel I can be open with others. I am scared, frightened, and feel I have nothing to offer. I feel others will look at me and laugh and see how . . . well, how stupid I am. I am not quick and, well, because of this I don’t talk. I try to keep the focus off of me.

Carolyn: So then you back down as you feel you have little to offer.

Client: Yes, I cannot be open with others. I have never been able to be honest with others about how I feel and stuff.

Carolyn: So you feel you really struggle opening up to others.

Client: Well, yes, all of the time.

Carolyn: What is hard for me to understand is how you believe you are never honest, yet you have been very honest with me today . . . you have shared your vulnerabilities without shutting down.

Client: Well . . . (smiling). Yeah, I guess. Maybe I am not always able to see when I am being open.

Carolyn: Sorta like, sometimes you are able to do it but don’t see it.

Client: Yeah!

Carolyn: You know, I think you will be okay.
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Following the session, we listened to Carolyn’s reflections and gave her feedback. During this experience, we were shocked at Carolyn’s appraisal of the session. Carolyn shared that she believed her statement, “You know, I think you will be okay,” was the most beneficial during the session. In fact, however, this statement was the least grounded in theory. Carolyn went on to say that she felt that her statement, “What is hard for me to understand is how you believe you are never honest, yet you have been very honest with me today . . . you have shared your vulnerabilities without shutting down,” was completely a value statement that would have been better not to share and did not have a place in counseling. We were again surprised by her appraisal—not only because Carolyn’s statement was grounded in the existential approach’s value of being authentic but also because the client later shared that it was the most meaningful interaction she encountered during her course of therapy. When we shared this discrepancy with Carolyn, she said, “But I am not a humanist.” After exploration with Carolyn, we learned that she had adopted her theoretical approach based not on her philosophy or worldview but on, as she put it, “the theory my last supervisor liked.”

During the following weeks, we asked Carolyn if she would take a step back from her theory. We asked her first to identify her values and philosophy of life. As she did, many themes emerged, and these focused greatly on her belief that people know what is best for themselves and that being genuine with others is essential to meaningful relationships. These perspectives are the cornerstones of many humanistic approaches, and these new insights helped Carolyn to begin to build a theory that would not only be effective with clients but also enable her to have a theoretical approach that truly fit for her. Through this process, she was able to find a theory that was more congruent with her values and a way to be theory driven while incorporating herself in the session. Carolyn’s confidence and skill level with clients continued to increase. Clearly, in her work with clients, Carolyn’s new confidence and self-understanding were increasing her effectiveness and ultimately helping her clients. Carolyn found that the humanistic approach was a natural for her to be effective with clients. She found that she could be grounded in a theory that was congruent with her beliefs and truly allowed her actions in therapy to be based on her values.

WHAT TO TAKE HOME

Each helper brings individual qualities to the therapeutic process. Your religion, ethnicity, gender, and sociological background contribute so much not only to who you are as a person but also to how you serve as a counselor. As an individual, how you interpret or make meaning of your experiences inevitably changes you. Your adoption of core values and beliefs affects not only you but also your clients. Your theoretical orientation can help you conceptualize and intervene with clients in a way that is effective for the client while staying congruent with who you are.

The process of adopting a theory that truly fits your own belief system is difficult—but very attainable. It is an ongoing process because new experiences continuously influence your beliefs and values. At times, learning more about yourself may even require you to give up what were once cardinal components of your
counseling approach. Being a theory-based clinician is an ethical and essential step in a helper’s development. Through self-inquiry and study, you can begin a journey that can help you to become an effective counselor whose actions not only are based in theory but also truly emanate from your own beliefs. Discovering your own values, life philosophy, and view of counseling and psychotherapy is an important step in your professional identity. However, you must also identify the views, values, and life philosophy of your clients.

Following the proposed ITS model is one pragmatic way for you to adopt a theory that is congruent with who you are. It offers you the opportunity to develop or hone your understanding and purposefulness of the goals you, and potentially your clients, choose in the therapeutic relationship. Theory offers you a framework for where to go in the counseling relationship. If goals are congruent with the counselor’s theoretical orientation, then what you do—the selected techniques—in counseling should also be theoretically founded.

**REFLECTION QUESTIONS**

1. The following questions are designed to assist you as you begin to articulate your life philosophy: (a) What do you value? (b) What do you find meaningful? (c) What influences in your life have been most profound in shaping your life philosophy?

2. Of the six schools of thought described in the chapter (psychodynamic, behavioral, humanistic, pragmatic, constructivist, and family), which one(s) do you feel most knowledgeable about? Which one(s) would you like to learn more about?

3. Think of three clinical techniques you currently can use or know of (e.g., empty chair, free association, charting, education, confrontation, and so on). Can you identify the theory to which each technique belongs?

4. What do you consider to be your cultural background? How do you feel your cultural background affects your personal relationships? Your professional relationships?

5. In recent counseling and psychotherapy research, there has been a trend toward integrative and eclectic techniques. What about these approaches do you find attractive? What about these approaches do you find unattractive?

6. In examining the ITS model, identify the components (a) with which you feel confident and (b) for which you need additional education, information, and/or experience.