Theory and the Reflective Practitioner

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Counselors, like most "helpers," tend to be doers—pragmatic in their approach. But counselors, unlike lay helpers, are professionals, and as professional counselors, they "do" what they do with intentionality and rationale.

Counseling is not a haphazard, random, hit-or-miss process. Counselors approach their work with their clients with an understanding about the human condition and the factors and processes that promote growth and well-being. As trained professionals, counselors are objective observers who deliberately gather data deemed essential both to understanding the nature of the client's concern and to the formulation of a treatment plan. The interpretation of these data and the resultant understanding are guided by the "theory" of the human condition that the counselor brings to professional encounters.

This chapter introduces you to the nature and value of theory. But beyond merely presenting the rationale for the use of theory in practice, this chapter and all those that follow attempt to help you reframe "theory" so you will value counseling theory as an essential component of effective practice, not just academic curiosity. Specifically, after reading this chapter you will be able to do the following:

1. Describe the essential qualities of a "good" theory

2. Explain the value of theory as a guide to counselors' understanding

3. Describe the connection of theory to counseling approach and treatment planning

4. Explain the role "theory" plays in the ongoing development of a counselor's professional identity

COUNSELING THEORY IN CONTEXT

Early approaches—or "theories," if you will—describing the origin, course, and even treatment of those we would now identify as having psychological problems often pointed to spiritual, or supernatural, causes. The Middle Ages were ripe with illustrations of this demonological perspective. People who we now know and were most likely suffering from psychological disorders were tortured in an effort to remove the demons and cure the affliction. Thankfully, our theories and practices have progressed from those darker days—under the guidance of the research and practice of many thoughtful pioneers.

Development of the psychodynamic approach (see Chapter 4) and the work of Sigmund Freud are often identified as a significant turning point, or even first major force, in the development of psychotherapy. Significant in this "first force" was emphasis on the natural versus supernatural nature of psychological disturbance and the rooting of its understanding in "science" and practice.

This initial formation of our understanding and practice of psychotherapy was further aided by the appearance of the research and practice of early behaviorists (see Chapter 10) and those modern theorists who followed in the tradition of cognitive-behavioral theory (see Chapter 9). This second influence turned our attention away from the determinism of early childhood experiences and unconscious drives and instincts and toward a focus on understanding the impact of learning and environmental conditions as they give shape to our thinking and actions. A final wave of theories confronted the implied negative view of man proposed by many in the psychodynamic orientation and the mechanistic view offered by many behavioral theorists. Led by Carl Rogers (see Chapters 6 and 7), this third force in psychology—the existential-humanistic orientation—emphasized the positive nature of the human condition and pointed to the importance of people taking charge of their lives in the process of finding meaning.

Since these initial "schools" of psychology, theories have continued to be created, refined, combined, and altered. According to Kazdin (2008), there are more than 500 different approaches to counseling. While this growth and refinement in counseling and psychotherapy theory speaks to the value of theory in the guidance of one's practice, it is essential that counselors learn to discern what is "good" theory.

The American Counseling Association's (ACA, 2005) *Code of Ethics* directs counselors to devise counseling plans that have a reasonable promise of success (Section A.1.c). This is a mandate that can be met by the judicious use of theories as a guide to practice decisions, assuming that counselors approach their practice and the theory(ies) they employ with a critical, evaluative attitude.

THEORY

While it may be obvious, "theory" is not "fact." A theory is a system of inferences, assumptions, and interpretations drawn from one's observations and experiences. And while we all draw inferences from our experiences or jump to conclusions based on our biases and assumptions, such meaning-making, while perhaps reflective of our personal theory, typically fails to manifest the qualities characteristic of a "good" theory: precision and testability, empirical validity, parsimony, stimulation, and practicality/utility.

Precision and Testability

A good theory in counseling or physics is general and provides clear operational definitions of its constructs that will allow others to "test" the theory, which in turn predicts future observations and stimulates new discoveries. "Good" theories present well-defined, specific, and measurable constructs (Monte & Sollod, 2008). In addition to providing precise constructs, a good theory also specifies the nature of the relationship these constructs have with one another. Such precision allows for others to investigate these constructs, their relationship, and the fundamentals of any one theory to determine the degree to which it meets the next criterion of a "good" theory—that is, empirical validity.

Empirical Validity and Stimulation

Unlike theories in arts and philosophy that explain ideas and phenomena that may not be measurable, scientific theories—including those in counseling—propose explanation of phenomena that can be tested for confirmation or falsification using scientific experiments (Edies & Appelrouth, 2010). Testing counseling theories to assess their validity or truthfulness is a difficult process. The nature of our counseling does not lend itself to the purity of a scientist's laboratory and controlled experimentation.

Over the course of the past 20 years, new research methods and statistical techniques have been developed and applied to researching counseling effectiveness and the degree to which employment of different theories contributes to that effectiveness. The findings, while generally supporting the effectiveness of counseling (Wampold, 2010), continue to find it difficult to differentiate the specific value of each theory. Most of the current research presents various theoretical orientations as equally effective with a wide variety of client issues (Wampold, 2010).

While some theories lend themselves more than others to validating research methodology, as will be noted in the upcoming chapters, all theories seek to find empirical support for their validity and effectiveness. This ability to excite the research practitioner to question and challenge is what constitutes the "stimulation" aspect of a good theory.

Parsimony

To be of value, theories should be parsimonious while at the same time comprehensive enough to address the entirety of the experience being explained. The principle of parsimony directs us to value a theory that provides the simplest explanation when confronted with the option of a simple or complex interpretation. This assumes that both explanations are equally precise, testable, and valid.

Practicality/Utility

Finally, and perhaps most importantly, a theory should be of value to the practitioners who employ it. As with all scientific theories, counseling provides explanation for various elements of the human condition that can be tested for theory confirmation or falsification. But counseling theory moves beyond describing and "explaining" the reality we experience and presents ways one can affect those realities. Our counseling theories help us articulate

the assumptions, interpretations, and hypotheses we employ to understand what is happening with our clients and to make predictions about what may happen in the future. An effective counselor employs a theory to describe, explain, predict, and change behavior. A "good" theory in counseling serves as an essential ingredient to effective practice and practice decisions (Hansen, 2006, 2007).

THEORY: GUIDING PRACTICE DECISIONS AND SERVING ETHICAL PRACTICE

The National Cancer Institute's (2005) monograph *Theory at a Glance* distinguishes two types of theory, both of which hold relevance for the professional counselor: *explanatory* theory and *change* theory.

Explanatory theory helps one understand complex situations (Buchanan, 1994) and, as such, is useful to counselors as they attempt to understand the stories their clients share. As explanatory theory, counseling theories help counselors take the complexity and uniqueness of a client's presenting concerns and decompose this ill-structured problem into subproblems that can then be reconfigured in ways that allow for more meaningful resolution (Voss & Post, 1988). Consider the data shared by the client in Part A of Case Illustration 1.1. Of everything the client said, what is truly important? A counselor seeking an answer to that question and questions such as, "What does the information suggest about the client or the client's problem?" and "How might these data point to effective interventions?" may find answers within the counselor's operative model or theory, as shown in Part B of Case Illustration 1.1.

CASE ILLUSTRATION 1.1

What's It All About?

Part A

The following exchange occurred during the opening minutes of the initial "intake" session with this 37-year-old woman experiencing the break-up of a 3-year relationship.

Client: (Crying) I simply don't know what to do . . . this is devastating.

Counselor: If I understood what you shared, the ending of the relationship seemed to come "out of the blue"—totally unexpected?

Client: He's such a son of bitch. He led me on for 3 years, talking about marriage and picket fences and all that bullshit. I mean, sure we had our problems, but what relationship doesn't?

What am I to do? I'm 37 years old. Who's gonna want me? I'm going to spend the rest of my life alone. I mean, really what does this say about me? What a loser I must be! Most of my friends are all moving on—married with kids, established relationships, houses . . . good jobs. The friends I have who are single won't want me hanging with them since for the past 3 years I put Tony ahead of them. And my family—Christ, mom will be crying about no grandkids!

Who's going to want to hang with me? I have absolutely nothing to offer . . . (breaks down in tears). I don't want to be alone!

Part B

The following reflects the different focuses brought to interpretation of the client's story as a result of employing two different counseling theories. Not only do the two therapists focus on different aspects of the client's disclosure, but they are directed to two different types of interventions.

Dr. L (Cognitive theory): Well, clearly she is in pain, and I truly feel for her struggle, but I am really drawn to her conclusion that "*I'm 37 years old. Who's gonna want me? I'm going to spend the rest of my life alone.*" It seems, at least in this incident, that she has a tendency to overdramatize or catastrophize problems. Assuming that is true (and I would want to elicit more data to support that), then I believe helping her see this loss for what it is and nothing more, along with helping her discern the real consequences that follow from the ending of this relationship, rather than those that she is assuming, would be beneficial.

If I can assume the relationship I have with her is strong enough, I would like to question, if not outright challenge, her on what appears to be faulty thinking. She is taking the fact that this one relationship (while 3 years long) ended as evidence that she will spend the rest of her life alone. Such catastrophizing of the event is, in my view, creating the extreme sadness and hopelessness she now experiences.

Dr. G (Solution focused): She is presenting with a failed social relationship and is narrowly constructing her sense of her world and herself as a reflection of that one failed relationship. With this view of self and the world, she is understandably feeling extremely sad and hopeless. However, as she shares her story, she hints at a goal (not to be alone) and even to the fact that she has the ability and experience to make and maintain relationships.

She seems to be sharing that, while this relationship has ended, she has in fact developed relationships with many others—some married, some single. So I guess I would like to turn her attention to looking at the statement, "I don't want to be alone," and help her reframe that to a more positively stated goal, such as, "I want to have social relationships." If I could help her focus on that, then we could look at the successes she has had in the past—with her current friends and even with Tony, during the early part of their relationship—as a way of identifying things she can do to reinstate old relationships or venture into new ones.

As demonstrated in this case illustration, a counselor's theory can serve as a meaningful framework to guide his or her understanding of the client's story. One's theory facilitates the gathering and organization of client data, interpretation of those data, and, as will be demonstrated, selection and implementation of helping strategies (Magnuson, Norem, & Wilcoxon, 2000). These characteristics of one's chosen theory are not only guides to practice decisions but essential to ethical practice.

Organizing Data

The barrage of information regularly confronting practicing counselors would be a bewildering array of random, disparate happenings without the aid of organizing conceptual theory to make sense of it all (Hansen, 2006, p. 291). Most counselors can recall their initial experiences in counselor training—either working with volunteer clients or their peers in simulated counseling experiences—and the general sense of angst from not knowing what to do at any one point in the exchange.

Perhaps you can relate to the counselor-in-training who, having mastered the fundamental communication skills, finds herself immersed in the client's story, unable to discern that which is important from that which is not, or to find the thread that ties seemingly unrelated pieces of information into a meaningful life story. That type of experience led Prochaska and Norcross (2003) to state: "Without a guiding theory . . . clinicians would be vulnerable, directionless creatures bombarded with literally hundreds of impressions and pieces of information in a single session" (p. 5).

The operative premise undergirding the teaching and utilization of theory in counseling is simply that, as counselors, we are able to observe and record real-world phenomena and, in so doing, we can glean essential features and the relationships among them. Further, it is assumed that with such observation and knowledge, we (and others in the behavioral sciences) will be able to manipulate these elements for the betterment of our clients. For an example of this, consider Case Illustration 1.2.

CASE ILLUSTRATION 1.2

Anthony—Ants in His Pants?

Background

Ms. Virginia Morton, the first-grade teacher, came to Mr. Pillagalli, the school counselor, with her concerns about Anthony, a child in her class whom she described as having either "seizures" or "worms in his pants." She wanted Mr. Pillagalli to see Anthony and assist him in sitting still during class time.

Mr. Pillagalli asked if he could come to class and observe Anthony in action. As he sat in the back of the class, he noted the following:

1. Anthony sat toward the back of the class, somewhat isolated from the others, who were working in small groups (an arrangement Ms. Morton explained was the result of his being too distracting to the others).
2. Ms. Morton was an active and engaged teacher. She would move around the room, encouraging her students as they worked on their assignments.
3. In the 40 minutes Mr. Pillagalli observed, he noted that the only time Ms. Morton attended to Anthony was to ask him to "please sit still." He noted that on one occasion she simply turned and reprimanded him, and the second time, when Anthony was actually rocking his desk, she went over to him and spent close to a minute redirecting him to his work.

Connections and Hypothesis

Mr. Pillagalli met with Ms. Morton and shared his hypothesis, drawn from observation and his understanding of behavioral theory.

The question he posed was this: "Is it possible that Anthony, being somewhat isolated from peer and even your [Ms. Morton's] attention, intentionally or even accidentally discovered that his fidgeting was a way to get the attention he desired?"

While Ms. Morton questioned why Anthony would seek such negative attention—"I did correct him in front of the class," she said—Mr. Pillagalli explained that sometimes any attention is experienced as more desirable than none at all. So what she may think was negative was actually received as positive and thus reinforced his behavior.

Ms. Morton understood the theory behind this hypothesis but remained skeptical. She did, however, develop a plan with Mr. Pillagalli to test the theory.

Plan

They decided to test this plan by doing two things. First, each time Anthony started squirming or moving in his seat, Ms. Morton would simply ignore the disruptive behavior. However, as soon as Anthony stopped his wiggling and refocused on the desk work, Ms. Morton would walk over and praise him for his attentive behavior. She would keep a record of both the frequency of his movement and the duration of each incident.

Follow-Up

One week into this plan, Ms. Morton reported that Anthony was no longer any more fidgety than the other students. She had not needed to correct his behavior or ask him to stop squirming all week, and he had rejoined his small group.

A counseling theory, when used as explanatory, offers a lens or framework through which a counselor can process a client's story. The concepts, constructs, and elements of any one theory point to the factors hypothesized to cause and maintain a client's problem. Thus, the use of theories within counseling helps the counselors not only organize that which is observed but also find a tentative explanation for its occurrence. Effective counselors call on theories to assist them in organizing clinical data, making complex processes coherent, and providing conceptual guidance for interventions (Hansen, 2006, p. 291).

As you proceed in your reading of the theories to follow, you will see this process of organizing, understanding, explaining, and affecting in action. For now, it may be helpful to see theories in action within your own life. Exercise 1.1 is provided to help you in that process.

EXERCISE 1.1

WHY DID I DO THAT?

Directions: As we navigate through our lives each day, we are confronted with choices and decisions to be made. In observing our choices at any one point and contrasting those with the alternative, we might be drawn to ask why that path was chosen. The following exercise invites you to reflect on a recent decision and draw on theoretical constructs that may help explain your choice.

Part A: Identify one decision you made within the past few days. In the space below, describe the situation, your options, and your choice.

Situation: _____

_____

_____

Possible actions/decisions: _____

_____

_____

My decision/action: _____

_____

_____

Part B: In the table below, you will find questions reflecting specific theoretical concepts or constructs. In responding to the questions, do you find any offering a better explanation of the choice you described in Part A?

Testing a Theory	Answer Applied to My Choice	Feelings About Value and Validity of Explanation
How has that action/decision worked for you in the past?		
How may your physical state at the time of your choice have contributed to that choice?		
How did your thoughts about others' reactions toward your decision guide your selection?		
To what degree was your decision guided by the internal voice of what you *wanted* versus what you *should* do?		
To what degree might your decision reflect your attempt to demonstrate that you overcame or mastered some early childhood weakness or difficulty?		
To what degree might your decision reflect your family culture and values?		

While the questions used in Exercise 1.1 are neither pure nor perfect reflections of the theories to follow, it may be worthwhile to revisit the questions and how they reflected on your decision after reading each of the forthcoming theories, as a way to see theory applied to your lived experience.

Providing Direction

Theories are more than "organizing schema." They help the counselor connect disparate areas of knowledge, allowing him or her to make more discriminating judgments about the information being presented and how best to respond. To be of real value to counselors, theories need to assist not only in organizing and understanding but also in directing counselor response.

Our clients come seeking assistance with distressing circumstances or help in their growth. However, before engaging in strategies to help, counselors need to assess the nature of the problem, identify those client factors that impede the growth they desire, and know the limits of what they can do given the context in which clients work. This information and

the implied direction to be taken can be found by way of a conceptual map provided by theories. Knowing the theoretical rationale, the "why" behind the client's current condition and concerns, not only directs the counselor to intervention strategies but can help counselors create new techniques or approaches (McBride & Martin, 1990).

A counselor's orienting framework or counseling theory allows him or her to approach work with a client with a greater sense of what to do if "this or that" occurs. Theories help guide a counselor's procedural thinking—that is, viewing client data from the perspective, "If this occurs (within the client's story), then I'll do this to achieve that."

Theories help counselors understand what to do if a particular condition exists or when a specific client disclosure is made. Case Illustration 1.3 provides an example of how two counselors with different theoretical orientations may respond to a client disclosure. In both cases, the counselor is employing his or her frame of reference, theory to guide procedural thinking, to respond to the client's disclosure.

CASE ILLUSTRATION 1.3

What to Do?

Introduction: A counselor's theory provides a structure for his or her employment of procedural knowledge—that is, understanding how to proceed or what to do in a given situation. The following illustrates the unique way a counselor may respond to a single client disclosure, reflecting that counselor's goals and expected impact of the response given his or her theoretical orientation.

Counselor A: Solution Focused

Client: So really, how many times do I have to come? I really don't need counseling. I mean, I had a drink or two and I just didn't see the red light, so for such a silly mistake I have to come to counseling? This is stupid.

Counselor: Well, you are here now. So I'm wondering, what would have to happen to make it so that when you leave our session, you think, "Hey, that wasn't so bad"?

Counselor reflection: Well, there is much more to this story, but what was clear from the beginning was that he was resentful of the DUI and the court-ordered counseling. It was also clear that he had constructed a view of counseling as punitive. I wanted to attempt to shift his focus from the problem of the DUI, or being mandated to receive counseling, and get him to share his goal for coming. Hopefully, he and I could develop that goal as a target and empower him to achieve it.

Counselor B: Reality Therapy

Client: So really, how many times do I have to come? I really don't need counseling. I mean, I had a drink or two and I just didn't see the red light, so for such a silly mistake I have to come to counseling? This is stupid.

Counselor: Well, to be honest, I am a firm believer in your right to make decisions. So, truly, you don't have to come here. That would be your choice.

Counselor reflection: I believe it is important for clients not to see themselves as victims and power-less. My goal is to help my clients define their wants, evaluate their behaviors, and make concrete plans for fulfilling their needs.

Case Illustration 1.3 demonstrates two unique responses to the same client disclosure. These responses, like any counselor interventions and strategies, did not occur in a vacuum. An effective counselor's response needs to be an extension of his or her operative framework or theory (Greenberg, Elliott, & Lietaer, 1994). Thus, the point of the illustration that needs to be highlighted is not that the counselors' responses differed but that each counselor engaged in a particular response as a way of facilitating the client's movement along a continuum of helping. The response, as intervention, was selected because it reflected the assumptions about the human condition and change as articulated by that counselor's theoretical model. Further, it must be remembered that while theories can provide guidance for counselor decisions, the value and efficacy of those decisions and their impact on client welfare still need to be monitored and assessed.

With this caveat in mind, theories do serve as useful guides to counselor activities with clients. Our theory provides a road map or guide in sessions with clients and a foundation for meaningful counselor decision making and action (Stiles, 2013). And just as the counselors in Case Illustration 1.3 were directed in their responses by their theoretical models and desire to impact the client in a helpful way, both will observe the impact of their responses and assess them against that which their theories would lead them to expect. Thus, our theories also provide a method of assessing the progress and effectiveness of our counseling.

Marking Progress

The previous discussion on the value of theories as a guide to a counselor's procedural knowledge highlights the "intentional" nature of the counseling process. That is, counselors engage with clients in ways intended to facilitate the helping process. Counselors' theories help them know what they are doing, why they are doing it, and the anticipated result or impact.

An effective counselor is one who systematically reflects on practice decisions. This reflection and assessment of effectiveness should not be restricted to the evaluation of terminal goal achievement. Rather, effective counselors attempt to monitor and assess their effectiveness and progress all along the way to termination. Theory can provide "markers," or criteria against which a counselor can assess the effectiveness of interventions at any one point in the helping relationship, thus enacting the ethical mandate to monitor effectiveness (ACA, 2005, Section C.2.d).

For example, consider a counselor who employs a cognitive model of counseling (see Chapter 9). This counselor believes that the way his client views or makes meaning of a particular situation is causing his distress and, therefore, that changing his view should offer relief. With this oversimplified view of cognitive theory as a backdrop, we may find this counselor engaged in the following dialogue with his client.

Counselor: So if I understand what you are saying, you feel very angry at her because she "deliberately" cut you off in the parking lot?

Client: Yeah, I can't stand it. I'm always getting disrespected. I'm not going to take it anymore.

Counselor: So we know for a fact that she did pull in front of your car and then go into the parking spot you were hoping to get.

Client: She can't get away with such b.s. . . . that is disrespectful.

Counselor: I can hear how upsetting it is to you and that you really believe two things about this event. The first is that she did it *deliberately,* and the second is that she did it *intentionally to disrespect* you.

The counselor, using cognitive theory as his guiding framework, understands that the personalization this client is experiencing is setting the cognitive stage for his anger. The counselor attempts to "shock" the client into a different perspective, and then, if that proves successful, he will use the opportunity to educate the client about the power of his thinking.

Counselor: So I guess I'm a little confused. Do you know this woman?

Client: No.

Counselor: But somehow you feel that she knows you and intentionally wants to disrespect you?

Client: (Long pause) *According to the counselor's theory, this long pause suggests that his question is causing some cognitive disruption for the client, which is a good thing.* Well, she doesn't know me . . . but it's still pretty damn rude.

Counselor: So if you believe it was personal, you see it as disrespect, and that really makes you angry. But now . . . if you think maybe it was just rude . . . how does that make you feel?

Client: Annoyed . . .

The counselor in this situation decided to ask provocative questions as a way of challenging the client's thinking. Such an intervention is in line with his operational model of cognitive theory. However, the question remains: "Was the intervention effective?" Using cognitive theory, the counselor would be led to expect that a question truly challenging to the client's thinking would first cause clear confusion and then, ideally, would resolve in the client embracing a different perspective. Confusion and initial acceptance of an alternative perspective are markers gleaned from his theory that, once noted, would indicate progress. In this scenario, therefore, the counselor was glad to observe the client's long pause before responding, seeing it as a marker signifying that the intervention was having the expected result. And reframing of the situation from personal to less personal resulted—as predicted by the theory—in movement from intense anger to annoyance. Both the reframing and the change in affect were markers of progress and evidence for the effectiveness of the intervention.

Supporting Ethical Practice

While theories serve as scaffolds for the collection and organization of data and the selection and implementation of strategies, they also serve as a foundation for ethical practice.

Welfare of Those Served by Counselors

As noted in the ACA (2005) *Code of Ethics*, professional counselors are charged with the primary responsibility of respecting the dignity of clients and promoting their welfare (Section A.1.a). One form this promotion of welfare takes is the formulation and application of a counselor's treatment plan. The ACA *Code of Ethics* directs counselors to develop "integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of the client" (Section A.1.c). Such a directive can be met by the counselor's competent and proficient use of theory as a guide to practice.

Good theories not only provide a structure for planning but also, as will become clear throughout the remainder of this text, allow for empirical testing of their component parts and thus provide practitioners with the data base on which to develop plans that "*offer reasonable promise of success*" (Section A.1.c; emphasis added).

Developmental and Cultural Sensitivity

In discussing developmental and cultural sensitivity, the ACA (2005) *Code of Ethics* recommends that, "where possible, counselors adjust their practices" to meet the unique developmental and cultural characteristics of their clients. Chapters 2 and 16 of the current text highlight this need, as well as the challenge posed by using theories that largely reflect a Western and, in most cases, Anglo view of the human condition. This limitation is being addressed with the inclusion of many techniques and theories reflecting Eastern thought, including a number of therapeutic applications based on the concept of mindfulness and Buddhist meditation.

In addition to Chapters 2 and 16, you will note that each chapter in this text addresses the strengths and limitations of the theory under discussion as it relates to the *uniqueness and diversity* of the client. This aspect of theory further reflects the ethical principle of

ensuring the welfare of our clients (ACA, 2005, Section A.1.a) by respecting the diversity they present and allowing that diversity to inform our counseling plans as shaped by our theoretical orientations.

Informed Consent

Having an operative orientation or theory to guide one's practice also allows for the explanation of that model and its implications for the relationship and dynamic of any counseling encounter. This ability to describe what can be anticipated within the counseling process is essential if a counselor is to provide for informed consent (ACA, 2005, Section A.2).

The ACA (2005) *Code of Ethics* notes that clients must be given the opportunity to choose to enter into or remain in a counseling relationship and, as such, need information on which to base that decision (Section A.2.a). While the ACA code highlights some of the information required for informed consent (see Section A.2.b), it is particularly important to note that the code directs counselors to provide clients with information regarding the process they are about to enter, including the purposes, goals, techniques, and procedures to be employed. Without understanding and utilization of a theory to guide practice, a counselor will be at a loss to articulate these elements of the process in a way that will help a client provide informed consent. Again, it is evident that a good theory is essential not only to effective but also ethical practice.

Monitor Effectiveness

The issue of informed consent does not cease to matter following a counselor's initial encounter with a client. Allowing for the client's informed consent at each point along the journey is essential. Clients have a right to know what they will encounter as well as the degree to which these processes are effective. Once again, the ethical counselor is directed to monitor his or her effectiveness (ACA, 2005, Section C.2.d) and to help the client see this progress or understand the nature of its delay. In understanding the constructs of theories and progression of the counseling dynamic implied within these theories, a counselor can meet this mandate. Counselors with a clear sense of their operative model can contrast actual progress with that anticipated by the theoretical model being employed, thus gauging the effectiveness of their counseling.

Yes, counseling theories not only are essential to effective practice but also serve to make our practice ethical.

Boundaries of Competence

As you proceed through your reading of this text, a caution is in order. As with all our initial professional experiences, this one text or course in theories is *not* sufficient to make one a competent practitioner of any theory. As noted in the ACA (2005) *Code of Ethics*, "Counselors practice only within the boundaries of their competence" (Section C.2.a). Thus, while a reader may comprehend what is presented in this text and even find its application in case illustrations and guided exercises to be accurate and efficient, that alone does not make him or her competent to engage in counseling from any one of these theoretical models. Additional training, practice, and, most certainly, supervision in the use of these theories is essential for ethical competent practice.

THEORY–RESEARCH CONNECTION

Historically, theories have been viewed as reflections of reality, or at least attempts at being accurate reflections of reality. With this as the standard, theories were typically submitted to the rigors of research to assess their validity both in terms of the constructs employed and the predictions that would flow from them. From this vantage, it could be assumed that all traditional counseling theories map actual psychological territory. While it was fashionable to argue which theory was most right or valid, more recently, counselors have approached the evaluation of theories from a different perspective.

For most counselors, the question is less "Which theory provides an accurate description of some universal truth?" and more "To what degree does the theory serve as a useful tool or narrative structure?" (see, e.g., Hansen, 2006). Counselors engage theories for the specific theoretical constructs they offer, which in turn enables them to form strong helping relationships with the clients and incorporate strategies that have a reasonable chance of promoting the change desired. As such, most counselors select theories according to the consequences of using them in specific, local situations—not on the basis of universal truth. With this shift in emphasis, counselors have started to question not only under what circumstances certain theories, systems, or strategies will be effective but also what components across theories may be integrated into effective helping.

Though such a utilitarian view of theory may be intuitively appealing, the challenge is to avoid a shotgun, hit-or-miss approach to employment of a theory or theoretical construct. Counselors need to have a rationale for their selection of a theoretical model or set of strategies. It is essential that counselors know prior to their employment the research supporting use of specific theories or strategies emerging from theories.

In recent years, attention has turned to the research in finding empirical support for theories employed and interventions selected (Deegear & Lawson, 2003). This is not unique to the counseling profession. The U.S. surgeon general, for example, called for the increased development and proliferation of evidence-based interventions across the health services (U.S. Public Health Service, 2000). The focus on employing those theories and strategies for which there is supportive research reflects the simple belief that those with the support of sound outcome studies are more likely to prove efficacious than are those without such support (Massey, Armstrong, Boroughs, Henson, & McCash, 2005).

As you proceed in your reading of this text, you will discover that some theories have extensive empirical support, whereas others may be limited in such support. It is important that we realize the limitation of support for any one theory does not mean that theory is of little value for the professional counselor. The truth of our discipline is that our research methodology is limited when it comes to the areas of intervention and treatment outcome. Thus, while some theories fail to lend themselves easily to the traditional, randomized, control-group design of research, they may have abundant support in small-sample or single-case studies, or even in anecdotal and qualitative reporting of current practice.

Perhaps our future research will clearly identify those theories and resulting strategies proven effective under specific circumstances, but until that day, practitioners need not only to exercise care in selecting theories or theoretical constructs to be employed within their practice but also to monitor the impact of their theories.

THEORY: AN ESSENTIAL COMPONENT OF A COUNSELOR'S PROFESSIONAL IDENTITY

Professional identity has been defined as "the possession of a core set of values, beliefs, and assumptions about the unique characteristics of one's selected profession that differentiates it from other professions" (Weinrach, Thomas, & Chan, 2001, p. 168). The counselor's professional identity helps distinguish him or her from others not only across the helping professions (e.g., psychiatrists, psychologists, social workers) but also within a profession. Each counselor, while embracing the values of his or her profession, will also develop a professional identity through a process of integrating a "theoretical orientation and methodology that is consistent with the counselor's personal values and beliefs" (Moore-Pruitt, 1994, p. 34). An examination of counselor development in literature suggests that the processes of developing an integrated professional identity converge with those by which counseling students align with a theoretical orientation (James, 2011). A counselor's alignment with a particular theory or set of theories provides the language necessary for articulating his or her professional identity to self and others.

The key to our identity as counselors is the fact that we are members of a profession and, thus, unique and distinct from lay helpers. Our profession is rooted in a history and a unique body of knowledge reflecting our operational theories and research. Those who enter and practice the discipline and profession of counseling are not mere functionaries simply applying this or that strategy as if following a recipe. Unlike technicians, who also may employ strategies and techniques to solve a problem, professional counselors are able to identify the rationale (i.e., theory) and research that explain what they have observed in a client and the decisions they make in response.

Professional counselors are active pursuers of understanding. They approach their work with a perspective on the human condition and factors that facilitate growth and well-being. Theories and the theoretical orientation employed by each counselor set the framework for this understanding. Counseling theories also serve as a frame of reference for thinking about ourselves—what we do and why we do it. These are important aspects of developing professional identity, and a counselor's alignment with a particular theory or set of theories provides the language necessary for articulating his or her professional identity.

Professional counselors understand theory and have reflected on the validity of each theory as evidenced by research and utility in practice. Further, professional counselors have assimilated the assumptions, values, and hypothetical constructs offered by theories as explanations for both current client behavior and factors or strategies that can be used to facilitate change. In this way, the theory becomes part of a counselor's professional identity. Exercise 1.2 invites you to observe the connection between theory and professional identity.

In many other professions, professional identity is defined by the profession—universally promulgated and relatively fixed and congruent across all members (Rosenau, 1992). Under these conditions, those entering that profession are simply

EXERCISE 1.2

THEORY–PROFESSIONAL IDENTITY CONNECTION

Directions: As noted, a counselor's operative framework or theory reflects his or her view of the human condition, the role of counselor, and the processes that facilitate or impede personal growth. As such, theory is an integral part of a counselor's identity.

This exercise invites you to interview your professors, supervisors, or mentors. Their responses to the questions listed below will help elucidate the theory–professional identity connection.

1. What would you identify as your theoretical orientation (one or multiple theories)?

2. Was the orientation you identified the one you felt was taught, promoted, or modeled in your graduate training? If not, what led you to the adoption of this model?

3. What, specifically, in your professional experience has pointed to the utility of this theoretical orientation?

4. Do you know of research that supports the tenets of this theory (or theories) and/or its effectiveness?

5. What, if any, limitations have you encountered in using this theory to guide practice (e.g., in particular settings, with particular presenting concerns, with populations served)?

taught and enculturated into that identity. Counselors, however, find themselves in a profession that is evolving and developing. As such, counselors cannot simply be enculturated into the identity of the profession but, rather, are responsible for developing their own professional identities as counselors. Many counselors align themselves with a particular theoretical orientation, to the extent that they refer to themselves as disciples of that theory. Perhaps in completing Exercise 1.2 you found that some professors referred to themselves as existentialists, Gestaltists, or behaviorists; if so, these are examples of theory serving as foundation for professional identity. It would not be unusual to find counselors who do not align with a single theoretical model and rather claim to be eclectic, transtheoretical, or integrative. But even in these situations, the counselors are giving voice to their professional identity and the role their assimilation of theory has played in its development. Whether a counselor embraces a singular theory as a purist or employs some integrated set of theoretical constructs and strategies, the counselor's operating framework, model, or theory is a substantive part of his or her professional identity.

IDEAL TO REAL: CONSTRAINTS GUIDING SELECTION AND IMPLEMENTATION OF THEORY

While we all, as ethical counselors, will employ a theory or theories to guide our practice decisions, it can be hoped that the selection of a theory will be the result of our testing of its integrity, parsimony, and the degree to which it has empirical support. These criteria are the ideal; however, in actual practice, selection and implementation of any one theory may be influenced and even constrained by real-world conditions, including realities of the workplace, fiscal considerations, and unique cultural characteristics of the populations served.

Realities of the Workplace

While we have noted the characteristics that identify a good theory, it is important to highlight that for counselors, the primary characteristics of a good theory are that it is useful, practical, and applicable to counselor functioning. Counseling theory can serve as a framework, scaffold, or guide for making practice decisions. However, in employing a theory as a guide to practice decisions, counselors need to consider not only the integrity of the theory but also the uniqueness of the client and the client's presenting concerns, and the context within which the service is provided. It is important for counselors to ensure that their practice decisions not only reflect "best practice" but also respect and reflect the culture and realities of the context within which they work.

Consider, for example, the constraints often encountered by those counselors working within a school setting. Given the school counselor's extensive case loads, along with the role and function of a school counselor to facilitate students' academic progress, engaging in long-term, dynamic counseling targeting unconscious issues or early childhood experiences would seem less than feasible.

School counseling requires approaches that are appropriate for the time constraints encountered (Littrell, Malia, & Vanderwood, 1995). For many school counselors, the contextual demands and their identified roles and functions lead them to seek strength-based approaches in the classroom and guidance office. With their focus on clients' strengths and brief therapeutic encounters, theories such as the solution-focused approach (see Chapter 12) have become a practical intervention for students, teachers, and parents of school-aged children (Franklin, Biever, Moore, Clemons, & Scamardo, 2001). In those circumstances where more in-depth dynamic (e.g., psychodynamic; Chapter 4) or family systems (Chapter 14) approaches may be required, school counselors would most likely refer to an outside agency rather than employ those techniques within their work setting.

The same could be said of those counselors working within a university setting. The use of theories and models supporting brief psychotherapy with a limited number of sessions appears more suited to a university setting wherein there may be a large demand for limited services. Turner and his colleagues (Turner, Valtierra, Talken, Miller, & DeAnda, 1996) reported on a multitude of studies that have contrasted time-limited and time-unlimited treatment modalities, with the findings showing that short-term or brief psychotherapy is a successful and useful treatment modality in its own right and is particularly useful for the

college-aged population. Needless to say, findings such as these, when placed within the reality of too much demand for too little resources, will serve as constraints to the employment of theories other than those fitting this time-limited criterion.

Other work settings or contexts of service delivery and populations served may place further constraints on the use of some theories while highlighting or supporting the use of others. Consider counselors who work in a drug and alcohol treatment facility. The demands and unique needs of that population and work setting may support the counselors' use of strategies such as motivational interviewing to challenge the addictive behaviors of clients, whereas counselors working in a clinic with individuals who have eating disorders may find the use of cognitive-behavioral therapy more appropriate to the population and setting. Both of these approaches have been established as effective when attempting to change behaviors. The key is ensuring that the theory utilized by the counselor is in line with the unique needs of the client and situation.

Financial Realities

The literature suggests that changes in third-party payment procedures—including an increase in the involvement of health maintenance and managed care organizations—have had a considerable, and in some ways troubling, impact on the provision of mental health services (Rupert & Baird, 2004). Reductions in covered or allowed office visits, hospital days, diagnostic tests, and procedures have been noted (Rupert & Baird, 2004). This is understandable given that insurers, with their motive of maximizing profits, are interested in providing the least costly procedures possible (Pyles, 2003; Sank, 1997).

These economic constraints imposed by third-party payers can influence a counselor's choice of operative model or theory. Rupert and Baird (2004), reporting on psychologists in practice, found that those with high-involvement in this third-party–payer system were more likely to have a cognitive-behavioral orientation and less likely to have a psychodynamic orientation when compared with their low-involvement counterparts. Clearly, insurance payment can serve as a constraint, giving shape to the specific theories employed by service providers.

Diversity

Counselors are ethically obligated to become knowledgeable about cultural differences and to design therapeutic techniques to fit each client. This ethical obligation requires each counselor to consider not only the integrity of his or her theoretical orientation, or the degree to which the theory has found empirical support, but also the degree to which the theory is in concert with the values and mores of those with whom the counselor works.

Theories with empirical support for their effectiveness, while ideal, can still prove ineffective and perhaps even harmful when running counter to a client's culture. In the chapters that follow, the authors discuss use of their theories with diverse populations. As you will note, there is supportive evidence for the use of these theories across many different populations. But as you read on, you need to consider the constraint that diverse cultural values and beliefs, as well as lived experiences, may place on the selection, use, and effectiveness of any theory. As a brief illustration, consider the following:

Existential theory (Chapter 6): Existential theory encourages the client to order the direction of therapy, with a focus on finding personal meaning in life. Such a limited-structure approach to self-determination may be challenging for those from oppressed cultures, who may prefer a more structured and directed process or for whom talking about self-determination may be difficult.

Cognitive theory (Chapter 9): A keystone of cognitive therapy is its focus on challenging a client's dysfunctional or faulty beliefs. This challenging of potentially harmful beliefs can be a challenge itself if counselors do not know and value the client's unique cultural beliefs. Further, some clients' cultures may actually prohibit them from questioning their beliefs.

Reality therapy (Chapter 11): Reality therapy emphasizing personal responsibility, decision making, and empowerment may prove ineffective with clients who have known and may continue to experience real oppression. These clients, while desiring to take responsibility and control, are neither choosing that experience of oppression nor necessarily able to control it. The call for such self-determination may be met with client frustration and despair.

Theories are valuable to the degree that they help us understand our realities and guide our practices. The selection of a theory to guide practice is a process that needs to be informed not only by the "goodness" of the theory and empirical support for its tenets but also by the reality of the working conditions, the populations served, and the unique cultural values brought to the counseling session.

A GIFT AND A CHALLENGE

What you will discover in the chapters that follow are well-developed and well-articulated orienting frameworks that we label "counseling theory." Each theory is presented by a counselor who has embraced that theory as an essential part of his or her professional identity and practice approach. While the gift is in the clear articulation of the theory and demonstration of its utility, the challenge is for you to move beyond simple comprehension to valuing and, in so doing, to allow each theory to nurture your own developing professional identity.

KEYSTONES

- A theory is a system of inferences, assumptions, and interpretations drawn from one's observations and experiences. Theories employ constructs and concepts to explain that which is observed.
- Our counseling theories help us articulate the assumptions, interpretations, and hypotheses we employ to understand what is happening with our clients and to make predictions about what may happen in the future. An effective counselor employs theory to describe, explain, predict, and change behaviors.

- As explanatory theory, counseling theories help counselors take the complexity and uniqueness of a client's presenting concerns and decompose this ill-structured problem into subproblems that can then be reconfigured in ways that allow for more meaningful resolution.
- Effective counselors call on theories to assist them in organizing clinical data, making complex processes coherent, and providing conceptual guidance for interventions.
- Theories help the counselor connect seemingly disparate areas of knowledge, allowing him or her to make more discriminating judgments about the information being presented and how best to respond.
- A counselor's orienting framework or counseling theory allows him or her to approach work with a client with a greater sense of what to do if "this or that" occurs.
- Counselors' theories help them know what they are doing, why they are doing it, and the anticipated result or impact.
- For most counselors, the question is less "Which theory provides an accurate description of some universal truth?" and more "To what degree does the theory serve as a useful tool or narrative structure?"
- Counselors need to have a rationale for their selection of a theoretical model or set of strategies. It is essential that counselors know prior to their employment the research supporting use of specific theories or strategies emerging from theories.
- An examination of the counselor development literature suggests that the processes of developing an integrated professional identity converge with the processes by which counseling students align with a theoretical orientation.
- Professional counselors have assimilated the assumptions, values, and hypothetical constructs offered by a theory as explanations for both current client behavior and factors or strategies that can be used to facilitate change. In this way, the theory becomes part of a counselor's professional identity.

REFLECTIONS FROM THE CONTRIBUTOR'S CHAIR

Dr. Parsons, there is certainly an abundance of insightful points found within this chapter. But if we asked you to identify a single point or theme in all that is presented that you would hope would stand out and stick with the reader, what would that point or theme be?

What a question. That's like asking which of my children I like the best (laughs). Well, in reviewing what I wrote, I think the message I am trying to convey to those entering our profession is just that . . . COUNSELING IS A PROFESSION. What I hope the reader takes from the chapter is an excitement and a curiosity about the theories that follow within this text, and how these theories and the research supporting their constructs and emerging strategies are the substance guiding effective . . . professional . . . practice.

In the chapter, you refer to procedural thinking. Could you share a little about why you feel that is such an important concept?

I am a firm believer in the adage that if you don't know where you are going, you will not know when you get there, and if I could add to that—and you may not get there in the most

efficient and effective way. The people who come to me for assistance are generally in pain or some distress, and I feel it is incumbent on me to help them resolve the issues concerning them and assist them in continuing along the journey toward health and well-being as quickly as possible. I believe to do that I have to develop the ability to first understand what is happening and then have a knowledge base that suggests what I can do given this type of situation in order to achieve some desired outcome. This is procedural thinking. It is the process by which I take what I know is occurring, then, drawing on my knowledge of theory and research, know what to do in order to move the helping process to a desired state.

Now, my knowledge, and to be honest, the current state of our discipline does not allow me to do this with all the specificity and accuracy that I would like. But having a theory to help me anticipate what the impact of my decisions should be provides me with markers that let me know if my intervention worked as expected and if I am moving in the right direction and, when not, what to do to correct the course.

Sorry, I know I'm getting long-winded, but one of the things I emphasize with my students is the importance of knowing why *they are choosing to do something at any one moment in their interactions with their clients. Counseling is not a random activity. Counseling is or should be an intentional act, and we need to be in touch with our intention and the rationale behind our actions. This is, for me, the value of procedural thinking.*

Dr. Parsons, you are not only an author and professor but also a professional practitioner. What might this chapter reveal about your own professional identity?

I value and hopefully embody within all that I do the importance of approaching counseling both as process and profession from the perspective of a reflective practitioner. Knowing what I am doing and why I am doing it helps me assess the effectiveness of my practice, be it in my clinical office or classroom. In addition to such reflection on and in practice, I value the science—and art—of what we are called to do. I attempt to integrate my understanding of our emerging science with an artistry that allows for adaptation of this science to the uniqueness of the person and situation with whom I am engaged. Finally, I believe that mine is a profession that demands accountability—to client and to the profession itself.

In writing this chapter, I was once again reminded of the value of theory to practice, while at the same time sensitized to the responsibility of those within the profession to test *theory and to communicate, by way of both formal research and anecdotal reporting, the experienced value of those theories. I believe it is by communicating this experience that the science of our profession can be advanced.*

ADDITIONAL RESOURCES

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