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**Notes and Handout**  
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**Gerald Corey, Ed.D. ABPP, Diplomate in Counseling Psychology**  
Professor Emeritus of Human Services and Counseling  
California State University at Fullerton

**and**

**Jamie Bludworth, Ph.D., Licensed Psychologist**  
Associate Director of Counseling Center, Arizona State University

**NOTES – Developing Your Own Integrative Approach to Counseling**

**The Trend Toward Integrative Counseling**

**Psychotherapy integration** is best characterized by attempts to look beyond and across the confines of single-school approaches to see what can be learned from other perspectives and how clients can benefit from a variety of ways of conducting therapy. The majority of psychotherapists do not claim allegiance to a particular therapeutic school but prefer, instead, some form of integration. Psychotherapy should be flexibly tailored to the unique needs and contexts of the individual client.

The integrative approach is characterized by openness to various ways of integrating diverse theories and techniques, and there is a decided preference for the term *integrative* over *eclectic*. Although different terms are sometimes used—eclecticism, integration, convergence, and rapprochement—the goals are very similar. The ultimate goal of integration is to enhance the efficiency and applicability of psychotherapy.

There are four common pathways toward the integration of psychotherapies: (1) technical integration, (2) theoretical integration, (3) common factors approach, and (4) assimilative integration. Although all of these approaches to integration look beyond the restrictions of single approaches, they all do so in distinctive ways.

**Technical eclecticism (or integration)** aims at selecting the best treatment techniques for the individual and the problem. It tends to focus on differences, chooses from many approaches, and is a collection of techniques. This path calls for using techniques from different schools without necessarily subscribing to the theoretical

positions that spawned them. For technical eclectics, there is no necessary connection between conceptual foundations and techniques.

In contrast, **theoretical integration** refers to a conceptual or theoretical creation beyond a mere blending of techniques. This route has the goal of producing a conceptual framework that synthesizes the best aspects of two or more theoretical approaches under the assumption that the outcome will be richer than either theory alone. This approach emphasizes integrating the underlying theories of therapy along with techniques from each.

The **common factors approach** searches for common elements across different theoretical systems. Despite many differences among the theories, a recognizable core of counseling practice is composed of nonspecific variables common to all therapies. Some of these common factors include development of empathic listening, developing a working alliance, opportunity for catharsis, practicing new behaviors, client positive expectations, working through one's own conflicts, understanding interpersonal and intrapersonal dynamics, and learning to be self-reflective about one's work. These common factors are thought to be at least as important in accounting for therapeutic outcomes as the unique factors that differentiate one theory from another.

The **assimilative integration** approach is grounded in a particular school of psychotherapy, along with an openness to selectively incorporate practices from other therapeutic approaches. Assimilative integration combines the advantages of a single coherent theoretical system with the flexibility of a variety of interventions from multiple systems.

## **Theory as a Roadmap**

There are many different theoretical approaches to understanding what makes the therapy process work. Different practitioners might work in a variety of ways with the same client, largely based on their theory of choice. Their theory will provide them with a framework for making sense of the multitude of interactions that occur within the therapeutic relationships.

Clinicians may focus on the past, the present, or the future. Begin to consider whether you see the past, present, or future as being most productive. This is more than just a theoretical notion. If you believe your clients' past is an important focus for exploration, many of your interventions are likely to be designed to assist them in understanding their past. If you think that your clients' goals and strivings are important, your interventions are likely to focus them on the future. If you are oriented toward the present, many of your interventions will focus your clients on what they are thinking, feeling, and doing in the moment.

Each of these choices represents a particular theoretical orientation. Attempting to practice without having an explicit theoretical rationale is like flying a plane without a flight plan. If you operate in a theoretical vacuum and are unable to draw on theory to

support your interventions, you may flounder in your attempts to help people change.

Theory is not a rigid set of structures that prescribes, step by step, what and how you should function as a helper. Rather, theory is a general framework that enables you to make sense of the many facets of the helping process, providing you with a map that gives direction to what you do and say. Ultimately, the most meaningful perspective is one that is an extension of your values and personality. Your theory needs to be appropriate for your client population, setting, and type of counseling you provide. A theory is not something divorced from you as a person. At best, a theory becomes an integral part of the person you are and an expression of your uniqueness.

### **Main Points**

- A theory will guide you as a counselor in determining what you want to accomplish, the best methods for getting there, and how to evaluate what you have accomplished.
- It is like flying a plane with a flight plan in place—it informs you of where you are going, the best route for getting there, and how to know when you have reached your destination.
- The major approaches to counseling addressed in this program are the psychodynamic approaches, experiential and relationship-oriented approaches, cognitive behavioral approaches, and postmodern approaches.
- An integrative approach looks at clients from a thinking, feeling, and doing (behavior) perspective and attempts to address all three aspects of the person.

### **A CONCEPTUAL FRAMEWORK**

I do not subscribe to any single theory in its totality. I draw on concepts and techniques from most of the contemporary counseling models and adapt them to my therapeutic style. My conceptual framework takes into account the *thinking*, *feeling*, and *behaving* dimensions of human experience.

I value those approaches that emphasize the *thinking* dimension. I typically challenge clients to think about the decisions they have made about themselves. Some of these decisions may have been necessary for their psychological survival as children but now may not be functional. I want clients to be able to make necessary revisions that allows them to be more fully themselves. One way I do this is by asking clients to pay attention to their “self-talk.” Here are some questions I encourage clients to ask themselves: “How are my problems actually caused by the assumptions I make about myself, about others, and about life? How do I create problems by the thoughts and beliefs I hold? How can I begin to free myself by critically evaluating the sentences I repeat to myself?” Many of the techniques we use are designed to tap clients’ thinking processes, to help them think about events in their lives and how they have interpreted

these events, and to work on a cognitive level to change certain belief systems.

The *feeling* dimension is also extremely important. I emphasize this facet of human experience by encouraging clients to identify and express their feelings. Clients are often emotionally frozen due to unexpressed and unresolved emotional concerns. If they allow themselves to experience the range of their feelings and talk about how certain events have affected them, their healing process is facilitated. If individuals feel listened to and understood, they are more likely to express more of the feelings that they have kept to themselves.

Thinking and feeling are vital components in the helping process, but eventually clients must express themselves in the *behaving* or *doing* dimension. Clients need to get involved in an action-oriented program of change. Examining current behavior is the heart of the counseling process. It is useful to ask questions such as these: “What are you doing? What do you see for yourself now and in the future? Does your present behavior have a reasonable chance of getting you what you want, and will it take you in the direction you want to go?”

In addition to highlighting the thinking, feeling, and behaving dimensions, it is essential to help clients consolidate what they are learning and apply these new behaviors to situations they encounter every day. Some strategies to use are contracts, homework assignments, action programs, self-monitoring techniques, support systems, and self-directed programs of change. These approaches all stress the role of commitment on the clients’ part to practice new behaviors and to develop practical methods of carrying out their action plan in everyday life.

Individuals cannot be understood without considering the various systems that affect them—family, social groups, community, church, and other cultural forces. For the therapeutic process to be effective, it is critical to understand how individuals influence and are influenced by their social world. Effective counselors need to acquire a holistic approach that encompasses all of human experience. Spirituality and religion can be considered a part of diversity, and it may be useful to raise questions during the assessment process to determine the relevance of exploring spiritual and religious concerns of the client as a part of the treatment process. The spiritual dimension may be as much a part of the context of the presenting problem as are issues of gender, race, or culture. The client’s value system needs to be considered as part of his or her cultural picture.

It is essential to adapt the techniques we use to fit the needs of the individual rather than attempting to fit the client to the counselor’s techniques. In deciding on techniques to introduce, it is good to take into account an array of factors about the client population. It is important to have a rationale for using the techniques you employ.

My way to understand how the various major theoretical orientations apply to the

counseling process is to consider four categories under which most contemporary systems fall. These are (1) the *psychodynamic approaches*, which stress insight in therapy (psychoanalytic and Adlerian therapy); (2) the *experiential* and *relationship-oriented approaches*, which stress feelings and subjective experiencing (existential, person-centered, and Gestalt therapy); (3) the *cognitive behavioral approaches*, which stress the role of thinking and doing and tend to be action-oriented (behavior therapy, rational emotive behavior therapy, cognitive therapy, rational emotive behavior therapy, reality therapy); and (4) *postmodern approaches* (solution-focused brief therapy, narrative therapy, feminist therapy) which stress understanding the subjective world of the client and tapping the existing resources for change within the individual.

## **EVIDENCE-BASED PRACTICE and the THERAPEUTIC RELATIONSHIP**

The client/counselor relationship is the main factor related to successful outcomes in counseling. There is ample data that supports the primacy of the therapeutic relationship as the central factor in bringing about change (see Norcross & Lambert, 2011; Norcross & Wampold, 2011a; Norcross & Wampold, 2011b; Duncan, Miller, Wampold, & Hubble, 2010).

Practitioners must be accountable and be able to demonstrate the efficacy of their services. This pressure toward accountability often translates into relying exclusively upon an evidence-based practice (EBP) approach to evaluation. In the era of managed care, it is even more essential for practitioners to demonstrate the degree to which their interventions are both clinically sound and cost-effective. Does counseling make a significant difference? Are people substantially better after experiencing personal counseling than they were without it?

Evaluating how well counseling works is a complex issue. Therapeutic systems are applied by practitioners who have unique individual characteristics, and clients themselves have much to do with therapeutic outcomes. Counselors who adhere to the same approach are likely to use techniques in various ways and to relate to clients in diverse fashions, functioning differently with different clients and in different counseling settings. Norcross and Beutler (2011) note that *evidence-based practice* reflects a commitment on “what works, not on what theory applies” (p. 510).

*Evidence-based practice* (EBP) is “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force, 2006, p. 273). This idea encompasses more than simply basing interventions on research. Norcross, Hogan, and Koocher (2008) advocate for inclusive evidence-based practices that incorporate the three pillars of EBP: (1) best available evidence, (2) clinician expertise, and (3) client characteristics.

How effective is counseling and psychotherapy? A meta-analysis of psychotherapy outcome literature conducted by Smith, Glass, and Miller (1980)

concluded that psychotherapy was highly effective. Prochaska and Norcross (2010) note that controlled outcome research consistently supports the effectiveness of psychotherapy. They point out that more than 5,000 individual studies and 500 meta-analyses have been conducted on the effectiveness of psychotherapy; these studies demonstrate that well-developed therapy interventions have meaningful, positive effects on the intended outcome variables. In short, not only does psychotherapy work, but research demonstrates that therapy is remarkably effective.

A summary of the research data shows that the various treatment approaches achieve roughly equivalent results (Duncan et al., 2004). Lambert's (2011) review of psychotherapy research makes it clear that the similarities rather than the differences among models account for the effectiveness of psychotherapy. Reviews of comparative outcome studies reveal the same general conclusion: there is relative equivalence among the various therapeutic approaches. Interpersonal, social, and affective factors common across therapeutic orientations are more critical than techniques employed when it comes to facilitating therapeutic gains.

Although it is clear that counseling works, there are no simple explanations of how it works, and it appears that we must look to factors that are common to all the counseling theories. Hubble, Duncan, Miller, and Wampold (2010) summarized research studies in the field and found that the following four factors account for change in therapy:

- Client factors: 40%
- Alliance factors (the therapeutic relationship): 30%
- Expectancy factors (hope and allegiance): 15%
- Theoretical models and techniques: 15%

*Common factors* that are part of all theoretical orientations are critical to therapeutic outcome. Wampold (2010) concludes that “there is little evidence that the specific ingredients of any treatment are responsible for the benefits of therapy” (p. 71). Research indicates that a variety of treatments are equally effective—when administered by therapists who believe in them and when they are accepted by the client.

The various counseling approaches and techniques work equally well because they share the most important ingredient accounting for change—*the client*. Data point to the conclusion that the engine of change is the client (Bohart & Tallman, 2010), and we can most productively direct our efforts toward ways of employing the client in the process of change (Duncan et al., 2004). Duncan and colleagues further state that therapists can translate this research into their counseling practice by purposefully working to do the following:

- Enhance the common factors across all theories that account for successful outcomes

- Focus on the client's perspective and theory of change as a guide to selecting techniques and integrating various therapy models
- Obtain systematic client feedback regarding the client's experience of the process and outcome of therapy

### ***An Alternative to Evidence-Based Practice: The Practice-Based Evidence Model***

Miller, Duncan, and Hubble (2005) are critical of the EBP movement. They argue that the best hope for integration of the field is a focus on using data generated during treatment to inform the process and outcome of treatment. Rather than evidence-based practice, Miller, Duncan, and Hubble encourage therapists to tailor their work through practice-based evidence. For an interesting discussion on practice-based evidence as an alternative to evidence-based practice, see Duncan, Miller, and Sparks (2004).

Many practitioners believe that relying on the evidence-based practice model is mechanistic and does not take into full consideration the relational dimensions of the therapeutic process. These clinicians do not think matching techniques that have been empirically tested with specific problems is a meaningful way of working with the problems presented by group members. It needs to be emphasized that not all clients come to therapy with clearly defined psychological disorders. Many clients have existential concerns that do not fit with any diagnostic category and do not lend themselves to clearly specified symptom-based outcomes. Evidence-based practice may not have much to offer practitioners working with individuals who want to pursue meaning and fulfillment in their lives.

Practitioners with a relationship-oriented approach (such as person-centered therapy and existential therapy) emphasize understanding the world of the client and healing through the therapeutic relationship. Norcross, Beutler, and Levant (2006) remind us that many aspects of treatment—the therapy relationship, the therapist's personality and therapeutic style, the client, and environmental factors—contribute to the success of psychotherapy and must be taken into account in the treatment process. Evidence-based practices tend to emphasize only one of these aspects—interventions based on the best available research.

Duncan, Miller, and Sparks (2004) have suggested a different way to incorporate data to improve treatment decisions. They argue that the most useful focus is on using data generated from clients during treatment to inform the process and outcome of treatment. Significant improvements in client retention and outcome have been shown where therapists regularly and purposefully collect data on the client's experience of the alliance and progress in treatment. As an alternative to evidence-based practice, they propose the approach of *practice-based evidence* (PBE).

Miller, Hubble, Duncan, and Wampold (2010) emphasize the importance of enlisting the client's active participation in the therapeutic venture. Monitoring outcome

and adjusting accordingly on the basis of feedback from the client must become routine practice. They argue that you do not need to know ahead of time what approach to use for a given diagnosis. What is most important is to systematically gather and use formal client feedback to inform, guide, and evaluate treatment.

Duncan and colleagues (2004) claim that the client's theory of change can be used as a basis for determining which approach, by whom, can be most effective for this person, with his or her specific problem, under this particular set of circumstances. This approach to the practice of counseling places emphasis on continuous client input into the therapy process. Doing this increases the chances of active client participation in counseling, which is the most important determinant of the outcome of treatment.

## **An Overview of Contemporary Theories**

### **Main Points --- The Psychodynamic Approaches: Psychoanalytic and Adlerian**

- Psychodynamic approaches focus on the client's past and how that past helps clients understand what they are doing in the present.
- Transference and countertransference are major concepts in this approach.
- Countertransference issues are common occurrences for therapists. The key is to be aware of those issues, understand how they affect your counseling skills, and get help to work on those reactions outside of your therapy work with clients.
- The Adlerian perspective is a psychodynamic approach that focuses on the common good of the community.
- The Adlerian approach focuses on how the client is functioning today by looking at the family of origin.

## **Experiential and Relationship-Oriented Approaches**

### **Main Points of Experiential and Relationship-Oriented Approaches**

- These approaches are referred to as experiential because of the assumption that the best way to learn is by experiencing rather than by "talking about" an issue. In addition, the focus on emotion is the route to the change process.
- Techniques are always secondary to understanding the world of the client
- The main task of the counselor is to create a climate of safety and trust within the therapeutic relationship.
- Common denominators of these approaches include focusing on emotion, the counselor's ability to be fully present, and the counselor's self-disclosure.
- Existential approaches address anxiety, freedom, choice, and responsibility.
- Person-centered approaches take their lead from the client. The counselor is present,



authentic, accepting, and empathic—and attends to what is happening in the therapeutic setting from moment to moment.

- Gestalt approaches emphasize awareness and direct experiencing to focus on the here and now.

Therapy is often viewed as a journey taken by counselor and client, a journey that delves deeply into the world as perceived and experienced by the client. This journey is influenced by the quality of the person-to-person encounter in the therapeutic situation. The value of the therapeutic relationship is a common denominator among all therapeutic orientations, yet some approaches place more emphasis than others do on the role of the relationship as a healing factor. This is especially true of the existential, person-centered, and Gestalt approaches. These **relationship-oriented approaches** (sometimes known as experiential approaches) are all based on the premise that the quality of the client/counselor relationship is primary, with techniques being secondary. The **experiential approaches** are grounded on the premise that the therapeutic relationship fosters a creative spirit of inventing techniques aimed at increasing awareness, which allows clients to change some of their patterns of thinking, feeling, and behaving.

Some of the key concepts common to all experiential approaches that are assumed to be related to effective therapeutic outcomes are listed below:

- The quality of the person-to-person encounter in the therapeutic situation is the catalyst for positive change.
- The counselor's main role is to be present with clients during the therapeutic hour. This implies that the counselor has good contact with the client and is centered within himself or herself.
- Clients can best be invited to grow by a counselor modeling authentic behavior.
- A therapist's attitudes and values are at least as critical as are his or her knowledge, theory, or techniques.
- Counselors who are not sensitively tuned in to their own reactions to a client, run the risk of becoming more of a technician, rather than an artist.
- The I-Thou relationship enables clients to experience the safety necessary for risk-taking behavior.
- Awareness emerges within the context of a genuine meeting between the counselor and the client, or within the context of I-Thou relating.
- The basic work of therapy is done by the client. A counselor's job is to create a climate in which clients are likely to try out new ways of being.

Counselors who operate in the framework of the relationship-oriented therapies will be much less anxious about using the "right technique." Their techniques are most likely designed to enhance some aspect of the client's experiencing, rather than being used to stimulate clients to think, feel, or act in a certain manner.

## **Cognitive Behavioral Approaches**

### **Main Points of CBT**

- Cognitive behavioral approaches include behavior therapy, cognitive behavioral therapy, cognitive therapy, rational emotive behavior therapy, and reality therapy.
- Of all the therapeutic approaches utilized today, the cognitive behavioral ones are the most common.
- These therapeutic approaches emphasize collaboration, planning, accountability through research for best methods, structure, and a focus on specific themes and problems.
- Cognitive behavioral approaches view psychological distress as a function of faulty thinking, and therapy is focused on developing more constructive ways of thinking.
- Most cognitive behavioral approaches are psychoeducational; they provide information, teach skills, and value homework as a useful technique.
- In cognitive behavioral approaches awareness of diversity issues is given attention.

Some of the main **cognitive behavioral approaches** include: behavior therapy, rational emotive behavior therapy, cognitive therapy, and reality therapy. Although the cognitive behavioral approaches are quite diverse, they do share these attributes: (1) a collaborative relationship between client and therapist, (2) the premise that psychological distress is largely a function of disturbances in cognitive processes, (3) a focus on changing cognitions to produce desired changes in affect and behavior, and (4) a generally time-limited and educational treatment focusing on specific and structured target problems. The cognitive behavioral approaches are based on a structured, psychoeducational model, and they tend to emphasize the role of homework, place responsibility on the client to assume an active role both during and outside of the therapy sessions, and draw from a variety of cognitive and behavioral techniques to bring about change.

## **Postmodern Approaches to Counseling Practice**

### **Main Points of the Postmodern Perspectives**

- Solution-focused brief therapy, narrative therapy, feminist therapy, and multicultural approaches are some of the major postmodern therapeutic approaches.
- A common theme in all postmodern approaches is the concept of empowerment of clients, meaning that they are resourceful and have the capacity to change direction in their lives.
- Another key notion common among these approaches is that the client is the expert. Consumers of therapy know best their own situation and solutions for change.
- Social justice has become a focus in therapeutic work, particularly for postmodern approaches. Techniques commonly utilized in solution-focused brief therapy are the miracle question, the exception question, and the use of homework.
- Feminist approaches ask clients how to create change in the social world in which

they live.

- These approaches all respect and attend to diversity issues. A group counselor ethically cannot ignore culture and cultural differences.

## **An Integrative Approach to the Therapeutic Process**

### **Main Points of Integrative Perspectives**

- An integrative approach borrows concepts and techniques from a number of different approaches.
- From psychodynamic and experiential and relationship-oriented approaches, you will find ways to focus on relationship issues.
- From the cognitive behavioral approaches, you can use a number of techniques to change faulty thinking and to increase desired behaviors.
- From postmodern approaches, you can find ways to incorporate clients' life stories and the concept of their life context.
- Adopting an integrative approach is not simple; you cannot pick and choose various techniques smorgasbord style. Rather you draw upon the various approaches and process them through your own filter so that your approach fits your style and personality, and fits well with the unique needs of your clients.
- Adopting an integrative approach takes learning, experience, supervision, and refinement. Over time, as you gain more experience and competence with your approach and your work, your integrative approach will change and evolve.

An **integrative model** refers to a perspective based on concepts and techniques drawn from various theoretical approaches. One reason for the current trend toward an integrative approach to the helping process is the recognition that no single theory is comprehensive enough to account for the complexities of human behavior when the full range of client types and their specific problems are taken into consideration.

Most clinicians now acknowledge the limitations of basing their practice on a single theoretical system and are open to the value of integrating various therapeutic approaches. Those clinicians who are open to an integrative perspective may find that several theories play crucial roles in their personal approach. Each theory has its unique contributions and its own domain of expertise. By accepting that each theory has strengths and weaknesses and is, by definition, different from the others, practitioners have some basis to begin developing a counseling model that fits them.

Remain open to the value inherent in each of the theories of counseling. All the theories have some unique contributions as well as some limitations. Study all the contemporary theories to determine which concepts and techniques you can incorporate into your approach to practice. You will need to have a basic knowledge of various theoretical systems and counseling techniques to work effectively with diverse client

populations in various settings. Functioning exclusively within the parameters of one theory may not provide you with the therapeutic flexibility that you need to deal creatively with the complexities associated with diverse client populations.

Each theory represents a different vantage point from which to look at human behavior, but no one theory has the total truth. Because there is no “correct” theoretical approach, it is well for you to search for an approach that fits who you are and to think in terms of working toward an integrated approach that addresses thinking, feeling, and behaving. To develop this kind of integration, you need to be thoroughly grounded in a number of theories, be open to the idea that these theories can be unified in some ways, and be willing to continually test your hypotheses to determine how well they are working.

For those of you who are beginning your counseling career, it is probably wise to select the primary theory closest to your basic beliefs. Learn that theory as thoroughly as you can, and at the same time be open to examining other theories in depth. If you begin by working within the parameters of a favored theory, you will have an anchor point from which to construct your own counseling perspective. But do not think that simply because you adhere to one theory you can use the same techniques with all of your clients. Even if you adhere to a single theory, you will need to be flexible in the manner in which you apply the techniques that flow from this theory as you work with different clients.

If you are currently a student in training, it is unrealistic to expect that you will already have an integrated and well-defined theoretical model. An integrative perspective is the product of a great deal of reading, study, supervision, clinical practice, research, and theorizing. With time and reflective study, the goal is to develop a consistent conceptual framework that you can use as a basis for selecting from the multiple techniques that you will eventually be exposed to. Developing your personalized approach that guides your practice is a lifelong endeavor that is refined with experience.

### **Using Techniques From Multiple Therapeutic Models**

Whatever techniques you employ, it is essential to keep the needs of your client in mind. Some clients relate best to cognitive techniques, others to techniques designed to change behavior, and others to techniques aimed at eliciting emotional material. The same client, depending on the stage of his or her therapy, can profit from participating in many of these different techniques.

It is essential to adapt the techniques we use to fit the needs of the individual rather than attempting to fit the client to the counselor’s techniques. In deciding on techniques to introduce, it is good to take into account an array of factors about the client population. It is important to have a rationale for using the techniques you employ.

### **Multicultural Applications of the Contemporary Theories of Counseling**

In working within a *multicultural framework*, it is especially important for you to use techniques flexibly. Clients should not be forced into a strict mold. Rather, techniques are most effective when they are tailored to what the individual client needs, which means you will have to modify your strategies. Some clients will resist getting involved in techniques aimed at bringing up and expressing intense emotions. Confrontational techniques may close down some clients. In such cases it may be best to focus more on cognitive or behavioral techniques or to modify emotive techniques that are appropriate for the client. Other clients may need to be confronted if they are to move. Confrontation at its best is an act of caring. It is designed to motivate clients to examine what they are thinking, feeling, and doing. Relying strictly on supportive techniques with certain clients will not provide the impetus they need to take the steps necessary to change. Techniques work best when they are designed to help clients explore thoughts, feelings, and actions that are within their cultural environment. Again, the value of bringing the client into the counseling process as an informed partner and a collaborator with you as a therapist cannot be overemphasized.

**Multicultural Applications of Psychoanalytic Approach.** Therapists can assist clients in identifying and dealing with the influence of environmental situations on their personality development. The goals of brief psychodynamic therapy can provide a new understanding for current problems. With this briefer form of psychoanalytically oriented therapy, clients can relinquish old patterns and establish new patterns in their present behavior.

**Multicultural Applications of Adlerian Approach.** This approach offers a range of cognitive and action-oriented techniques to help people explore their concerns in a cultural context. Adlerian practitioners are flexible in adapting their interventions to each client's unique life situation. Adlerian therapy has a psychoeducational focus, a present and future orientation, and is a brief, time-limited approach. All of these characteristics make the Adlerian approach suitable for working with a wide range of client problems.

**Multicultural Applications of the Existential Approach.** Because the existential approach is based on universal human themes, and because it does not dictate a particular way of viewing reality, it is highly applicable when working in a multicultural context. Themes such as relationships, finding meaning, anxiety, suffering, and death are concerns that transcend the boundaries that separate cultures. Clients in existential therapy are encouraged to examine the ways their present existence is being influenced by social and cultural factors.

**Multicultural Applications of Person-Centered Therapy.** The emphasis on universal, core conditions provides the person-centered approach with a framework for understanding diverse worldviews. Empathy, being present, and respecting the values of clients are essential attitudes and skills in counseling culturally diverse clients. Person-centered counselors convey a deep respect for all forms of diversity and value

understanding the client's subjective world in an accepting and open way.

**Multicultural Applications of Gestalt Therapy.** Gestalt therapy can be used creatively and sensitively with culturally diverse populations if interventions are used flexibly and in a timely manner. Gestalt practitioners focus on understanding the person and not on the use of techniques. Experiments are done with the collaboration of the client and with the attempt to understand the background of the client's culture.

**Multicultural Applications of Behavioral Approaches.** Behavioral approaches can be appropriately integrated into counseling with culturally diverse client populations when culture-specific procedures are developed. The approach emphasizes teaching clients about the therapeutic process and stresses changing specific behaviors. By developing their problem-solving skills, clients learn concrete methods for dealing with practical problems within their cultural framework.

**Multicultural Applications of Cognitive Therapy.** Cognitive therapy tends to be culturally sensitive because it uses the individual's belief system, or worldview, as part of the method of self-change. The collaborative nature of CT offers clients the structure many clients want, yet the therapist still strives to enlist clients' active participation in the therapeutic process.

**Multicultural Applications of Rational Emotive Behavior Therapy.** Some factors that make REBT effective in working with diverse client populations include tailoring treatment to each individual, the focus on present behavior, and the brevity of the approach. REBT practitioners function as teachers; clients acquire a wide range of skills they can use in dealing with the problems of living. This educational focus appeals to many clients who are interested in learning practical and effective methods of bringing about change.

**Multicultural Applications of Reality Therapy.** Reality therapists demonstrate their respect for the cultural values of their clients by helping them explore how satisfying their current behavior is both to themselves and to others. After clients make this self-assessment, they identify those areas of living that are *not* working for them. Clients are then in a position to formulate specific and realistic plans that are consistent with their cultural values.

**Multicultural Applications of Solution-Focused Brief Therapy.** Solution-focused brief therapists learn from their clients about their experiential world rather than approaching clients with a preconceived notion about their worldview. The nonpathologizing stance taken by solution-focused practitioners moves away from dwelling on what is wrong with a person to emphasizing creative possibilities. Instead of aiming to make change happen, the SFBT practitioner attempts to create an atmosphere of understanding and acceptance that allows a diverse range of individuals to utilize their resources for making constructive changes.

**Multicultural Applications of Narrative Therapy.** With the emphasis on multiple realities and the assumption that what is perceived to be true is the product of social construction, narrative therapy is a good fit with diverse worldviews. Narrative therapists operate on the premise that problems are identified within social, cultural, political, and relational contexts rather than existing within individuals.

**Multicultural Applications of Feminist Therapy.** Feminist therapy and multicultural perspectives have a great deal in common. The feminist perspective on power in relationships has application for understanding power inequities due to racial and cultural factors. The “personal is political” principle can be applied both to counseling women and counseling culturally diverse client groups. Neither feminist therapy nor multicultural perspectives focus exclusively on individual change. Instead, both approaches emphasize direct action for social change as a part of the role of therapists. Many of the social action and political strategies that call attention to oppressed groups have equal relevance for women and for other marginalized groups. Both feminist therapists and multicultural therapists have worked to establish policies that lessen the opportunities for discrimination of all types—gender, race, culture, sexual orientation, ability, religion, and age.

**Multicultural Applications of Integrative Approaches.** Integrative perspectives are based upon various theories that stress thinking, feeling, action. This holistic focus makes an integrative approach an ideal one from a multicultural perspective.

### **Concluding Comments**

There are advantages to constructing a systematic, consistent, personal, and disciplined approach to integrating various elements in your counseling practice. Whatever the basis of your integrative approach to counseling, you need to have a basic knowledge of various theoretical systems and counseling techniques to work effectively with a wide range of clients in various clinical settings. Sticking strictly to one theory may not provide you with the therapeutic flexibility that is required to deal creatively with the complexities associated with clinical practice.

One reason for the trend toward integrative counseling is the recognition that no single theory is comprehensive enough to account for the complexities of human behavior, especially when the range of client types and their specific problems are taken into consideration. Consider the contributions of the various counseling models and work toward creating your own integrative perspective. If you are open to an integrative perspective, you may find that several theories play a crucial role in your personal approach.

### **Suggested Readings for Counseling Theory in Practice**

This reference list represents a carefully chosen group of books that I think will be useful as resources for designing a personal integrative approach to counseling. References marked with an asterisk are highly recommended for further reading.

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