

Theories Conceptualization Template

Adlerian

Component 1-Theoretical Views

-Theory

The theory researched and discussed is Adlerian Theory.

-Founder/Date Founded

The Adlerian Theory was introduced by Alfred Adler in 1912 (Miller & Taylor, 2016).

-Brief Background

The individual psychology theory focuses mainly on human relationships and how people are best understood through creating and establishing genuine relationships. Adler paved the way in creating counseling approaches that encompass one's social interest (Miller & Taylor, 2016).

-Human Motivation

Adler's approach requires the client to look inward and discover motivation through contributing to the world by utilizing their own self interests. In this way, individuals will find purpose and motivation in finding their identities and ultimately, increase their overall mental health. Miller and Taylor explain, "Adlerian counselors aim to increase social interest through the therapeutic relationship, interventions geared toward increasing clients' perspective taking, and encouraging service and involvement within communities" (Miller & Taylor, 2016). The client will find motivation through serving and interacting with individuals.

Component 2-Roles and Goals

-Roles of Client (Describe 2 or more.)

1. The client will be encouraged to look at daily decisions that they make and try and understand why they make those specific lifestyle decisions and how it impacts the way they view themselves. As the client examines their day-to-day, they may become aware of choices that are not helpful to their overall mental health. The client's role includes being open to discovering activities that will promote and encourage a social interest and then apply it to their everyday lifestyle. Miller and Taylor describe it like this, "Awareness of lifestyle is both conscious and

subconscious and helps individuals gain a sense of predictability and control over their lives” (Miller & Taylor, 2016). This is an expectation that the counselor will have of the client when appropriately utilizing the Adlerian Theory.

2. Additionally, the client should look for opportunities where they can volunteer by using their gifts and talents to serve others. Kim, Park, & Hogge found through their research of Korean retirees that many of the individuals found a greater sense of purpose through caring for others. Through their volunteer work they were able to find meaning in life and consequently, decreased depression (Kim, Park, & Hogge, 2015).

-Counselor Goals

1. The counselor will work with the client to promote positive relationships with self, others and the world around them. (2016). The counselor must first establish a trusting relationship between themselves and the client. If the client trusts the guidance of the counselor, he or she will be more inclined to seek out other beneficial relationships in their life.

2. Adlerian counselors will spend time looking into the clients early childhood experiences in order to understand the client's daily behaviors and reasoning. Miller and Taylor describe personality priorities when writing, “...The theory behind personality priorities is that individuals develop certain attitudes and behaviors during childhood in relation to others that allow them to gain a sense of significance and belonging” (Miller & Taylor, 2016). The counselor will use this information from the client's background to gain understanding into their development of all past and present relationships.

Component 3-Central Constructs/Key Concepts (Describe 3)

1. A central construct of Adlerian Theory is the idea that client's can discover their abilities and strength and apply those to everyday life. By making better choices and putting their gifts to a positive use the client will improve their mental health. Robey, Wubbolding, & Malter explain this view of mental health as strength based. (Robey, Wubbolding, & Malter, 2017).
2. Secondly, because the Adlerian Theory is based largely on relationships, a key concept is the relationship between the client and the counselor. Robey, Wubbolding, & Malter write, “...The client and therapist roles will be as equal partners” (Robey, Wubbolding, & Malter, 2017). The counselor has a great deal of responsibility in fostering a positive relationship with the client. The client can then look to the relationship as an example of how to initiate further relationships with others.
3. Specific goals are what motivate individuals to continue striving towards achievement. Encouraging clients to focus on their personal goals helps to develop the positive behaviors that Adlerian theory emphasizes.

Component 4-Therapeutic Techniques (Describe 3)

1. There are several therapeutic techniques that can be utilized within Adlerian theory. Robey, Wubbolding, & Malter describe a specific technique, “acting as if” (Robey, Wubbolding, & Malter, 2017). This technique has clients act as though, or pretend that they are living life without the hindrances that they see standing in their way of becoming who they want to be.
2. Secondly, Adlerian inspired counselors can encourage clients to create strategic plans that align with a specific goal. Robey, Wubbolding, & Malter write, “The plan is specific, attainable, measurable, immediate, and controlled (SAMIC) by the planner” (Robey, Wubbolding, & Malter, 2017).
3. Self-evaluation is another successful form of Adlerian therapy. With this technique clients are asked to evaluate all aspects of their lifestyle and behaviors. This technique can be beneficial to clients because when they self-evaluate their behaviors they may identify areas in their life that reflect their poor choices and can be more aware of changing the behaviors in the future to achieve a better outcome.

Component 5-Multicultural Strengths & Shortcomings (Describe 2 of each)

-Strengths

1. The basis of Adlerian Theory deals with one’s feeling of belonging and purpose in the world. Adler’s theory can be successfully applied throughout other cultures because struggles with identity and purpose are not specific to any culture. Bluvstein, Filatov, Kajino, et al. write, “...An Adlerian focus on the meaning of the felt trauma for one’s today and the purpose of that feeling for one’s tomorrow brings hope to what may be seen as ultimate and irreparable hopelessness” (Bluvstein, Filatov, Kajino, et al., 2019). Individuals from all cultures have experienced trauma and hopelessness.
2. Childhood experiences shape all individuals. Stoltz, Wolff, Monroe, et al. explain, “These adaptive attributes--lifestyle--are formed in early childhood and brought forward to address all developmental tasks and challenges” (Stoltz, Wolff, Monroe, et al., 2013). This can be viewed as a multicultural strength because every human being has childhood experiences that can be examined in order to draw conclusions about the client’s current struggles in the present. It gives the counselor a place to start with the client regardless of his/her cultural background.

-Shortcomings

1. Relationships are essential to Adlerian therapy. Some individuals from many cultural backgrounds will struggle with creating a close relationship with the counselor. This is because they view the counselor as the expert and come into the session expecting more of a one-sided

discussion without having to disclose that much personal information. Hawkins et al., writes, "However, many cultures view the counselor as an authoritative expert" (Hawkins et al., 2019). This is an example of a multicultural shortcoming of Adlerian theory, because counselors will need to understand that this could be a roadblock in using this particular technique.

2. Counselors must take into consideration their clients cultural background. These experiences shape the individual and influence the choices they make in the present. Kim, Park, & Hogge explain, "Although activity and social interest are thought to develop in early childhood, Adlerian scholars believe that these traits can be altered" (Kim, Park, & Hogge, 2015). The counselor will have to determine how the client's current traits developed and not make assumptions based on cultural childhood experiences.

Component 6-Research (Describe 3 pieces of research (peer-reviewed) supporting effectiveness of the theory in a school counseling setting.)

1. School counselors strive to meet the needs of students and encourage the necessary skills to be successful in life for their present and future. School counselors possess the desire to instill purpose, as they have found purpose in their occupation. Lemberger, & Nash explain this as, "...The compulsion of the individual to contribute to healthy and responsive communities" (Lemberger & Nash, 2008). This theory is seen to be effective in schools because students benefit from identifying their own self-interests and discovering ways to implement them throughout society as they develop.
2. Play therapy is an Adlerian technique that is proven to be effective in a school counseling setting. Meany-Walen, Bratton, & Kottman describes how students are able to develop a sense of control and understanding over their behaviors through play, and in turn discovered ways in which to control the negative behaviors they were previously exhibiting in the classroom to get their needs met (Meany-Walen, Bratton, & Kottman, 2014).
3. Hamm, Carlson, Erguner-Tekinalp & Hamm, investigate the effectiveness of Adlerian techniques within a population of youth (Hamm, Carlson, Erguner-Tekinalp & Hamm, 2016). The theory is shown to be effective in this setting with students by helping them discover their own personal strengths and then encourage the students to apply their strengths to reach their goals. (Hamm, Carlson, Erguner-Tekinalp & Hamm, 2016).

Component 7-Limitations/Criticisms (Describe 2).

1. A criticism of Adler's theory is stated by Fernández-Ríos, & Novo as, "Being positive is very well but it is naive to believe that optimism can solve all problems" (Fernández-Ríos & Novo, 2012). This statement is a fair point to ponder and makes me wonder, is it without fail that if one establishes meaningful relationships, contributes to the world, and identifies their purpose through self-interests, that one will never struggle with mental health again?

2. Additionally Fernández-Ríos & Novo, point out that positive psychology may, “...Generate more theoretical confusion than practical solutions” (Fernández-Ríos & Novo, 2012). This is a criticism of Adlerian theory because terms describing overall happiness and purpose can be broad. It could potentially be confusing and difficult for an individual to identify when they have reached achievement of overall happiness without specific goals outlined with help from the counselor.

References

al, H. E. (2019). *Research-based Counseling Skills: The Art and Science of Therapeutic Empathy*. [Liberty University Online Bookshelf]. Retrieved from <https://libertyonline.vitalsource.com/#/books/9781792404702/>

Bluvshstein, M., Filatov, F., Kajino, M., & Jackson, A. (2019). Social interest as an antidote to suicide: The cross-cultural applicability of an Adlerian solution. *SHS Web of Conferences*, 70, 09002. doi:10.1051/shsconf/20197009002

Fernández-Ríos, L., & Novo, M. (2012). Positive psychology: Zeigeist (or spirit of the times) or ignorance (or disinformation) of history? *International Journal of Clinical and Health Psychology*, 12(2), 333-344. Retrieved from <http://ezproxy.liberty.edu/login?url=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F1010347065%3Faccountid%3D12085>

Hamm, J., Carlson, J., Erguner-Tekinalp, B., & Hamm, J. (2016). Adlerian-Based Positive Group Counseling Interventions with Emotionally Troubled Youth. *The Journal of Individual Psychology*, 72(4), 254–272. <https://doi.org/10.1353/jip.2016.0021>

Kim, E., Park, H., & Hogge, I. (2015). Examination of the Adlerian constructs of activity and social interest with depression among recent Korean retirees: Meaning in life as a mediator. *Archives of Gerontology and Geriatrics*, 61(3), 378-383. doi:10.1016/j.archger.2015.07.003

Lemberger, M. E., & Nash, E. R. (2008). School Counselors and the Influence of Adler: Individual Psychology since the Advent of the ASCA National Model. *Journal of Individual Psychology* doi:[https://learn.liberty.edu/bbcswebdav/pid-42807699-dt-content-rid-505178630_1/courses/COSC505_390_202040/School Counselors and the Influence of Adler_article.pdf](https://learn.liberty.edu/bbcswebdav/pid-42807699-dt-content-rid-505178630_1/courses/COSC505_390_202040/School%20Counselors%20and%20the%20Influence%20of%20Adler_article.pdf)

Meany-Walen, K. K., Bratton, S. C., & Kottman, T. (2014). Effects of Adlerian Play Therapy on Reducing Students' Disruptive Behaviors. *Journal of Counseling & Development*, 92(1), 47-56. doi:10.1002/j.1556-6676.2014.00129.x

Miller, R., & Taylor, D. D. (2016). Does Adlerian Theory Stand the Test of Time?: Examining Individual Psychology From a Neuroscience Perspective. *The Journal of Humanistic Counseling*, 55(2), 111-128. doi:10.1002/johc.12028

Robey, P. A., Wubbolding, R. E., & Malters, M. (2017). A Comparison of Choice Theory and Reality Therapy to Adlerian Individual Psychology. *Journal of Individual Psychology*, 73(4), 283–294. <https://doi-org.ezproxy.liberty.edu/10.1353/jip.2017.0024>

Stoltz, K. B., Wolff, L. A., Monroe, A. E., Farris, H. R., & Mazahreh, L. G. (2013). Adlerian Lifestyle, Stress Coping, and Career Adaptability: Relationships and Dimensions. *The Career Development Quarterly*, 61(3), 194-209. doi:10.1002/j.2161-0045.2013.00049.x

Solution-Focused

Component 1-Theoretical Views

-Theory

The theory researched and discussed is Solution-Focused Therapy.

-Founder/Date Founded

Solution-Focused Therapy was developed by Insoo Kim Berg and Steve de Shazer in the early 1980's (Visser, 2013).

-Brief Background

Therapists were viewed as the only ones responsible to solve the problems that the client came in with. The previous approach was not necessarily successful in encouraging the client to identify their struggles and create personal goals to make change. Milton Erickson and Gregory Bateson were influential in the ideas of solution-focused therapy in that they both believed individuals have the ability to change their behaviors and outcome of life (Visser, 2013).

-Human Motivation

The therapist's goal in using solution-focused therapy is to motivate the client to see how they can achieve a solution and reach their goals in a positive manner. This will increase the client's self-efficacy if they are able to lend their attention to a solution rather than the problem at hand. Grant (2012) writes, "As the aim of solution-focused approaches is to facilitate purposeful positive change, questions that are truly effective should have the effect of enhancing motivation, increasing positive affect and self-efficacy for change..." (Grant, 2012). Using this approach should ultimately motivate the client to take purposeful action.

Component 2-Roles and Goals

-Roles of Client (Describe 2 or more.)

1. In solution-focused therapy, the client's role is to focus on their own personal strengths instead of the problem at hand. The client should also outline specific goals that they want to reach after completing sessions with the therapist (Bond, Woods, Humphrey, Symes, & Green, 2013).

2. Secondly, clients are expected to be open in communication and collaboration with the therapist. In this way, the therapist can guide the client in identifying a plan that will lead to success in overcoming struggles. Franklin, Zhang, Froerer, & Johnson (2016) explain, "...Clients are specifically asked to co-construct a vision of a preferred future and draw on their past successes, strengths, and resources to make that vision a part of their everyday lives" (Franklin, et al., 2016). Ultimately, the client should reach a solution by acting on the listed tasks.

-Counselor Goals

1. The therapeutic relationship is extremely important. Before the therapist can lead the client to discovering a solution, they must gain the client's trust and confidence. Developing a close relationship with the client can take time and the therapist must be patient during this process. Franklin, et al. (2016), encourages therapists to take a flexible approach with the client and not push them to address their problems until the relationship is thoroughly established (Franklin, et al., 2016).

2. Additionally, a main goal of the therapist is to use specific techniques that reveal ideas to the client that may have previously been unaware of. The therapist can help the client narrow down the struggles that they would like to change in their life for the better. Gingerich, Kim, Stams, & Macdonald (2012) write, "The main therapeutic task is helping the client to imagine how he or she would like things to be different and what it

will take to make that happen” (Gingerich, et al., 2012). A key goal of the therapist is to determine and aid the client in taking the appropriate steps to accomplish the change needed.

Component 3-Central Constructs/Key Concepts (Describe 3)

1. A central construct of Solution-Focused Therapy is that the client has the ability to elicit change in the present and future, without focusing solely on the problem, but rather on a particular solution. Gingerich, Kim, Stams, & Macdonald (2012) write, “Solution-focused therapists assume clients want to change, have the capacity to envision change, and are doing their best to make change happen” (Gingerich, et al., 2012). If the client does not have a goal-oriented mindset to address possible solutions, then the therapist may need to utilize other techniques first and foremost.
2. There are specific techniques that are integral to Solution-Focused Therapy. Miracle questioning and scaling questions are often used to identify a solution or whether or not there are aspects of a solution already taking place (Gingerich, et al., 2012). Additionally, implementing a task for the client to complete after a session, along with encouragement, will set in motion practical steps towards reaching the desired outcome for the client. This is also known as a “consulting break” (Gingerich, et al., 2012).
3. Gingerich, et al., describes the core component of solution-focused therapy developed by by de Shazer, “...(1) a search for pre-session change, (2) goal-setting, (3) use of the miracle question, (4) use of scaling questions, (5) a search for exceptions, (6) a consulting break, and (7) a message including compliments and task” (Gingerich, et al., 2012). Solution-focused therapy will utilize one or more of these aspects in the therapy session. All of the client-centered tasks are used by the therapist to encourage the client to prompt real change in their lives.

Component 4-Therapeutic Techniques (Describe 3)

1. A therapeutic technique that is central to solution-focused therapy is utilizing scaling questions. Therapists use scaling questions in their sessions to have clients identify their desires and ability to commit to change. The client rates on a scale of 1-10 how likely they would be to make an effort to work toward change or a specific goal in their life. Young (2020) writes, “Their purpose is to encourage action and motivate change” (Young, 2020). If the client can pinpoint where their motivation lies with the issue, they will

be more aware of what needs to take place in order to reach success. Scaling questions can be used in many different aspects of the client's life.

2. Miracle questioning is another solution-focused technique. The therapist uses miracle questioning with the client to encourage them to think about life differently from their current perspective. Bond, Woods, Humphrey, Symes, & Green (2013) explain, "The miracle question, which may be variously phrased, asks the SFBT client to begin to imagine and describe the interactions, resources and settings at a time following the occurrence of a 'miracle' through which the problem about which the client has sought consultation has been removed" (Bond, Woods, Humphrey, Symes, & Green, 2013). The miracle refers to the issue plaguing the client to suddenly disappear. The client can take the opportunity to picture life in a new, preferable way, that will ultimately encourage steps towards change.

3. Solution-focused therapists also use questions about exceptions in the client's life. An exception is explained as a time where something negative has occurred previously, but did not occur during this specific time (Ross and Greenwood, 2020). The client is then guided by the therapist to focus on the change made that prevented the negative experience and caused the exception. If the client can recognize why the exception occurred they will be more likely to continue with the change made. The authors write, "Identifying exceptions is critical to building further and future solutions" (Ross and Greenwood, 2020). This is a skill that the client can utilize often to find solutions.

Component 5-Multicultural Strengths & Shortcomings (Describe 2 of each)

-Strengths

1. Meyer and Cottone, (2013) researched the effectiveness of solution-focused therapy within American Indian populations. Several of the multicultural strengths while utilizing solution-focused therapy were discussed and evaluated. Meyer and Cottone (2013) write, "Because the counselor uses the client's language and understanding of his or her situation, this approach can be culturally sensitive" (Meyer and Cottone, 2013). The counselor must let the client explain their own perspective which will be based upon their cultural experience. The counselor can use solution-focused therapy with other cultures because the counseling technique is client-focused and can be adjusted accordingly to a specific understanding of a situation.
2. The theory has been used across many diverse groups and has proven to be effective (Meyer and Cottone, 2013). The authors explain, ... "The counselor works with the client to define a mutually agreeable reality; therefore, they come to a consensus on reality" (Meyer and Cottone, 2013). This can be done with clients from any background and culture. The job of the counselor is to use personal reflection and withhold from using their own preconceived notions about previous ideals or situations.

-Shortcomings

1. **Specific techniques used in solution-focused therapy, like scaling questions, can conflict with beliefs in certain cultures. For example, Meyer and Cottone (2013) explain, talking about personal strengths can be difficult and ineffective within the American Indian culture because having a humble spirit is a key character value (Meyer and Cottone, 2013). The counselor would need to identify and understand these types of cultural standards when using solution-focused techniques.**
2. **Additionally, the authors discuss how the use of miracle questioning can be contradictory to how American Indians value living in the present (Meyer and Cottone, 2013). The use of miracle questioning would have the individual focus on the future. For American Indians, a proper use of miracle questioning could be having the client think of time where they were in harmony with all aspects of life (Meyer and Cottone, 2013).**

Component 6-Research (Describe 3 pieces of research (peer-reviewed) supporting effectiveness of the theory in a school counseling setting.)

1. **Solution-focused therapy is an effective technique to use within the school setting. Particularly with encouraging students to set goals for themselves. Collaboration is key to setting goals. The counselor and the student should aim to work collectively in establishing specific goals (Kim and Franklin, 2009). Once the student and the therapist have agreed upon the goals and identification of the problem at hand, the therapy allows an opportunity for the student to establish change quickly (Kim and Franklin, 2009).**
2. **A positive aspect of solution-focused therapy that makes the technique effective in a school setting is its focus on the present and future, rather than problems that have occurred in the student's past (Carlson, 2017). Carlson (2017) describes, "SFBT posits that as the counseling discourse shifts from problem talk to solution talk, students' perceptions and personal meanings about their lives change, and they are able to move toward their preferred future" (Carlson, 2017). Students need to have motivation to make changes in their lives. By changing their perspective to a hopeful outlook on the situation and by giving them meaning, the student will find the encouragement and motivation needed to make the change.**

3. Research done by Franklin (2015) shows that, "...SFBT is a promising treatment for emotional, behavioral, and academic problems in schools and may be most effectively used in early intervention" (Franklin, 2015). Solution-focused therapy is also seen to be beneficial with helping youth work through depression, anxiety and stress (Franklin, 2015). These are issues that will frequently arise with older students especially. A solution-based approach will give students the necessary tools to overcome these roadblocks.

Component 7-Limitations/Criticisms (Describe 2).

1. Overall, solution-focused therapy is a beneficial counseling technique. Although, a limitation of the form of therapy is the fact that clients may expect to come to a counseling session with the mentality to focus solely on the problem at hand. The client could potentially be displeased with the guidance from the counselor to talk about the exceptions to their problems and to find a solution (Lightfoot, 2014).
2. Additionally, another criticism of the technique is the stance of the counselor. The counselor will assume a position of allowing the client to be the expert rather than the counselor trying to fix the problem (Lightfoot, 2014). This may alarm certain individuals who come into the session with the expectations that the counselor has the ability to solve the issue that they are struggling with.

References

Bond, C., Woods, K., Humphrey, N., Symes, W., & Green, L. (2013). Practitioner review: The effectiveness of solution focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990-2010. *Journal of Child Psychology and Psychiatry*, 54(7), 707-723. doi:10.1111/jcpp.12058

Carlson, M. A. (2017). Using solution-focused brief therapy in schools. Bethesda: National Association of School Psychologists. Retrieved from <http://ezproxy.liberty.edu/login?url=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F2210396165%3Faccountid%3D12085>

Franklin, C. (2015). An update on strengths-based, solution-focused brief therapy. *Health & Social Work*, 40(2), 73–76.

Franklin, C., Zhang, A., Froerer, A., & Johnson, S. (2016). Solution Focused Brief Therapy: A Systematic Review and Meta-Summary of Process Research. *Journal of Marital and Family Therapy*, 43(1), 16-30. doi:10.1111/jmft.12193

Gingerich, W. J., Kim, J. S., Stams, G. J. J. M., & Macdonald, A. J. (2012). Solution-focused brief therapy outcome research. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution-focused brief therapy: A handbook of evidence-based practice* (p. 95–111). Oxford University Press.

Grant, A. M. (2012). *Making Positive Change: A Randomized Study Comparing*

Solution-Focused vs. Problem-Focused Coaching Questions. *Journal of Systemic Therapies*: Vol. 31, No. 2, pp. 21-35. <https://doi.org/10.1521/jsyt.2012.31.2.21>

Kim, J. S., & Franklin, C. (2009). Solution-focused brief therapy in schools: A review of the outcome literature. *Children and Youth Services Review*, 31(4), 464-470. doi:10.1016/j.childyouth.2008.10.002

Lightfoot, J. M., Jr. (2014). *Solution Focused Therapy*. *International Journal of Scientific & Engineering Research*, 5(12). Retrieved from http://solutions-centre.org/pdf/researchpaper_Solution-Focused-Therapy.pdf

Meyer, D. D., & Cottone, R. R. (2013). Solution-focused therapy as a culturally acknowledging approach with american indians. *Journal of Multicultural Counseling and Development*, 41(1), 47-55. Retrieved from <http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F1284320279%3Faccountid%3D12085>

Ross, T., & Greenwood, D. (2020). A Paradigm Shift: Taking a Solution-Focused Approach to Practice. *ADCES in Practice*, 8(2), 40–45. <https://doi.org/10.1177/26335559X20899413>

Visser, C. F. (2013). The origin of the solution-focused approach. *International Journal of Solution-Focused Practices*, 1(1), 10-17.

Young, M. E. (2020). *Learning the Art of Helping*. [VitalSource Bookshelf]. Retrieved from <https://bookshelf.vitalsource.com/#/books/9780135679982/>

Person-Centered

Component 1-Theoretical Views

-Theory

The theory researched and discussed is Person-Centered Therapy (PCT).

-Founder/Date Founded

Person-Centered Therapy was developed by Carl Rogers in the 1940's (Murphy & Joseph, 2016).

-Brief Background

Roger's ideas were influenced by Jessie Taft, Virginia Robinson, and Frederick Allen. Their approach stemmed from the idea that the client is the leading focus in the therapeutic relationship (Murphy & Joseph, 2016). The authors write, "Rogers referred to his new approach as nondirective therapy, to describe how the therapist's task was to reflect feelings and to follow the client's lead..." (Murphy & Joseph, 2016). This was a change from the previous view that the therapist should lead the therapeutic process.

-Human Motivation

Person-centered therapy is founded on the principle that humans can be self-fulfilled and able to socially and emotionally connect with other individuals (Boyer, 2016). The motivation comes from realizing and understanding their own potential and abilities. Motivation can be lost when individuals do not have their basic needs met, i.e. autonomy, competence, and relatedness (Murphy & Joseph, 2016). These are needs that the therapist can help restore for the client.

Component 2-Roles and Goals

-Roles of Client (Describe 2 or more.)

1. The client is the central focus in person-centered therapy, as the name suggests. Thus, the client has an important role in the therapeutic relationship. Murphy & Joseph (2016) explain that responses from the client should be authentic and genuine and not guided by the influence of the therapist.
2. Secondly, the client is in the position to direct the outcomes of the therapy given and ultimately, the outcome of their own life. PCT allows the client room for practicing self-directed behaviors and the therapist acts as a positive guide through the client's development (Murphy & Joseph, 2016).

-Counselor Goals

1. As the therapist, the goal with using PCT is to let the client direct the conversation. The author's write "...The therapist's intention remains to track the direction of the client, even if it involves sharing something from the client's own frame of reference" (Murphy & Joseph, 2016). The counselor uses empathy and a non judgemental environment that encourage.
2. The therapist goal is to do whatever is best for the client. The therapist should use a nondirective technique. This means that the therapist is not taking over the session and trying to lead the client to certain conclusions, but rather allowing the client to reach those conclusions on their own. The authors write, "It requires the therapist to trust in clients' self-healing capacities, or their right and capacity for self-direction..." (Murphy & Joseph, 2016).

Component 3-Central Constructs/Key Concepts (Describe 3)

- 1. Empathy is one of three key concepts of PCT. The therapist uses empathy to show their clients that they have a sense of understanding of the clients deep feelings and tries to see it from the client's point of view. By showing the client an empathetic understanding, the client has the space and freedom to explore their own feelings and inconsistencies (Narknisorn, 2012). The author writes, "The therapist employs sincere body language, probing, active listening, paraphrasing and reflection to help clients feel understood (Narkinsorn, 2012). The therapist must use these skills in order to convey empathy.**
- 2. Congruence is another key concept that is utilized in person-centered therapy. Congruence is described as a genuineness or realness (Narkinson, 2012). Rogers viewed congruence as the most important factor of the therapeutic relationship (Narkinson, 2012). This is because in order for the client to work toward change they must have a sense of trust within the therapeutic relationship. The therapist can build a relationship of trust with the client by exhibiting genuine care in the client's life.**
- 3. The third concept is unconditional positive regard. The key to displaying unconditional positive regard is a therapist who does not come off as judgemental. The therapist can convey this to the client by communicating to them that they understand the client is doing the best they can with the skills and situation presented to them (Narkinson, 2012). Again, this concept is aimed at getting the client to feel safe and comfortable in the therapeutic relationship and motivated to assess personal issues.**

Component 4-Therapeutic Techniques (Describe 3)

- 1. Motivational interviewing is a person-centered therapeutic technique. It is described as a technique, "...aimed at enlisting the client in the treatment process and removing blockages by enhancing the therapeutic relationship and utilizing gentle confrontation" (Young, 2020). The**

therapist uses this technique to help the client understand the underlying issue causing a negative behavior and identify the costs associated with the behavior (Young, 2020).

2. Cepeda & Davenport explain, “...Clients reach self affirmation through being accepted, not praised, by their therapist” (Cepeda, & Davenport, 2006). Acceptance can be used as PCT technique to help the client reach a place of self acceptance. If the therapist relies too heavily on praise then the client may depend on the therapist rather than their own abilities (Cepeda, & Davenport, 2006).
3. Similarly, PCT therapists should avoid offering their clients suggestions on how to change behaviors because it can translate to the client depending solely on the therapist for change (Cepeda, & Davenport, 2006). Instead, therapists can foster an environment for the client where the individual can ultimately reach the goal of self-actualization. Techniques that can be used to create a safe environment include active listening, the use of encouragers and reflecting client’s feelings.

Component 5-Multicultural Strengths & Shortcomings (Describe 2 of each)

-Strengths

1. A strength of a PCT approach is explained by Quinn (2013), “...The effectiveness of a culturally adapted person-centered approach is dependent on the therapist and his or her willingness to be a person, flawed yet genuine, in the presence of the client” (Quinn, 2013). The therapist has the responsibility to learn about the client’s culture and show a genuine interest in how the client’s culture influences them in all aspects of their life. The client will be aware of whether or not the therapist is taking the time to learn about their cultural background.
2. Likewise, PCT presents a multicultural strength through the aim of the therapist to remain non judgemental regardless of the client’s cultural background. The author explains, “...Where the

therapist's intent is toward a nonjudgmental attitude, the client will likely be encouraged to explore individually chosen aspects of his or her worldview" (Quinn, 2013). The client will be able to better understand how their worldview and personal unique qualities influence their lives as well as overall self-esteem (Quinn, 2013).

-Shortcomings

1. Jookyoung (2018) explains aspects of Roger's theory that can be considered a multicultural shortcoming. He explains how self-actualization is reached by individuals either by independence and interdependence and this can vary from culture to culture (Jookyoung, 2018). Roger's theory focuses more on reaching self-actualization through independence. This can cause a disconnect because in some cultures the individual relies heavily on connecting with others and community.
2. While utilizing a person-centered approach, the therapist needs to take into account the client's personal frame of reference. This could ultimately pose as a multicultural shortcoming because the therapist may not accurately understand the client's frame of reference due to cultural differences (Jookyoung, 2018).

Component 6-Research (Describe 3 pieces of research (peer-reviewed) supporting effectiveness of the theory.)

1. PCT is a successful approach within the school counseling setting because children generally respond well to attentive, invested and genuine adults in their life. The relational aspect that is a priority of PCT is beneficial to students and encourages change in behaviors. Boyer (2016) explains, "...In the classroom, Rogers' core conditions of caring are intrinsically linked with safe, sound and successful educational practices" (Boyer, 2016). If a student has developed a trusting relationship with the counselor, they will be more apt to work on change.

2. A form of person-centered therapy is child-centered play therapy (CCPT). This technique is shown to be effective in the school setting. Ray, Armstrong, Balkin, & Jayne (2014), write, “When the play therapist provides an environment that is non threatening and sends a message of empowerment to the child, the child will emerge with a structure that is self-enhancing as well as positively influential on relationships” (Ray, Armstrong, Balkin, & Jayne, 2014). Again, the key is to provide a safe space for the child to identify their own strengths and abilities.
3. In a study completed by Cornelius-White, et al., the authors found that Roger’s main components of person-centered therapy, congruence, empathy and unconditional positive regard were successful with promoting positive outcomes with students (Cornelius-White, et al., 2013). By teachers applying person-centered education, students displayed, “...Student participation/initiation, positive motivation, self-esteem/mental health, social connection, attendance/absences, global satisfaction, disruptive behavior, negative motivation, and dropout prevention” (Cornelius-White, et al., 2013).

Component 7-Limitations/Criticisms (Describe 2).

1. One criticism of PCT is if the client does not come to the session with a motivated mindset to change the behaviors, it could potentially be difficult for the therapist to let the client guide the outcome of the sessions. The therapist would be tempted to lead the client with suggestions and solutions without the client being open to exploring those ideas (Australian Institute of Professional Counselors, n.d.).
2. Secondly, because person-centered therapy is so focused on the therapeutic relationship and creating an environment of support and empathy, the therapist could struggle with finding the balance of challenging the client to address the negative behaviors at hand (Australian Institute of Professional Counselors, n.d.).

References

Australian Institute of Professional Counselors. (n.d.). Person-centered Therapy [E-book] (1st. ed., p. 1-9). J & S Garrett Pty. Ltd. from <http://www.counsellingconnection.com/wp-content/uploads/2013/03/Person-Centred-Therapy.pdf>.

Boyer, W. (2016). Person-Centered Therapy: A Philosophy to Support Early Childhood Education. *Early Childhood Education Journal*, 44(4), 343-348. <http://dx.doi.org.ezproxy.liberty.edu/10.1007/s10643-015-0720-7>

Cepeda, L., & Davenport, D. (2006). Person-centered therapy and solution-focused brief therapy: An integration of present and future awareness. *Psychotherapy*, 43(1), 1–12. <https://doi.org/10.1037/0033-3204.43.1.1>

Cornelius-White, J. H., Hoey, A., Cornelius-White, C., Motschnig-Pitrik, R., & Figl, K. (2013). Person-centered education: A meta-analysis of care in progress. *Journal of Border Educational Research*, 3(1).

Jookyoung, K. (2018). Consideration of the applicability of person-centered therapy to culturally varying clients, focusing on the actualizing tendency and self-actualization – from East Asian perspective, *Person-Centered & Experiential Psychotherapies*, 17:3, 201-223, DOI: [10.1080/14779757.2018.1506817](https://doi.org/10.1080/14779757.2018.1506817)

Murphy, D., & Joseph, S. (2016). Person-centered therapy: Past, present, and future orientations. In D. J. Cain, K. Keenan, & S. Rubin (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (p. 185–218). American Psychological Association. <https://doi.org/10.1037/14775-007>

Narknisorn, B. (2012). Person-centered therapy and personal growth. *Journal of Social and Development Sciences*, 3(9), 322-330.

Ray, D. C., Armstrong, S. A., Balkin, R. S., & Jayne, K. M. (2014). Child-Centered Play Therapy In The Schools: Review And Meta-Analysis. *Psychology in the Schools*, 52(2), 107-123. doi:10.1002/pits.21798

Quinn, A. (2013). A Person-Centered Approach to Multicultural Counseling Competence. *Journal of Humanistic Psychology*, 53(2), 202–251. <https://doi.org/10.1177/0022167812458452>

Young, M. E. (2020). Learning the Art of Helping. [VitalSource Bookshelf]. Retrieved from <https://bookshelf.vitalsource.com/#/books/9780135679982/>

Skills Observation Form

Counselor: Katharine Sandvick Client: Chris McGuire

Observer: Maile Samek

This form is to be completed by the observer and given to the counselor. The counselor will upload a form from each session (Monday – Thursday).

	Little to none	Somewhat	A great deal
Eye contact			X
Open body language			X
Good Voice/Tone			X
Verbal tracking/Minimal Encouragers		X	
Rapport			X
Minimal Open Questions		X	
Reflection of Content: Paraphrasing			X
Reflection of feelings: Affect			X
Reflection Summarizing: Content, Meaning			X
Clarification			X
Confrontation	X		
Showing Empathy, Respect			X
Immediacy			X
Refocusing Client		X	
Use of Silence		X	
Pacing		X	

Please share insight with your triad regarding the counseling session:

- What did the counselor do well? Share at least three ideas. These can be related to session content, process, or a particular skill.
 - Eye Contact
 - Active listening, great tone
 - Reflecting skills, meanings
- Provide at least two areas where you felt the counselor struggled or could do something differently. Share ideas about how they can improve.
 - More minimal encouragers early on.
 - Refocusing the client after your great reflections

- #1- <https://web.microsoftstream.com/video/25b7fd21-5ed3-4e91-b231-4ba50ec222c3>
- #2- <https://web.microsoftstream.com/video/c8b225b3-ec65-4c9e-883d-656b3501c051>
- #3- <https://web.microsoftstream.com/video/e103868b-a69b-4492-afe8-2cea5d47bad1>