Therapy Models (Psychological Terms)

A Brief Review of Counseling Models
WELS Committee on Mental Health Needs

Choosing a therapist to fit your needs can become a confusing experience. You probably will hear some "counseloreze"—the language of the counseling field—with which you are not familiar. Don't worry, you are in the majority. Please remember: ALWAYS ASK QUESTIONS WHEN YOU DO NOT UNDERSTAND. You have some important decisions to make, and it is important to make informed decisions!

Christians need to be aware of the different approaches their therapist may use in their counseling. Likewise, pastors need to have some idea of the counseling models used by the therapists to whom they refer their members. This pamphlet is not meant to be an introductory course to psychological theory. Rather, it is intended to serve as a quick reference guide. A glossary of the terms printed in italics is provided at the back of the pamphlet. All counseling models have something to offer when used by a trained therapist. Some theoretical approaches work better than others, depending on your psychological or relationship needs. Some therapists have integrated several counseling models into their personal approach to counseling.

Traditional Counseling Models

Psychoanalytic: This model follows the teachings of Sigmund Freud. The emphasis is on the client's childhood experiences and relationships with the parents, and on the client's *psychosexual development*. Psychoanalysis seeks to uncover the secrets of the *human psyche* hidden in the *unconscious mind*. Psychoanalysts attempt to develop a relationship of *transference* with their clients, in which the clients relate to their analysts just as they did to their parents in childhood. During this process the client's *defense mechanisms* are identified and replaced with healthy behavior patterns. Psychoanalysis usually takes many years to complete with 1-3 sessions every week.

Psychodynamic: This model does not follow Freud's idea of psychosexual development. However, stages of *social development* over the life span are still important in this model. Lifetime experiences are examined and defense mechanisms are identified. The client is helped in learning appropriate decision-making skills and behaviors. Psychodynamic therapy often involves long-term therapy, but not as long as psychoanalysis.

The psychoanalytic and psychodynamic approaches propose that our childhood experiences can strongly influence our reactions in the present without our even realizing it. This does not mean that our present behaviors are the fault of our parents, nor that our past determines our future. However, it does provide us with information necessary and helpful for changing the negative influences of our past.

Client-centered or Rogerian: Carl Rogers believed that reality for the individual is the sum total of one's experiences and *perceptions* over a lifetime. According to Rogers, the goal of achieving one's potential can be attained in counseling provided that the therapist provides an atmosphere of *genuineness*, *unconditional acceptance*, and *empathy*. The counselors are non-directive in that they refrain from sharing their own beliefs, values, or opinions with the client. They offer neither approval nor judgment of the client's decisions. This also is long-term therapy.

Cognitive: The basic concept of this model is that our feelings and behaviors are the result of the way we think. The cognitive therapist seeks to help the client identify *cognitive distortions*, *irrational beliefs*, or *negative self-talk*. The therapist helps the client replace these faulty thought processes with *reality-based thinking*, so that the client experiences healthy emotions

and relationships. Cognitive therapy tends to be *didactic* in nature, *directive* in approach, and *collaborative* in process.

Behavioral: This model is very "scientific" in nature in that the counselor and client only work on what can be observed and measured. A problem behavior is observed; a plan for changing it is implemented; progress is measured and reported. Behaviorists believe that individuals are shaped by their *environment*. Some behaviorists believe that we learn through *conditioning*. Others believe that we can learn by observing the behaviors of others and the *consequences* of those behaviors. In either case, the theory is that, if the *antecedent* or the *consequence* of the client's behavior is changed, then the behavior of the client will be changed as well.

Cognitive-Behavioral: This approach is a blend of cognitive therapy and behavioral therapy. The client's thought processes are identified as well as the antecedents and consequences of the client's behavior. The clients are helped to make healthy changes in both their way of thinking and their behaviors. All three–cognitive, behavioral, and cognitive-behavioral—models are considered to be short-term therapy (3-6 months, possibly more).

Family Systems: This model views problems as belonging to the family rather than to any one individual. Each family member both influences and is influenced by the other members of the immediate family and the extended family. *Subsystems* are identified within the family. *Family of origin* issues are studied. *Genograms* are used to chart behavior patterns and experiences across several generations of the extended family. Even though there may be a *focus client*, the entire family is involved in therapy, so that *dysfunctional* family interaction patterns can be changed. Family systems therapy is directive, collaborative, and medium-term (6-12 months, or more).

Adlerian or S.T.E.P.: Adlerian therapy is the basis for the Systematic Training in Effective Parenting or S.T.E.P. program. It is believed that no two siblings have the same family experiences due to their different *psychological positions* in the *family constellation*. Mutual respect within the family is

a primary goal of therapy. The *family atmosphere* is identified, along with the *goals* of the child's *misbehavior*. Parents are taught to modify their reactions to their children's misbehavior, to encourage and nurture appropriate behaviors, and to use *logical and natural consequences* to discipline their children. Therapy is short/medium-term.

Both Family Systems and Adlerian family counseling offer many benefits in dealing with problems within the family context. No individual lives in a vacuum. Having an understanding of the family dynamics provides insight into the individual's view of himself or herself.

Twelve Step: This model is used by many *self-help groups* (e.g., Alcoholics Anonymous) and by most substance abuse treatment programs. The 12 steps of recovery begin with an admission of being powerless over one's addiction and a turning to a *higher power* of one's own choosing for help. The steps proceed through making an inventory of all wrongs, making amends for those wrongs, and helping others work through the 12 steps. Individuals are encouraged to take "one day at a time." Self-help groups do not involve a professional therapist, while treatment programs and therapy groups are led by a therapist. Length of participation is up to each individual—some attend group meetings for the rest of their lives.

Medical Model: This model sees all mental disorders as being biological in nature; therefore, the primary treatment is *medication*. When medication is deemed necessary, it often is best to consult with a psychiatrist, because they have been trained in the prescribing and monitoring of psychotropic medications. Therapy often is used in conjunction with medical treatment. In fact, research shows that a combination of medication and therapy often produces the best results for the more severe disorders.

Eclectic: This means that the therapist is choosing from several theoretical models as the basis for their approach to counseling. However, usually there is one theoretical model that forms a foundation upon which certain aspects of the other theories are added. Usually eclectic
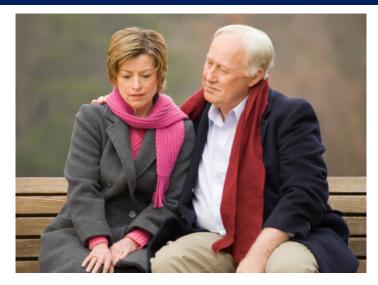
counselors practice short or medium-term therapy.

Eye Movement Desensitization and Reprocessing: EMDR is often used with trauma victims. It is based on the *neurophysiological* hypothesis of *"Accelerated Information Processing".* It is suggested that we have an innate physiological processing system in our brain that normally processes disturbing input in an *adaptive* manner. A trauma interrupts this adaptive information process and the traumatic memories are stored in an isolated *neuro network* that cannot connect with the other, more adaptive neuro networks. The use of *directed eye movements* together with *cognitive reprocessing* unblocks the traumatic information so that it can connect with adaptive thought processes, resulting in emotional relief and healing from the traumatic memories.

Solution-Focused: This is more a framework for therapy than a theory or model. It is adaptable to brief therapy (3-6 sessions or more). A problem is identified in terms of behaviors. *Exceptions* to the problem behavior in the client's life are identified as providing opportunities for change. A goal for counseling is explored. A solution plan is chosen that uses the client's present strengths and resources. The focus is on what changes can be made; emphasis is on the reality of the present.

Dialectical Behavior Therapy (DBT): DBT was originally devised and found to be effective for working with people who have Borderline Personality Disorder and who are suicidal. DBT has since been found useful in treating many other mental health issues as well as providing practical training for people who wish to improve their relationship skills. DBT advances the concepts of Cognitive Behavioral Therapy and Mindfulness and other effective therapies to treat a wide range of mental health issues. DBT includes *skill* training to help people who have mental health issues stemming from patterns of poorly regulated emotions, impulse control, interpersonal relationships, and self-image. The four major areas of DBT are:

› Core Mindfulness (cognitive skills used to help people focus on issues)

› Distress Tolerance (for those experiencing crises or who are over whelmed)

› Emotional Regulation (to promote emotional stability and enhance positive emotions)

› Interpersonal Effectiveness (people skills)

A disclaimer: some of the mindfulness skills find their origin in eastern religions and modern American spirituality. It will be important to find a therapist who uses DBT and downplays the non-Christian spirituality of DBT. The therapist should focus on the positive skill training that is available for his or her clients in DBT. These mindfulness skills should not be about clearing the mind of all thoughts. They should be about making oneself aware of one's thoughts and one's thinking process so that the thoughts and the thinking process can become more positive.

Conclusion

It is important to be sure that your spiritual needs as a Christian will be served and/or respected in therapy. It is important that your therapist explain the theoretical approach that will be used in counseling. The more information you have, the better prepared you are in making decisions throughout your therapy experience. Remember that in all things God's Word is the final authority to which all else, including counseling models, must submit.

Glossary of Psychological Terms

Psychoanalytic

- *Psychosexual development:* our personality develops in early childhood through the positive acceptance of our own sexuality for the purpose of survival and pleasure.

- *Human psyche:* The human spirit, the life force or energy that drives a human to seek pleasure and reduce anxiety.

- *Unconscious mind:* Our thought processes that are beyond our awareness and yet influence our behaviors.

- *Transference:* The therapeutic process in which clients relate to their analysts just as they did to their parents in early childhood.

- *Defense mechanisms:* Behaviors driven by the unconscious mind to help the individual to cope with anxiety. The end result is that they tend to deny or distort reality.

Psychodynamic

- *Psychosocial development:* Our personality develops throughout our life span as we seek to establish a balance between the perception we have of ourselves and the perception we have of our place in a social world.

Client-centered

- *Perception:* An individual's interpretation of his or her world based on the person's personality, temperament, and life experiences.

- *Genuineness or Congruence:* The therapist is real in that he or she openly and honestly expresses any inner feelings or attitudes being experienced.

- *Unconditional positive regard or Acceptance:* The therapist possesses a deep and genuine caring for the client as a person, recognizing that the client has a right to his or her own thoughts and feelings.

- *Empathy:* The therapist develops an accurate understanding of the client's subjective inner experiences or "private world".

Cognitive

- *Cognitive distortions:* Inaccurate interpretations of the world around us lead to faulty assumptions and misperceptions that result in dysfunctional emotions and behaviors.

- *Irrational beliefs:* Rigid demands of others and unrealistic blaming of ourselves that result in emotional disturbance.

- *Negative self-talk:* Self-defeating and self-critical thoughts that exaggerate the negative aspects of ourselves, our experiences, and our future.

- *Reality-based thinking:* The ability to dispute irrational and distorted thinking resulting in realistic interpretations of our experiences, followed by appropriate feelings and behaviors.

- *Didactic:* Therapy is seen as an educational process in which the therapist is the teacher and the client is the learner.

- *Directive:* The counselor provides suggestions and ideas to help clients to accomplish the changes they desire to make in their lives and relationships.

- *Collaborative:* The therapist and client work together to accomplish the client's goals.

Behavioral

- *Environment:* This includes everything and everyone outside of the individual–all external influences experienced by the individual.

- *Classical conditioning:* A neutral event occurs at the same time with a stimulus that rouses or triggers a specific behavior. When this happens repeatedly, eventually the neutral event alone will trigger the behavior. For example, when Uncle Andy comes to visit (neutral event) he always brings little Johnny his favorite candy (stimulus), so Johnny always runs out to meet Uncle Andy to get the candy. Eventually Johnny will run out to meet Uncle Andy even when he doesn't bring candy.

- *Operant conditioning:* When a specific behavior repeatedly results in a positive outcome the behavior is reinforced and will continue. When a specific behavior repeatedly results in a negative outcome the behavior is discouraged and will be extinguished.
- *Antecedent:* That which happens immediately before a specific behavior.
- *Consequence:* That which happens immediately following a specific behavior.
- *Positive reinforcement:* A rewarding consequence that gives the person something he or she wants.
- *Negative reinforcement:* A rewarding consequence that removes something that the person does not want.
- *Punishment:* An adverse or unwanted consequence that is the result of a specific behavior. This will stop that behavior, but will not train the person to perform another behavior.
- *Modeling:* One individual observes another individual's behavior and the consequences that follow. If the first individual desires the same consequences he or she will imitate the same behavior.

Family Systems
- *System:* A family provides a social framework in which each member interacts with the other members. The result is that any behavior or change by one member of the family instantly creates a responding movement within the family as a whole. Similarly any movement within the family as a whole instantly affects the behavior of the individual member of the family.
- *Subsystem:* Within the social framework of the family are various social relationships that operate within themselves as well as within the family system. These include husband-wife, parent-child, sibling, etc..
- *Family of origin:* A person's mother, father, and siblings.
- *Genograms:* A chart of a multi-generational family history.
- *Focus client:* The family member that is originally identified by the family as "the one with the problem".
- *Dysfunctional:* The interactions within the family are such that they impair the members of the family from experiencing a healthy and appropriate relationship.
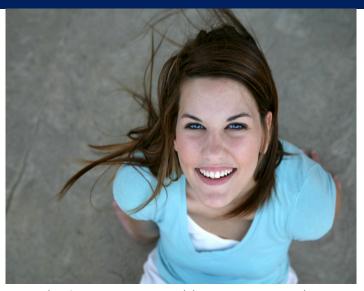
Adlerian
- *Psychological position:* The perception or sense of belonging and significance with which each member of the family views his or her place in the family system.
- *Family constellation:* The birth order of each

child in the family–firstborn, middle child, baby of the family, only child, etc..

‣ *Family atmosphere:* The way parents relate with each other results in the attitudes, behaviors, and relationships that are practiced by all members within the family system.

‣ *Goals of misbehavior:* All behavior is "purposive" in that it accomplishes the subconscious goals of the individual. These goals include (1) getting the parent's attention, (2) seeking to gain power over the parent, (3) seeking revenge for real or perceived wrongs by the parent, or (4) assuming disability and passively doing nothing requested by the parent.

‣ *Logical consequence:* What would logically follow a child's misbehavior is used to teach the child the consequences of his or her behavior. For example, a child continues to complain about the food prepared by the mother. Because of this display of disrespect and ingratitude, the child's plate is put away and the child is removed from the table without any food until the next regularly scheduled meal.

‣ *Natural consequence:* What would naturally follow a child's misbehavior is allowed to happen to teach the child the consequences of his or her behavior. For example, a child refuses to come in to eat at supper time, because he wants to keep on playing. When the child comes in a half-hour later and asks to eat because he is hungry, the mother says, "I understand why you are hungry now. You refused to come in for supper. You will have to wait for breakfast tomorrow morning." [Hunger is a natural result of refusing to eat.]

‣ *Family dynamics:* The continual changes that occur in the interpersonal relationships between family members and in the way that they interact with each other and with the family as a whole.

Twelve Step

‣ *Self-help groups:* A group of individuals sharing common problems meet together to support and encourage one another in their individual efforts to learn to overcome or cope with their problems. Usually a portion of the meeting is devoted to education and a portion is set aside for group members to share their experiences.

‣ *Higher power:* A generic term for "god" that allows the individual to trust in the "god" of his or her choosing.

Medical Model

‣ *Psychotropic medications:* Drugs which affect the mind, emotions, and behavior, such as mood stabilizers, antidepressants, and stimulants.

EMDR

‣ *Desensitization:* The reduction of an individual's anxiety in reaction to a specific stimulus.

‣ *Neurophysiological:* The various parts of the brain, their distinct functions, and how they interact with one another to process information (input) and behavior responses (output).

‣ *Accelerated Information Processing:* Neurological activity stimulated by rapid eye movement resulting in reality-based information being processed by the brain to effectively dispute self-defeating thoughts and memories.

- *Adaptive:* Beneficial to the individual and/or relationship.

- *Neuro network:* The brain cell structure in which specific experiences and memories are stored. In a trauma situation it appears that such a brain cell structure is blocked or isolated from the messages of other cell structures that would allow the person to process the information in an adaptive manner.

- *Directed eye movements:* The therapist establishes a steady pace of eye movement along with a bi-directional movement of the eyes (e.g., side-to-side, up-down) for a determined duration of time.

- *Cognitive reprocessing:* Changing the individual self-defeating thoughts and memories about a specific trauma to thoughts that are reality-based.

Solution-Focused

- *Exceptions:* The situations, times, and circumstances in which a problem behavior does not occur.

Dialectical Behavioral Therapy (DBT)

- *Dialectical or dialectics:* This has two meanings in DBT. The first is that dialectics is the world view of this type of therapy. This means that each one thing is always viewed as a part of the whole universe. The second meaning is that dialectics refers to the treatment approach and strategies used by the DBT therapist to effect change. These strategies reflect dialogue and relationship. Dialogue is most often the inner dialogue as a client focuses on an issue and considers it in relationship to the wholeness or reality of that one issue as it exists in respect to the client's total life and experience.

- *Skills:* Training in individual and inter-relationship skills is vital to DBT. The client must learn not only self-regulation skills but also skills for influencing his or her environment. The client will also need to learn when to regulate his or her feelings, emotions, and cognitions.

- *Core mindfulness:* Mindfulness is the act of focusing the mind in the present moment without judgment and without attachment to the moment. This allows the client to have an inner dialogue on the issue or behavior and view the issue or behavior in relationship to the whole of his or her existence. The DBT manuals stress that this is a secular exercise and no spiritual or religious convictions are necessary for it to succeed. Mindfulness and distress tolerance are a part of the acceptance skills of DBT.

- *Distress Tolerance:* These are skills that are taught to people who are experiencing crises or who are over whelmed. These skills are designed to help people solve immediate crises without making things worse. The person is helped to accept reality when he or she cannot change it and when it is not what he or she wants it to be.

- *Emotional Regulation:* These are de-escalation skills in DBT. The goal of these skills is not to get rid of emotions, but to reduce emotional suffering. Emotional regulation and interpersonal effectiveness are change skills in DBT.

- *Interpersonal Effectiveness:* These are people skills. The goal is to train clients to be effective in relating to others so that they can achieve their own goals without alienating the other person or losing their own self-respect.

WELS Committee on Mental Health Needs

Commission on Special Ministries
N16W23377 Stone Ridge Drive
Waukesha, Wisconsin 53188-1108
414-256-3241• specialministries@wels.net
wels.net/special-ministries