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Second Assignment

By

PAUL FREEMANTLE.

Compare and Contrast two models of counselling and assess their relevance to a particular counselling setting.

"Counsellors who wish to work with children do need to have a good understanding of the psychological theories which underpin their counselling work. We believe that it is important for counsellors to be familiar with all of the major theories and select ways of working developed from those theories which appeal to them personally and which they believe will be helpful for particular clients." Geldard and Geldard (2002) p. 25.

When starting out as a counsellor I would not necessarily have agreed with this statement, my experiences have shown me however that working with young people is different to working with adults and that greater flexibility is required. During this essay I will look at how my counselling practise has evolved as I have realised the need to be open to ideas / theories from different models of counselling when working with young people. I have found it particularly useful to incorporate techniques / theories from the Cognitive – Behavioural model into my Person – Centred approach to counselling. I will therefore use this essay to explore these two approaches to Counselling and their relevance to Young People.

During this essay I will identify the six core conditions that a PCC approach suggests need to be present in a productive counselling relationship and use these “core conditions” to explore the strengths and weaknesses of PCC when working with younger people (YP). I will then provide a brief description of CBT and look at the strengths and weaknesses of this approach. When looking at CBT I will show how I have used some of the theories / tools of CBT when faced with limitations of my preferred theoretical approach. My intention is to show how it is possible to use each model where relevant to benefit my clients, not to present one model as the only way of working with all YP.

The PCC approach to counselling is based on the theories and findings of Carl Rogers. Rogers suggests that as an infant we will naturally grow and develop in a way that is satisfying and will move towards positive experiences thus avoiding any negative or unwanted experiences. As Rogers believed that we are all born with an inherent goodness this “organismic self” will be an accurate compass for us to follow. Rogers states that as we grow older we lose touch with our organismic self in our search for the positive regard of others. As we strive to be accepted by our peers or society we accept their values and become, to varying degrees, what other people would like us to be. Rogers suggests that we take on board “conditions of worth” which can vary from negligible to extremely damaging.

Thorne (1982) describes this process;

“ Our capacity to feel positive about ourselves is dependant upon the quality and consistency of the positive regard shown to us by others, and where this has been selective (as to some degree it must be for all of us) we are the victims of what Rogers described as conditions of worth.”

When we seek to become what others like rather than following our natural instincts we move further away from our real selves and a façade or self-concept is created. The greater the gap is between our organismic self and our self- concept, the greater our incongruence or anxiety.

Rogers suggests that if six core conditions are present in a relationship clients are able to challenge their conditions of worth and grow towards the person they really are, to move from behind the façade.

I will use these conditions to discuss the strengths and weaknesses of the PCC approach when working with young people;

1. **That two persons are in contact.**
2. **That the first person, whom we shall term the client, is in a state of incongruence, being vulnerable, or anxious.**
3. **That the second person, whom we shall term the therapist, is congruent in the relationship.**
4. **That the therapist is experiencing unconditional positive regard toward the client.**

5. **That the therapist is experiencing an empathic understanding of the client's internal frame of reference.**
6. **That the client perceives, at least to a minimal degree, conditions 4, and 5, the unconditional positive regard of the therapist for him, and the empathic understanding of the therapist.**

I feel the main strengths of the person centred approach when working with young people lies in conditions 3 – 5, which represent the counsellors way of being in the relationship. When facing typical adolescent issues such as worthlessness and low-self image (Maby and Sorensen) I have found these qualities, which are sadly lacking or totally absent in a lot of adult – child relationships, to be of particular significance to my younger clients.

I have noticed that if I am able to be myself (congruent), my client is more able to be himself and to identify and address "real" issues, not issues he feels he needs to address to keep others happy.
If I can accept my client as he is (unconditional positive regard), which in itself is often a new experience, he is more likely to accept both himself and his situation as it / he really is.
If I am willing to try to see the world through the eyes of my client (empathy) then he has his thoughts and feelings identified, validated and heard, maybe the first time.

Carl Rogers (1977) p.17 observed;

“I believe that I have learned this from my clients as well as within my own experience, that we cannot change, we cannot move away from what we are, until we thoroughly *accept* what we are. Then change seems to come about almost un-noticed”

Whilst I agree with the above and try to work in a client centred way where possible, I have found some weaknesses when trying to work in a totally Person - Centred way all of the time. One such weakness, particularly when working with young people, is that **all** of these six conditions need to be present in a relationship. I have found that core conditions 1 and 2 which are dependant to a great extent upon the client, and which are often taken for granted when working with self –referring adults, can be absent with some younger clients. I have noticed that some young people may find “making contact” or entering into a counselling relationship, and therefore identifying or accepting anxieties and a need to change more difficult than with adult clients. This may be for a number of reasons including;

A high number of adolescents are referred to counselling as opposed to initiating things themselves, some of these clients may not feel they need “counselling” and are therefore resistant to entering a counselling relationship, others may be reluctant to access support and to identify anxieties due to peer pressure, they may see counselling as part of a society which they are rebelling against. Others may genuinely not have

issues (despite the referral!),I have found that adolescents often access counselling with a wider range of issues than adults, they may be seeking advice, need help to address a specific behavioural issue or for other forms of support. All of the above mean that the counsellor needs to be responsive to the needs of the client, and that a PCC relationship may not always be the most appropriate response to these needs.

Apart from client issues there can also be exterior factors that mean a PCC approach to therapy is not always the most appropriate. One such factor could be the **setting,** as PCC is a client led and a non- directive approach the process may take time. If a counsellor is based in a school there may well be a limit to the amount of sessions we can offer and / or specific outcomes may be required by the institution in which we are based, either of these conditions may mean that PCC would not be the best method use.

Whereas a PC approach to counselling concentrates on how our feelings can influence our behaviour a Cognitive Behavioural Approach to therapy is based on the theory that our learning during development will lead to specific patterns of thought. It is these patterns of thought i.e. our beliefs, our perceptions and our interpretations of life`s events that determine the way we feel and act. It would therefore follow that a change in our thinking (cognition) is needed to effect any change to our behaviour.

The main aim of a Cognitive Behavioural Therapist would therefore be to help people identify, understand and alter their ways of thinking in order to function in a more effective and happier way. The therapist would do this in stages

1. With the Young person identify the automatic thoughts that influence behaviour, particularly when anxious.
2. Challenge negative thoughts, which may lead to anxiety causing situations.
3. Help the Young person to gain new ways of assessing situations and to develop more positive interpretations and responses.
4. To help the Young person tackle the underlying cognitive processes which lead to negative feelings and behaviour.

All of the above is not rigid, these stages may be broken down into smaller tasks or there may be additional stages involved. There are however some general techniques commonly found in a CB relationship, these include challenging clients` thinking patterns, homework setting, goal setting and skill building techniques which the therapist uses to effect change in a client.

When considering the above there are clearly a number of differences in the two approaches I have identified for this essay. Before looking at these differences I will look at one significant similarity, which is the use of the

core conditions described by Rogers. When talking of these conditions Beck states;

“We believe that these characteristics in themselves are necessary but not sufficient to produce an optimum therapeutic effect. However, to the degree that the therapist is able to demonstrate these qualities, he is helping to develop a milieu in which the specific cognitive change techniques can be applied most efficiently.” Beck *et al* (1979).

The first part of this statement highlights both models` recognition of the necessity of three of Rogers` core conditions and a strong client / counsellor relationship, which I see as the main similarity in the two approaches. Beck then goes on to identify a significant difference, the CBT approach to therapy clearly sees these counsellor qualities as a foundation upon which Cognitive Behavioural Techniques / strategies are needed to effect change. I would tentatively suggest that no mention of the other, client-related, core conditions is made as the CB Therapist does not place the emphasis solely on the client to identify issues and solutions, he sees himself as a professional whose knowledge and techniques can teach or guide the client through the process of change, this is in stark contrast to the PCC who relies on a fully committed client to take responsibility and “lead the way” during therapy.

When working with young people I have noticed that this significant difference can be a strength of the CB approach to therapy, and can be

used to address some of the weaknesses I have identified with the PC approach to therapy with young people. I will look at these instances to further contrast the two approaches and to identify the strengths of the CB approach to therapy;

A young person “sent” for counselling may be reluctant to enter into a PCC relationship, which he may find threatening or irrelevant. I have found some young people find it easier to work on a specific behaviour as opposed to their deeper needs /feelings and that for some this carries more Kudos with their peers than a “counselling” relationship, others may not even recognise (or have) these needs. Therefore for some clients working on a specific problem behaviour or issue using a CB approach is more relevant and beneficial.

I have also noticed that a number of young people with whom I have worked cannot understand a “counselling” relationship or may want a little more direction, particularly younger clients bought to counselling by anxious parents who are often bemused by what is going on. These clients often value the clarity / structure a CB approach can provide and with which they may be familiar via school or home. I have found in these cases clients will often work more effectively with me when I am willing to offer more direction in the relationship. Younger clients will often respond particularly well to worksheets or strategies based on CB theories.

I feel one of the main strengths the CBA it is its effectiveness in certain settings. Earlier we looked at how the PCA to therapy was not so effective where a specific outcome was required, or where the relationship was time-bound. The CBA is not as restricted in these areas as the therapy itself will involve setting time-bound goals and targeting specific behaviours or issues. CBT is therefore seen a desirable by schools, young offender centres and other institutions who require specific outcomes within set time-scales. This approach can also be seen as being more cost effective than an open- ended PC relationship whose outcomes may bear little or no resemblance to the desired outcome of the provider who is meeting the bill, I have noticed in the school environment this may particularly be the case.

Ironically the strengths that I have identified within the CBT approach may represent potential weaknesses for some clients. The goal – setting, homework and direction offered by the CBT approach can often be seen as threatening to some young people, particularly adolescents who may perceive the counsellor as another adult exercising their authority in the same way as parents, teachers or other adults. This can potentially lead to the young person refusing to “conform” and rejecting counselling or merely going along with the “powerful” adult and not really being present within the relationship.

Considering the two models chosen for this essay I feel that the strengths identified for each model are not necessarily universal, they are only

strengths when the individual client experiences them as such, equally the weaknesses are only weaknesses when offered as the only option and used in isolation, a weakness of one model can be compensated with an intervention from another.

Therefore I can state that my own experiences and the research I have carried out for this essay leave me in no doubt that my work with Young People relies heavily on interventions from both of the models described (and others), and not purely from the PCA in which I am trained. Indeed, whilst reflecting on my own practise I have been able to identify interventions that I have always relied upon as actually being based on CB theory (or another model) and I am now aware that my practise has evolved alongside client needs rather than dramatically changed as a result of this course. Therefore to deny the need to integrate other ideas / theories into my work would be to negate the positive changes / outcomes achieved whilst working with young people. I can state without doubt that I would have been unable to work with the majority of my clients in a purely PC way.

Whilst accepting that I have I have this need I am reluctant to suggest that ALL Counsellors who work with Young People SHOULD have the ability / commitment to follow suit, as in private practise both counsellors and clients have choices, and if clear about what the work will involve are free to take them.

I would suggest however that counsellors working in schools and other institutions where they are the only source of help available have a responsibility to be responsive to the needs of all of the potential clients. As these needs are as diverse as the client group I find it difficult to imagine a Young Persons counsellor being able to fulfil this responsibility working purely from one theoretical model.

Bibliography.

Dryden.W. (1990) Individual Therapy. Open University Press.

Geldard. K and Geldard D (1999) Counselling Adolescents. Sage Publications.

Luxmore. N. (2000). Listening to Young People in School, Youth Work and Counselling. Jessica Kingsley Publishers.

Mabey. J and Sorensen. B.(1995) Counselling for Young People. Open University Press.

Noonan. E.(1983) Counselling Young people. Routledge.

Reinecke. M , Datillo. F and Freeman. A (2003) Cognitive Therapy with Children and Adolescents. The Guildford Press.

Rogers. C. (1951) Client Centred Therapy. Constable and Company Limited.

Kirschenbaum. H and Henderson. V. (1990) The Carl Rogers Reader. Constable and Company Limited.

References

Geldard. K and Geldard.D (2002) p.25,Counselling Children. Sage Publications.

Rogers. C. (1967) p.17, On Becoming a Person. London; Constable.

Thorne (1992) p.31, Carl Rogers. Sage Publications.

Beck. AT, Rush. A.J, Shaw. B.E and Emery. G (1979) p.45-46, The Cognitive Therapy of Depression, New York ;Guildford.