

Advanced Skills and Interventions in Therapeutic Counseling

Therapeutic Counseling and Ethics

Theoretical Orientation

Basic Counseling Skills

Advanced Counseling Skills

Assessing the Client's Problem

Therapeutic Interventions for:

Depression

Addictive Personality

Sexual Abuse

Relationship Issues

Obsessive Compulsive Behavior

Trauma and Crisis

Grief and Loss

Suicidal Ideation

Gordon Emmerson, PhD

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Chapter 1

Therapeutic Counseling and Ethics

What is therapeutic counseling?

Professional therapeutic counseling is the process whereby a trained individual assists another individual, or group, in some type of personal problem resolution or desired personal growth. But is that all therapeutic counseling is? I think not, and I hope not. In order for change to occur there needs to be a particular interaction between the counselor and the client, based at least partly on the will and intent of each. If the client does not want to participate in counseling, effective counseling cannot occur. Likewise, if the counselor does not have the will to help, counseling will be of diminished value.

The desire to be a counselor is not one shared by all individuals. During training, I have heard various accounts of the reasons students decide to become counselors. One common account is, “It seems like I am always helping people with their problems, so I thought I might as well make it a profession.” I have found, almost without exception, that students in counseling see the profession as more than a way to earn income: they see it as a way they can help others. There is something about helping others that appears to fulfill some of their own needs. This desire to help appears synergistic, since studies have shown that clients who believe their counselors care about their improvement make the best progress (McCabe and Priebe, 2004).

Therefore, counseling seems to be more than a mere exchange of conversation and professional techniques. Speaking in terms of individual counseling, two people come together, one with a desire for change and the other with a desire to help facilitate that change. At least in part, the interaction created by this common desire seems to be important in the outcome, the amount the client is able to make desired change (McCabe and Priebe, 2004).

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One of the hardest clients to have, and one of the hardest to help change, is the client whom someone else has talked into coming to counseling. Unless the client wants to be there, is ready for change, and is ready to engage with the counselor, it is difficult for any counselor to be of assistance.

So, for the most effective counseling to occur, there needs to be the coming together of two people with a common goal, one to change and one to help in that change. The client has taken a sometimes large step in coming in to see the counselor. The motivation for change has become greater than the reticence to come in, the expense and the time. Often, the client will arrive in a vulnerable state, unable to understand or see a way forward. The client may fear sharing what is inside, while hoping to have the courage to do what is necessary to feel better or grow.

The counselor is a person who has chosen the helping profession because it helps to fulfill something that is needed. The counselor has the opportunity to be invited into the inner world of the client. It is an honor to be trusted enough for inner fears to be shared. Almost to a person, the counselor earnestly wants to take on the mandate of helper and be of real assistance to the client.

Counseling, while focused on the issues of the client, is a working together of two people for the benefit of both. The will of both has importance to the final outcome. Still, beyond wanting to help, it is important to have powerful and effective tools to facilitate change. It is hoped that the tools offered in this book will assist counselors in a real way toward achieving the positive outcomes they want for their clients.

Ethical issues

Adhering to appropriate ethical principles is the responsibility of every counselor. The counselor is a person who is given information and insights into the inner life of the client. The client is often vulnerable and trusting, and rightfully looks to the counselor for direction on ethical issues as they pertain to the counseling setting. Determining the appropriate ethical course of counseling is not easy, and cannot ever be fully delineated in any text. Often, context must be considered in the choice of the most ethical course of action.

While this section on ethics is not intended to be a thorough overview of ethical principles, it would be remiss not to highlight some of the most important ethical considerations. These considerations are divided into five

Therapeutic Counseling and Ethics

categories below, the ethical person, confidentiality, maintaining boundaries in therapy, dual relationships, and duty of care.

The ethical person

Ethical guidelines must be interpreted and applied to real situations and real people. It is my belief that before a counselor can truly be ethical, he or she must do more than merely attempt to logistically apply guidelines to counseling situations. Contextual interpretation is often necessary, and only an ethical person can make interpretive judgments in an ethical manner. The ethical or honorable person will be able to seek and choose what is internally deemed “right” over “personal gain”. Personal curiosity, need for power, desire for money, need for relationship, or any other self-serving need should be relinquished in favor of “doing the right thing”. The ethical person has an inner sense of honor and peace and a positive knowledge that “Who I am” is more important than “What I want”. The ethical person will be able to honor the client and make appropriate distinctions in difficult decisions. It is also important to understand ethical guidelines and to be able to discuss with another appropriate professional ethical dilemmas.

Confidentiality

One of the most important aspects of ethics and counseling is confidentiality. Clients often share with their counselors information and aspects of themselves that they either rarely share, or have never shared, with another person. It can be very frightening to open oneself, however fragile, trust, and tell it like it is. It is tragic if clients, after trusting, hear their story from someone else. It is often this fear that prevents clients from sharing their innermost feelings. It is appropriate to explain to a new client what confidentiality means in therapy, and to assure the client that there exists the utmost respect for maintaining that high-level confidentiality.

Breaching confidentiality

It is good to outline to the client when confidentiality might ever be breached, and when it would never be breached. Generally, it is the responsibility of the counselor to breach confidentiality if clients, in the professional opinion of the counselor, are at real threat of hurting themselves or someone else. For example, if the client is determined to commit suicide, and it is the professional opinion of the counselor that this danger continues to exist, it is

Chapter 4

Advanced Counseling Skills and Techniques

The chapter on basic counseling skills covered aspects of listening and attending. This one provides instruction in how to speak with individual ego states and introjects, and it begins by providing instruction relating to the therapeutic value of these techniques. Being able to gain direct access with the part of the client that has the problem is a powerful tool in counseling.

While what ego states are, where they come from, and their lasting nature has been discussed earlier, in order to best understand the techniques for communicating with ego states it is useful to review an aspect of the nature of ego states. Each ego state is a part of the personality, and, while executive (conscious and out), each state thinks of itself with *ego identity*, that is, it thinks it is the person. Therefore, talking to a single ego state is like talking to an individual. It is important to speak respectfully to each and every ego state that is spoken with. If any ego state believes, or feels, that you, the counselor, do not like or respect it, it will not work with you in a positive way, and it may even hide or not speak with you. Speaking respectfully to all states will be discussed further, while the first instruction will be provided in terms of how to access and speak with each state individually.

Accessing ego states

It is not difficult to access individual ego states and speak with them separately. It is important to learn to recognize ego-state switching so individual states can have a better opportunity to express themselves more fully. For example, if a client says that there is a part that would really like to quit smoking and another part really enjoys smoking, two parts are evident. The counselor can be aware of which of the two parts is speaking by watching the content of the words and the expression of the client while the client is talking. Statements such as “I know I really have to quit: my health’s suffering and it’s stupid, the amount of money that I’m spending on smoking” obviously indicate that the state that wants to quit has the executive. If the client

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then says, “But, I really enjoy a cigarette, and when I’m with my friends who smoke it’s really hard for me to turn down an opportunity to smoke with them; a cigarette is also really good after a meal,” the counselor can see that the client has switched to the state that enjoys smoking.

A good way to begin talking with ego states individually is to use multiple chairs. For example, the counselor might say to the above client, “While you’re in this chair I want to hear only from that part of you that wants to quit smoking. When you change to the other chair, I will have an opportunity to hear how you like to smoke, but in this chair I want to hear only from a part of you that really wants to quit.” If, while speaking from the quit chair the client begins telling a reason why smoking is good, the counselor should stop the client and say, “Remember, in this chair I only want to hear how you want to quit, and you’ll be able to tell me the good things about smoking when you sit in the other chair.

In working with ego states, it is very important for the counselor to continue to monitor the client so that each ego state can be heard individually. This way, each ego state will be able to be heard, and will be able to have its needs met. As the counselor gains more proficiency in noticing ego-state switching, a number of chairs may be used so that all ego states involved in the presenting concern of the client can be heard.

Continuing with our example, the counselor should talk with the ego state that wants to quit smoking until it has had a good opportunity to express all the reasons quitting is good. Then, the counselor can say something like, “OK, now I want you to sit in this chair [pointing to the other chair] and as you sit in this chair, I only want to hear the good things about smoking. I want to hear only from the part of you that smokes.” Conversation with the smoking state should continue until this ego state has a full opportunity to express itself. Every state needs to be able to express itself fully for the best outcome to occur.

It may be the case that more than one ego state will share the same opinion. For example, when the client is talking about reasons to quit smoking, the counselor may notice that, while the reasons are about health and fear of dying (emotive), the client has a different affect than when the reasons are about saving money (intellectual). It is best, when this is the case, to set out another chair so both the emotional health-conscious state and the intellectual money-conscious state may be fully expressed. This is especially important when determining whether each state is satisfied with the conclusion. If multiple states are talking from the same chair, one state may express satisfaction while another would not.

Naming ego states

It is helpful and important to get a name for each ego state while working with it. It is best if the state can name itself. In order for this to happen, the question, “What can I call this part of you?” is best asked after talking with a state for a few sentences in order to make sure that the ego state to be named is currently executive. It would not be appropriate to ask the state that wants to quit smoking for a name for the state that wants to continue smoking. A name might be given that the smoking state would be dissatisfied with, and it is important for all states to feel respected during therapy.

States sometimes have difficulty giving themselves a name. When this happens it is okay to suggest a possible name, such as “Health”, but it is always appropriate to check with the state to see if the suggested name is acceptable. For example, “This part of you I’m talking with right now seems concerned about your health. Is it OK if I call this part of you, Health?” It is interesting that sometimes when a state is asked, “What can I call this part of you?”, a personal name is given such as Jane, Sue, or Mary—a name that may have nothing to do with the name of the client. If this occurs, the personal name that is given can be used to refer to the state.

It is important to keep good notes so that you will be able to remember which names go with which ego states. If you are working with a number of ego states using a number of chairs it can be helpful to write the name of each state on a piece of paper and place it on the chair. This way, both the counselor and the client can keep track of all states in the conversation.

Good note taking is imperative when doing work with ego states. It can be helpful to circle the name of each state on the page and write the attributes of that state next to the circled name. This way, when the counselor wants to talk to the state that is concerned about health, the client can be asked to sit in that state’s chair and, as he or she sits down, the counselor can say something like, “Now I want to talk just with Health, the part of you that is really quite upset about what cigarettes are doing to your body, that part that would like to breathe more deeply and live longer. Health, what do you think about ...?”

It is somewhat surprising and interesting how quickly clients are able to speak directly from their ego-state parts. It is common for clients to express surprise about this at the end of the session. When clients change ego states, as they change chairs, their affect often changes dramatically. It may be that while a client is in one ego state, he or she will appear fragile and teary, and while expressing from another ego state the same client will appear aloof,

Chapter 8

Applications of Skills

This chapter discusses and illustrates ego-state counseling techniques for a number of presenting concerns. These presenting concerns are by no means illustrative of the full range of problems clients bring to counseling. It is hoped that the reader will gain conceptual understandings by studying this chapter so that techniques may be more broadly applied. The reader should remember that counseling is ethical only when the counselor is trained and feels competent in offering services for the concerns presented. A number of therapeutic examples are provided in an attempt to help clarify techniques for dealing with particular concerns.

Crisis intervention

Effective crisis intervention is important in order for the client to keep from having residual issues connected with the immediate trauma. Following a traumatic incident, when the effective crisis intervention does not occur, the client is left with an ego state holding fear and misunderstanding. This ego state will hang onto the fear and misunderstanding, thus creating a tender spot in the psyche of the person. Later, when a situational event subconsciously reminds the person of what is unresolved, this tender ego state will re-experience the fear and misunderstanding associated with the original trauma. Therefore, it is very important for each individual to be able to express, feel understood, and gain perspective after a traumatic event so that the negative feelings event will not continue to re-emerge in the future.

Often, effective crisis intervention occurs through the actions of a friend or family member. It is most important that a person who has experienced a traumatic event should be able to talk about that event to a respected person who can be understanding. It is also important for the person who has experienced a traumatic event to be able to gain a level of understanding about that event, so that person can feel secure that either another event of that type will not happen in the future, or there is a clear understanding of the potential for another event of that type to occur. Because it is normal for individuals who have experienced a traumatic event to talk about their

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experience, effective crisis intervention most often occurs through these conversations with family or friends.

Sometimes, for various reasons, individuals do not talk about the trauma they have experienced, or they do not talk about it enough to feel expressed and to gain perspective. Even adults may choose to hold the negative feelings inside themselves, and may be reluctant to revisit what gave rise to them, but children are the most likely persons to hold traumatic events inside. They may not have anyone they feel safe to talk with. They may also be instructed not to tell, by either another child or an adult. They may fear telling. Below are some examples of crisis events that may not be discussed, either by adults or children.

- A man who works in the convenience store is robbed at gunpoint. Later, he says, “It’s no big deal. I would prefer not talk about it.”
- A child is afraid in a room, and calls repeatedly for a parent to come. As the parent either does not hear or chooses not to come, the child becomes more and more afraid. Later, the child never tells anyone about the fear.
- A child or adult is the victim of sexual abuse or rape. Because of fear or embarrassment no one is told.
- A child almost drowns while swimming in a place that was forbidden. No one is told.
- A woman is stranded behind the car when a sniper is firing at the crowd. Afterward, it seems too difficult for her to talk about, so it is not processed.

Obviously, these represent only a small sampling of crises that should be addressed near the time of the event. When the crisis is addressed near the time of the event the work of the counselor is somewhat more simple than resolving the issue years later because no bridging is needed. An example may be beneficial.

A transcript of a client in *Ego State Therapy* (Emmerson, 2003) details the experience of a client who suffered from panic attacks for many years. She had difficulty getting on a crowded elevator when she would have to stand touching another person; she had difficulty in dark places, especially when other people were there; and she had difficulty at times when she felt the air was bad or that she might not be able to get enough air. She had no idea why panic attacks would occur at these times. During the attacks, she felt like ripping something away from her neck, and she said she just felt as if she had to get away. These panic attacks were caused by a traumatic event that had not been resolved, had not been talked about and understood.

Applications of Skills

By bringing out the negative feelings and bridging to the event that related to them, it was found that when she was ten years old she almost drowned. She was caught in an ocean riptide that kept her from being able to swim back to land. Her little cousin was hanging onto her around the neck, making it even more difficult for her to breathe and to keep her head above the water. Her face would go down into the dark “blue-black” of the ocean water. She experienced real fear of dying. After making it to land, she was afraid that she would be in trouble with her parents if they found out she had been swimming at that location. She never told them.

If she had told her parents or someone else who was respected about the event, and if she had expressed her fear, received understanding, and gained perspective on where it is safe to swim and where it may not be safe, it is likely that she would never have experienced panic attacks. Because she held these unresolved fears inside herself, she was unable to feel comfortable to swim again, and she experienced panic attacks during which she re-experienced the same unresolved feelings of the trauma.

Ego-state techniques were used to assist her to bring to the executive the ego state of the 10-year-old fearful child, to fully express herself, to gain understanding, and to gain perspective. Ego-state techniques were used to allow her to tell her parents about the incident—that is, to tell the introjects of the parents of the ten-year-old child. The ten-year-old ego state was able to let go of fear, feel empowered, and feel brave.

It was good that she was able to resolve issues that had troubled her for many years. But it would have been much better if effective crisis intervention could have occurred near the time of the crisis so that she would not have been troubled by the event in the way that she was.

Effective crisis intervention will not remove all fear associated with an event, but it can keep an event from causing a pathological recurrence of the fear to return in such a way as to interfere with the life of the client. An event may be remembered with sadness, and thinking about the event may cause pain, but the client should be able to attend to a full range of life situations without the negative emotions of the event interfering.

What are the elements of the effective crisis intervention?

Working to resolve the trauma of the crisis is much like working to resolve the trauma that occurred years before. A major difference is that no bridging

Advanced Skills and Interventions in Therapeutic Counseling is written for advanced students and professionals. It provides an understanding of the personality and reviews the fundamentals of the counseling process, such as the set up of the counseling room, attending behavior, and advanced active listening skills. It also provides a means to assess clients so the direction of therapy is clear and details case examples for each direction of the therapeutic process.

This book takes an integrated approach to therapeutic counseling, from personality theory, to applying that theory in assessing client problems, to the techniques to intervene. The counseling procedures presented allow the counselor to determine the origin of unwanted emotions and behaviors without psychodynamic interpretation and the interventions are designed to address the cause for these concerns.

There is a cause for every unwanted emotion or reaction. This book is about understanding these causes and facilitating change.

Gordon Emmerson, PhD is a senior lecturer in psychology at Victoria University in Melbourne and is assistant editor of the *Australian Journal of Clinical Hypnosis and Hypnotherapy*. He has been Victoria State President of the Australian Society of Clinical Hypnotherapy and has conducted and published clinical research papers on ego-state therapy and its efficacy.

"This is a significant contribution to the entire field of psychotherapy."

John G. Watkins, PhD, Past President, The International Society For Clinical and Experimental Hypnosis

"... nothing short of brilliant. I've used ego-state therapy with clients for a number of years and I feel sure that this valuable book will influence many to also use this most effective technique."

Lyn Macintosh, Counsellor, Hypnotherapist, NLP Master Practitioner

"As a practising clinician I was thrilled to read this book. It is refreshing to find a guide for therapy that starts at the very foundations of any therapy – with ethical guidelines, and listening skills"

Barb Wood, Psychologist, Family Therapist, Hypnotherapist

"... the most refreshing text of its kind to appear in many years. ... clear, concise, and stimulating."

Professor Arreed Franz Barabasz, EdD, PhD, ABPP, Editor, International Journal of Clinical and Experimental Hypnosis

"Definitely a valuable contribution and an asset to the bookshelf!"

Stefanie Badenhorst, DLitt, Director, Milton H. Erickson Institute

"The author's combination of wisdom, intelligence and compassion ... make it a 'must read' for any caring counselor around the world. In my opinion, history should record Gordon Emmerson as a master of ego-state therapy."

C. Roy Hunter, MS, FAPHP, Author of *Hypnosis for Inner Conflict Resolution: Introducing Parts Therapy*



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