

2005

The Elements of Effective Counselling

Bernes, Kerry B.

Bernes, K. B. (2005). The Elements of Effective Counselling. NATCON Papers. <http://www.natcon.org>
<http://hdl.handle.net/10133/1167>

Downloaded from University of Lethbridge Research Repository, OPUS

The Elements of Effective Counselling

Kerry B. Bernes, Ph.D., C.Psych., ABPP (Clinical Psychology)

University of Lethbridge

Lethbridge, Alberta, Canada

©2005 (Kerry Bernes)

The author owns the copyright of this article. You may photocopy or reprint this article, or a section of it, provided that you acknowledge the author.

The National Consultation on Career Development (NATCON) has received authorization from the authors to publish their articles. Statements contained in the articles are the personal views of the authors. They bear full responsibility for the accuracy of references, quotations, tables, figures, and permission from copyright holders. These articles are published in the language they were submitted.

The Elements of Effective Counselling

Many people consider counselling to be part science and part art. This combination has made it difficult for researchers to completely understand what makes counselling effective. Nevertheless, research has been done on the elements of effective counselling. This paper will provide an overview into some of the most significant findings. Applications of these findings will then be discussed relative to what initial sessions need to accomplish and five critical components for becoming effective.

Effective Therapists

Not too surprising, research has found that effective therapists display significantly more affirmation and nurturing behaviors and less effective therapists display more “watch and manage,” “belittle and blame,” and “ignore and neglect” behavior (Najavits & Strupp, 1994). This finding certainly gives some credence and basis to the Rogerian elements frequently taught in introductory graduate counselling skills classes. Effective counsellors also show the ability to appreciate the client, to consider the extra-therapeutic issues related to effectiveness, to form an alliance, and to conceptualize counselling in productive ways in order to raise the client’s sense of competence (Ilardi & Craighead, 1994; Wilkins, 1984). This is also known as the propagation of hope and involves confidence, patience and enthusiasm, all designed to model to clients the expectation for relief (Snyder et al., 1999).

Effective Dynamics

Research has found the following dynamics to increase the effectiveness of counselling:

- An emotionally charged, confiding relationship between patient and therapist
- Warmth, support, and attention from the therapist in a healing setting
- A positive therapeutic alliance between patient and therapist
- A new rationale or conceptual scheme offered with confidence by the therapist
- The passage of time
- Installation of hope and expectancy
- Techniques consistent with patient expectation and efficacy (Fishman, 1999; Hubble et al., 1999).

Most of these points highlight and emphasize the core Rogerian elements of effective counselling. However, a new rationale or conceptual scheme offered with confidence by the therapist, and techniques consistent with patient expectation and efficacy, both emphasize the need for counsellors to be very clear about their theoretical perspectives and to be convincing in offering a conceptualization or way of helping clients to understand and make sense of their problems. Such convincing conceptualizations go a long way towards instilling hope and expectancy and providing the necessary incentive to ensure clients become engaged within the agreed upon treatment plan. The treatment plan must make sense to the client and coincide with his/her expectations regarding the choice of techniques and interventions.

Effective Techniques/Interventions

Although techniques need to be effective and consistent with client expectations, they account for at most 12-15% of the success in counselling (Lambert, 1992). In fact, Frank and Frank (1991) state that it is not that technique is irrelevant to outcome. Rather the success of all techniques depends on the patient's sense of alliance with an actual or symbolic healer. This position implies that ideally therapists should select for each patient the therapy that accords, or can be brought to accord, with the patient's personal characteristics and view of the problem. Also implied is that therapists should seek to learn as many approaches as they find congenial and convincing. Creating a good therapeutic match may involve both educating the patient about the therapist's conceptual scheme and if necessary, modifying the scheme to take into account the concepts the patient brings to therapy. (p. 217)

Effective Therapies

Research has found that effective therapies seek to:

- Disrupt symptoms or remove symptoms
- Enhance the agency/competence of the patient
- Increase tolerance for emotional experience
- Provide dramatic relief, restoration of some immediate self-efficacy and extinction of problematic arousal (Bentler, 2000; Prochaska and Clemente, 1984; Walmpold, 2001; Wolfe, 1989).

These findings are consistent with the work done on exposure-based therapies wherein patients gain skills, face their fears and subsequently increase their tolerance for their emotional experiences and, therefore, reduce and/or remove their symptoms.

In terms of achieving outcomes, Walmpold (2001) states, proponents of most treatments recognize that the relationship between the therapist and the client is critical but not sufficient. However, it appears that the relationship accounts for dramatically more of the variability in outcomes than does the totality of specific ingredients. (p. 158)

Walmpold goes on to suggest that as little as 8% of outcome is attributed to a model and 70% is accounted for by general features common to all good therapies. Consequently, the systems theory concept of equifinality may be relevant here, suggesting that we can achieve a desired outcome through a variety of methods and from a variety of initial states. In other words, many different methods within a productive therapeutic alliance may result in the desired outcomes.

Effective Initial Sessions

Given the above research findings, initial sessions need to:

- Build relationships
- Make counselling simple by enhancing agency and competence
- Make it effective by providing immediate relief
- Awaken or mobilize expectant faith
- Confidently present rapid, symptom reducing actions that are consistent with problem conceptualization and that invite hope
- Provide both comfort and a push toward an attainable goal

All of the above must be done within the dictates of the receptivity/responsiveness of the client. In other words, it all has to be timed appropriately.

Given the research findings noted above and the ideas on making initial counselling sessions effective, this paper will now transition into the writer's own experience as a counsellor educator in order to attempt to provide some ideas on what I have found to be the five most critical components for becoming effective in counselling.

Five Critical Components for Becoming Effective

After reviewing the literature on what makes counselling effective and after contemplating my own experiences as a counsellor educator, I have come to believe there are five critical components involved in becoming an effective counsellor (i.e., history; personal characteristics; cognitive ability; rigorous, quality academic program; and major field exposure). Each of these five components will now be discussed.

History

Having interviewed and spoken in-depth with many counselling graduate students and counselling professionals, I have come to believe that effective counsellors typically have a profound, genuine and early draw to the field. Many of these people describe very early experiences and memories, which demonstrate a keen and genuine fascination with human nature. Commonly, these people describe listening, as children, intently to adults around them and being fascinated with their discussions. They recall constantly watching, questioning, and wondering what made people happy, successful, and wealthy, and what contributed to some having good family lives, healthy attachments, and involvement with their children. They frequently report being interested in and drawn into trying to understand such questions at a very early age. This early draw to a field of study is also commonly reported in the biographies of gifted individuals in other fields. For example, the writer has heard that in Wayne Gretzky's early life he would sit on his father's lap while watching hockey on television and draw with his fingers on the chair. Apparently, as the story goes, his dad asked him why he was drawing on the chair with his finger; his response was that he was watching, following, and trying to predict where the puck was going to be next. Apparently, his dad then gave him a pen and paper so he could do this more effectively. As everyone knows, Wayne Gretzky later became very well known as someone who seemed to always know where the puck was going and to be there waiting for it!

Another example of an early draw indicating giftedness in a particular field is Stephen King. Apparently, as a young child, he showed a profound preoccupation with horror stories and horror movies. He was reported to be constantly watching, writing, or making horror movies throughout his entire life. Such biographies, along with in-depth discussions with gifted counsellors, have led me to believe that

effective counsellors show an early draw to the field from pure and genuine fascination, not because they have actually had, or become exposed to, problematic life circumstances.

Effective counsellors may or may not have actually had any large concerns at any time in their lives. The key issue in determining their eventual success is whether they have done something to “figure it out” if something has happened to them or to someone close to them. If they have not resolved such issues, it may impede their work with clients. If they have “figured it out” their self-disclosure about it will be appropriate. Appropriate self-disclosure is evident wherein people are able to tell their stories, but do not appear to be stuck in their stories. In other words, their stories have endings – they are able to describe what they have learned from their experiences and even how those experiences have positively impacted them and made them who they are. Conversely, some graduate students may have entered graduate school to “figure it out.” If they are not genuinely interested in the field, they may “figure it out” and then lose interest in the field. I find this to be particularly common when students do not describe an intense fascination with trying to understand human nature prior to their problem(s) developing. Instead they only speak of their own concerns and do not show an interest in broader aspects of human nature. Similarly, I find that people who stay in the field after developing insights about their own concerns, but who do not show an interest in the breadth of the human conditions, usually confirm their own biases by diagnosing all clients to have exactly what they had. Consequently, all clients will be introduced to the exact treatment the counsellor had previously found beneficial. Obviously, this significantly compromises a counsellor’s ability to be effective.

Personal Characteristics

Evolving from their early experiences and natural draw, effective counsellors demonstrate an attitude that human nature is so complex that they could never possibly stop learning in this field. Such an attitude is really just a natural and predictable extension to having an early, profound, and genuine fascination with trying to understand human nature. Thus, it becomes easy to spot these graduate students; they want to learn everything about everything. In contrast, those trying to figure out their own problems are more likely to have all of their assignments and papers reflect their own area of interest. As stated earlier, these people frequently then go on to diagnosis all their clients accordingly and may even become quite aggressive and committed to ensuring that all of their clients do exactly as they have done.

Beyond an attitude that human nature is so complex that one can never stop learning, effective counsellors show the following generic personal characteristics:

- Warmth, genuineness, empathy, humanness
- Ability to build relationships
- Interpersonal skills, communication skills, articulation
- Work ethic, motivation
- Always seeking to expand their comfort zone by striving for higher goals and standards
- Attentive to self-care and appearance
- “Can’t get enough knowledge” attitude

Cognitive Ability

Two expressions come to mind when trying to describe the differences between personal characteristics and cognitive ability. The first is “necessary, but not necessarily sufficient.” In this manner, having the above noted personal characteristics is “necessary, but not necessarily sufficient.” In other words, clients need to feel and observe those personal characteristics in order to be comfortable speaking with the counsellor. However, being “nice” is not enough; counsellors must also have something to offer. Specifically, they must possess some specialized knowledge, theoretical sophistication, and skills in case conceptualization along with assessment and intervention skills. Effective counsellors know how to assess, conceptualize and intervene and do so confidently and congruently with client expectations. These counsellors are so skilled that they will contend that “resistance” does not exist, as they are experts at timing the conceptualization and treatment process with the full engagement of their clients.

The other expression that comes to mind when trying to describe the difference between personal characteristics and cognitive ability is that “people first need to know how much you care before they will find out how much you know.” This is similar to the notion of a physician having a good bedside manner. It implies that people may need to feel comfortable with their counsellor and that counsellors must have something unique to offer from their specialized training. Counsellors who do not invest significantly in their course work, on-going learning, reading, and professional development are frequently limited in having specialized skills to offer.

Related to cognitive ability is Spearman's concept of the Spearman G. In cognitive assessment, the Spearman G refers to one's general learning ability. In other words, how quickly do people "get it?" I have found that students who are quick to "get it" are more likely to become effective counsellors.

Rigorous, Quality Academic Program

Students who choose to immerse themselves into a full-time, research-based program wherein a thesis, publications and professional presentations are expected may have a greater chance at becoming effective. Becoming effective takes time and it also requires one to obtain specialized skills that are grounded in research and literature. Publishing and presenting enhance the level of sophistication in knowledge and articulation.

Major Field Exposure

Becoming effective requires prolonged, intensive, quality supervision. Ideally, this should occur for at least two full-time years. Unfortunately, I have found that some students appear to look for the easy sites, with supervisors with minimal expectations, so they can get their practicum or internships done quickly. Such students frequently complete their practicum placements with skills and knowledge that are not a lot different from those that they had before they began the practicum. I have also found that these are the students that appear to have the greatest difficulty in obtaining significant employment when they graduate. In sum, I do not believe there are short cuts to becoming effective. Students, however, have taught me that there are short cuts to completing graduate programs without being significantly pushed to gain specialized knowledge and skills. Unfortunately, students who pursue such shortcuts appear to suffer from inadequate employment prospects well into their future; I commonly hear their complaints for years.

Conclusion

In an attempt to ensure more students become effective counsellors, I try to communicate the significant research findings and my own observations to graduate admissions committees and to graduate students as early in their programs as possible. I close such presentations by saying that, although they will make mistakes in their practicum placements, their clients are resilient; they need not be perfect – their clients need to see that they are human and not perfect. The most important thing I tell students is to always be setting goals for ongoing personal and professional development. Although this message is not entirely grounded in research, my hope is that it will inspire more students towards excellence.

Bibliography

- Bentler, L. (2000). David and Goliath: When empirical and clinical standards of practice meet. *American Psychologist, 55*, 997-1009.
- Fishman, D. (1999). *The case for pragmatic psychology*. New York, NY: University Press.
- Frank, J., & Frank, J. (1991). *Persuasion and healing a comparative study of psychotherapy* (3rd ed.). Baltimore: John Hopkins University Press.
- Hubble, M., Duncan, B., & Miller, S. (1999). *The heart and soul of psychotherapy: What works in psychotherapy*. Washington, DC: American Psychologists Association.
- Ilardi, S. S., & Craighead, W. E. (1994). The role of non-specific factors in cognitive-behavioral therapy for depression. *Clinical Psychology: Science and Practice, 1*, 138-156.
- Lambert, M. J. (1992). Implications of outcome research for psychotherapy integration. In N.J. Norcross & M.R. Goldfried (Eds.) *Handbook of psychotherapy integration* (pp. 94-129). New York: Basic Books.
- Najavitis, L., & Strupp, H. (1994). Differences in the effectiveness of psychodynamic therapists: A process-outcome study. *Psychotherapy, 31*, 114-123.
- Prochaska, J. O., & DiClemente, C. C. (1984). *The trans-theoretical approach: Crossing the traditional boundaries of psychotherapy*. Homewood, IL: Dow Jones Irwin.
- Snyder, C. R., Micheal, S. T., & Cheavens, J. S. (1999). Hope as a psychotherapeutic foundation of common factors, placebo, and expectancies. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
- Walmpold, B. E. (2001). *The great psychotherapy debate – models, methods and findings*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Wilkins, W. (1984). Psychotherapy: The powerful placebo. *Journal of Consulting and Clinical Psychology, 52*, 570-573.
- Wolfe, B.E. (1989). Phobias, panic, and psychotherapy integration. *Journal of Integrative and Eclectic Psychotherapy, 8*, 264-276.