THEORIES OF COUNSELING

WAYS PEOPLE HELP OTHER PEOPLE
“So, Mr. Fenton ... let’s begin with your mother.”
Thinking vs. Feeling

♦ Know the difference!
♦ You will be corrected
♦ Apologies in advance
Feelings

♦ Not good or bad
♦ Not right or wrong, or even debatable
♦ Can usually be expressed in a single word
♦ Examples: happy, sad, angry
Thoughts

♦ Are judgments
♦ Have conclusions that are debatable
♦ Can be right or wrong, good or bad
♦ Not usually expressed in single words
♦ Calling something a “feeling” that is actually a thought is not healthy
Easy way to tell the difference:

♦ Never say “I feel that. . . .”
♦ You can’t feel a “that”
♦ You can only think a “that”
Now, please take out a piece of paper
What Is counseling?

Any psychological technique used to facilitate positive changes in personality, behavior, or adjustment; some types of counseling:

- **Individual**: Involves only one client and one counselor

- **Group**: Several clients participate at the same time

- **Family**
More Types of counseling

- Directive: counselor provides strong guidance versus Non-Directive
- Insight: Goal is for clients to gain deeper understanding of their thoughts, emotions, and behaviors
- Time-Limited: Any counseling that limits number of sessions
  - Partial response to managed care and to ever-increasing caseloads
  - Caseload: Number of clients a counselor actively sees—or is supposed to see
Client vs. Patient

- Rogers used “client” to equalize counselor-client relationship and de-emphasize doctor-patient concept; addiction field still debates
Origins of counseling

• Trepansing: For primitive “counselors,” refers to boring, chipping, or bashing holes into a patient’s head; for modern usage, refers to any surgical procedure in which a hole is bored into the skull.
  - In primitive times it was unlikely the patient would survive; this may have been a goal.
  - Goal presumably to relieve pressure or rid the person of evil spirits.

• Demonology: Study of demons and people beset by spirits.
  - People were possessed, and they needed an *exorcism* to be cured.
  - Exorcism: Practice of driving off an “evil spirit”; still practiced today!
Origins of counseling, Continued…

- Ergotism: Psychotic-like symptoms that come from ergot poisoning
  - Ergot is a natural source of LSD
  - Ergot occurs with rye
- Phillippe Pinel: French physician who initiated humane treatment of mental patients in 1793
  - Created the first mental hospital
- Vincent de Paul – 150 years before
Main Categories

♦ Analytic-oriented therapies
  – Psychoanalytic theory
  – Adlerian therapy

♦ Experiential and relationship-oriented therapies
  – Existential therapy
  – Gestalt therapy
  – Person-centered therapy

♦ Action-oriented therapies
  Reality therapy
  – Rational emotive behavioral therapy
  – Cognitive behavioral therapy
  – Reality Therapy (Choice Therapy)

♦ Behavioral
Analytic-oriented therapies

Psychoanalytic theory

Adlerian therapy
Psychoanalytic theory

♦ Originator: Sigmund Freud
♦ Focus: Resolving unconscious conflicts from the past that lead to emotional suffering
♦ View of human nature – One’s behavior is determined by:
  – Irrational forces
  – Unconscious motivation
  – Biological, instinctive drives
  – Evolution through key Psychosexual stages of development
Three conflicting forces

THE “ID”

• The primitive “unconscious” part of the personality.
• At birth, the child is all ID
• Operates on the pleasure principle
  • Gain pleasure
  • Avoid pain
Three conflicting forces

THE “EGO”

• The logical “conscious” part of our personality
• Operates on the reality principal
• Goal is to take care of id impulses without harming the superego
Three conflicting forces

THE “SUPEREGO”
* the “conscience” moral, judicial part of the personality
* the internalization of the moral standards of parents and society
DEFENSE MECHANISMS

- When EGO is threatened, anxiety occurs
- We instinctively develop defense mechanisms to:
  - Cope with anxiety
  - Relieve or block emotional pain
Defense Mechanisms
used when something threatens our ego

- Denial –
- Repression – involuntary removal of threatening thoughts, feelings, and experiences (Freud believed painful events of the first 5 years of life are repressed in our “unconscious” mind).
- Compensation – developing positive traits to “unconsciously” mask weaknesses and mistakes.
- Projection – attributing to another what you are actually experiencing (Unconsciously allows us to avoid dealing with our own experiences)
- Rationalizing – making excuses for unacceptable behavior (allows us to avoid the pain of the behavior)
- Minimizing – “unconscious” process of making problems seem less severe than they really are.

(what Bill Wilson called spiritual alibis)
Techniques used in Psychoanalytic therapy

- **Interpretation** – therapist interprets meaning of patient’s concerns and “unconscious” material.

- **Free Association** – say the first words that come to mind (psychoanalysts believe this comes directly from the “unconscious” mind and useful for interpretation. By doing so without censorship and censure, unconscious material can emerge.

- **Dream Interpretation** – the analyst listens to dreams and believes that a great deal of “unconscious” material can be uncovered in dreams.

- **Transference**
  - Unconscious response to the analyst
  - Unconscious connection to a significant other from the past (often a parental figure).
  - Psychoanalysts believe this connection can lead to corrective parental experiences.

Modern Psychoanalysis

Brief Psychodynamic counseling:

Based on psychoanalytic theory but designed to produce insights more quickly; uses direct questioning to reveal unconscious conflicts.
Countertransference

♦ Feelings that are stirred up in the analyst as he/she interacts with the client; not necessarily negative or harmful
♦ Must be acknowledged and can be covered in supervision.
♦ Opportunity to identify areas that need to be addressed in the counselor’s own personal therapy.
Psychoanalytic view of Alcoholism

♦ The root of alcoholism lies in the oral stage of development (covers period from birth to about 18 months).
♦ Infant’s main source of gratification is derived from sucking (involves the mouth, lips, tongue)
♦ If need is fulfilled, infant is freed from a state of tension and frustration – induces calm in the infant and allows him to sleep.
♦ These dynamics form one’s basic orientation to frustration
♦ Person’s who never had their oral needs met during infancy tend to anticipate disappointment at every turn and adopt a pessimistic outlook on life.
Addition Counseling and Psychoanalysis

- Alcoholism is thought to be an ineffective and destructive attempt at resolving conflict from the oral period – and “oral fixation.”
- Alcoholics are persons with unmet oral needs who are easily frustrated and turn to the bottle for relief.
- The act of drinking – especially from a bottle – is symbolic of a desire to return to the security and comfort of suckling.
- Substance abuse
  - the seeking of oral gratification
  - Stems from an unconscious death wish
  - self-destructive tendencies of the id.
Adlerian therapy

♦ Originator: Alfred Adler
♦ Focus: help clients see how issues from past continue to influence present and future (*Insight oriented therapy*)
♦ View of human nature
  – Individuals are influenced greatly by the first 6 years of life
  – *Sibling order* (established in early years) plays dramatic role in shaping person’s life
  – Individuals possess feelings of *inferiority* – a result of inborn and social conditions (sibling order, not reaching goals, etc.)
Adlerian therapy

♦ Goals of Adlerian therapy
  – Correct **faulty assumptions** and **mistaken goals**
  – Move beyond feelings of inferiority as **five life tasks** are achieved:
    • Relating to others (friendship)
    • Make a contribution (work)
    • Achieve intimacy (love and family relationships)
    • Get along with ourselves (self acceptance)
    • Develop our spiritual dimension - meaning, connectedness, relationship with the universe (Higher Power?)
Adlerian therapy (con’t)

♦ Techniques of Adlerian therapy
  – Build relationships
    • to establish an egalitarian relationship
    • To work on agreed-upon goals Help develop social interests and goals
  – Do a comprehensive assessment of the client's functioning
  – Explore *sibling (birth) order* and impact of sibling order on current behavior
  – Explore *mistaken goals* and *faulty assumptions*
  – Help clients achieve five *life tasks*
Adler and Addiction

♦ Not particularly useful
♦ Greatest contribution may be his influence on Frankl, Rogers, Perls, Skinner, & Ellis
♦ We use family roles (Hero, Mascot, etc.) and self-esteem building techniques developed by many inspired by Adler
Other Psychodynamic Giants

♦ Erik Erikson
- psychosocial rather than psychosexual

Carl Jung
acknowledged spirituality as a tool when referring to Bill Wilson
Experiential and relationship-oriented therapies

*Existential therapy*

*Gestalt therapy*

*Person-centered therapy*
Existential therapy

Logotherapy

♦ Originators – Viktor Frankl and Rollo May
♦ Focus on the human condition including:
  – Capacity for self-awareness
  – Freedom to choose one’s fate
  – Anxiety
  – Responsibility
  – Search for meaning
  – Relationship with self and others
  – Facing death as a reality
Existential therapy

♦ Goals – help clients to:
  – see that they are unrestricted
  – become aware of their possibilities.
  – recognize they are responsible for the events that happen in their lives.
  – be able to identify those things that restrict their ability to choose.
Existential therapy

♦ Techniques – can use techniques from other therapeutic approaches, but focus in on understanding first, techniques second.

♦ Application – suited for clients who are
  – concerned about making choices
  – trying to make sense of life
  – dealing with
    • a developmental crisis or a transition in life
    • The freedom of making choices
    • guilt and anxiety
    • realizing values and responsibilities
Addiction counseling and Existential therapy

♦ Not ideal for first stages of recovery
  – Mental functioning may be impaired
  – In crisis
  – Need direction

♦ Better for mid-and late-stage recovery
  – Assistance in dealing with life issues
  – Relating to being alone
  – Relationship with others
  – Freedom to make life choices
Gestalt

- Originator – Fritz Perls
- Focus – experiential therapy geared to helping clients gain awareness of what they are experiencing and doing in the here and now.
- Goals – help clients deal with unfinished business from the past in the here and now
- Perls believed that
  - Nothing exists except the here and now
  - The past has gone
  - The future has not arrived
  - Only the present is significant
Gestalt therapy influenced by

- Psychoanalysis
- Psychodrama
- Existential therapy
- Gestalt therapy
- Perls was originally a psychoanalyst
- Reenactments (therapeutic acting), script writing and dealing with unfinished business
- Up to individual to find purpose in life
Techniques of gestalt therapy

Unfinished business persists until it is dealt with. Gestalt therapists deal with unfinished business in the here and now, using experiential methods such as:

* Empty Chair *
* Letter writing *
* Role Playing *
* Psychodrama *
Addiction counseling and gestalt therapy

♦ Many believe that *unfinished business* (resentments, unresolved grief, etc.) is a leading cause of relapse

♦ Gestalt techniques are used in individual and group work (empty chair, role-plays, letter writing)

♦ Gestalt techniques give the opportunity to deal with powerful emotions, such as rage, connected to the past in the *here and now*
Person-centered therapy

♦ Originator – Carl Rogers
♦ Focus – the here and now conscious thoughts and feelings
♦ View of human nature – people are trustworthy, resourceful, and capable of resolving their own problems
♦ Goals
  – Provide a climate where clients can examine their own problems
  – Provide a climate that will enable clients to
    • reach many of their own conclusions
    • Develop congruence
    • Change
    • grow
Techniques of Person-centered therapy

- The concept of “staying where the client is” comes from person-centered therapy – a non-directive therapy
- Use of personal characteristics of the therapist
- Non-possessive warmth
- Ask open-ended question
- Use of attending skills to convey warmth help keep conversation going
- Build rapport (relationship)
  - Genuineness
  - Empathy
  - Unconditional positive regard
  - Relationship of equals
• Effective counselor must have four basic conditions

  - Unconditional Positive Regard: Unshakable acceptance of another person, regardless of what they tell the counselor or how they feel

  - Empathy: Ability to feel what another person is feeling; capacity to take another person’s point of view

  - Authenticity: Ability of a counselor to be genuine and honest about his or her feelings

  - Reflection: Rephrasing or repeating thoughts and feelings of the clients’; helps clients become aware of what they are saying
Addiction counseling and person-centered therapy

♦ Many ideas about building rapport with addicted clients come from the person-centered therapy, namely: empathy, genuineness, caring, acceptance (unconditional positive regard, asking open ended question).

♦ Strong relationship is the beginning of helping clients recover.

♦ Great for co-dependents; not always great for confronting addicts
Action-oriented therapies

Reality therapy

Rational Emotive Behavioral therapy

Cognitive behavioral therapy
Reality Therapy

♦ Originator: William Glasser

♦ Focus – help clients to change in the here and now.

♦ Goals – to hold people accountable for their behavior and to teach them better and more effective ways of getting their needs met.
Reality therapy

♦ View of human nature – Human beings have two basic needs:
  – To love and be loved by others
  – To feel worthwhile to self and others

♦ If two basic needs are not met, people will exhibit symptoms of
  – Delinquency
  – crime’
  – Violence
  – Drug abuse, etc.
Techniques of Reality Therapy

♦ Challenge *inappropriate behavior* “Just because you use drugs does not give you the right to steal from your mother and violate others.”
♦ The therapist *does not accept excuses for irresponsible behavior*.
♦ As a here-and-now therapist, the therapist focuses on what the client is *doing rather than why*.
♦ The therapist believes in natural consequences for behavior rather than punishment
♦ Empathizes responsibility “Regardless of your problem, it is not right to make other people suffer”
♦ Focus on client’s strengths
♦ Actively discuss *current behavior*
♦ Discourage excuses for irresponsible and ineffective behavior
♦ Help clients achieve goals
♦ Help clients find constructive ways to meet their basic needs
Unique characteristics of Reality Therapy

- Rejection of the medical model and de-emphasis on diagnosis
- Helping clients develop successful identities and positive addictions (distance running, meditation).
- Emphasis on responsibility. “Even with your problems, you are still responsible for your behavior.”
- De-emphasis on transference.
- Not afraid to confront with right/wrong moral questions
Addiction counseling and Reality Therapy

♦ Counselors believe in holding clients accountable for their behavior.
♦ Counselors believe there are natural social consequences for behavior.
♦ Not holding clients accountable for their behavior is a form of enabling.
♦ Take what you like and leave……
Rational Emotive Behavior

Therapy

♦ Originator – Albert Ellis
♦ Focus – the here and now
♦ View of human nature
  – People are born with potential for rational or irrational thoughts
  – People learn irrational beliefs from significant others as children
  – Since these thoughts are learned, people have the power to change their thoughts and their behavior
  – Irrational thoughts can lead to self-destructive behavior
Rational Emotive Behavior Therapy

♦ Goals
  - To assist clients to confront faulty or irrational beliefs with evidence gathered that contradicts those beliefs
  - To assist clients to become aware of their automatic thought processes and to learn to change them
  • **Selective Perception:** Perceiving only certain stimuli in a larger group of possibilities
  • **Overgeneralization:** Allowing upsetting events to affect unrelated situations
  • **All-or-Nothing Thinking:** Seeing objects and events as absolutely right or wrong, good or bad, and so on
Rational Emotive Behavior Therapy

♦ Core Beliefs that cause disturbances
  – It is necessary to be loved by all
  – One should be thoroughly competent
  – Things are awful if they are not exactly the way I want them to be
  – I must have approval from all significant people in my life
  – It’s easier to avoid dealing with life’s difficulties than to strive for more rewarding endeavors.
Techniques Rational Emotive Behavior Therapy

The A-B-C approach

- **Activating event (something happens)**
- **Belief about the event (if the person is thinking irrationally, his view is often distorted)**
- **Consequences of the irrational belief can be painful (emotional and behavioral consequences)**
Techniques Rational Emotive Behavior Therapy

The therapist helps change irrational beliefs, using the following by disputing and challenging these irrational beliefs by:

* Detecting irrational beliefs (words such as *ought, should, must, always, or never* lead to irrational beliefs)
* disputing irrational beliefs by paying attention to the exception to the rule (Ex: I am stupid – When is that not true?)
* searching for evidence that beliefs are not true

Other therapist techniques

* help client stop thinking irrationally
* help client eliminate self-defeating habits and behavior
* help client accept self and others
Addiction counseling & Rational Emotive Behavioral Therapy

- Addicted persons have many irrational beliefs, which contribute to continued drug use/relapse
- The self-help community calls these thoughts “stinkin’thinkin’” – counselors often help clients recover by helping them challenge these beliefs
- Bumper sticker therapy
Cognitive Behavioral Therapy

- Originator – Aaron Beck
- Focus – here and now
- View of Human nature – individuals with emotional problems often have faulty thinking as a result of having inadequate or incorrect information
- Goal – help clients change faulty thinking and modify behavior by identifying and challenging faulty beliefs (cognitive distortions)
Cognitive behavioral therapy

Cognitive distortions include

- Over-generalization
- Minimization
- Magnification
- Personalizing events
- Arbitrary inferences – reaching conclusions without evidence
- Labeling yourself (I’m stupid)
- Polarized thinking – all good or all bad
Techniques of Cognitive Behavioral Therapy

♦ Challenge assumptions and faulty beliefs through Socratic questions
  – Where is your evidence that this is true?
  – What is the worst thing that could happen if you continue to think this way? ....if you changed your thinking

♦ Give homework to test beliefs in the real world

♦ Instill hope
Addiction counseling and Cognitive Behavioral Therapy

- There have been a number of studies with positive outcomes using cognitive behavioral therapy with cocaine addicts and chronic relapsers.

- Because the field of addictions continues to move in the direction of evidence-based practice, CBT is widely used in the field.
Behavior counseling

- Use of learning principles to make constructive changes in behavior
- Behavior Modification: Using conditioning principles to directly change human behavior
  - Deep insight is often not necessary
  - Focus on the present; cannot change the past, and no reason to alter that which has yet to occur
Aversion counseling

• Conditioned Aversion: Learned dislike or negative emotional response to a stimulus

Aversion counseling: Associate a strong aversion to an undesirable habit like smoking, overeating, drinking alcohol, or gambling

• Response-Contingent Consequences: Reinforcement, punishment, or other consequences that are applied only when a certain response is made

• Rapid Smoking: Prolonged smoking at a rapid pace - Designed to cause aversion to smoking
Desensitization

- Reciprocal Inhibition: One emotional state is used to block another (e.g., impossible to be anxious and relaxed at the same time)

- Systematic Desensitization: Guided reduction in fear, anxiety, or aversion; attained by approaching a feared stimulus gradually while maintaining relaxation
  - Best used to treat phobias: intense, unrealistic fears
• Operant Conditioning: Learning based on consequences of making a response
  
  - Extinction: If response is NOT followed by reward after it has been repeated many times, it will go away
  
  - Positive Reinforcement: Responses that are followed by a reward tend to occur more frequently
  
  - Nonreinforcement: A response that is not followed by a reward will occur less frequently
Operant Therapies

Eye Movement Desensitization and Reprocessing (EMDR):

Reduces fear and anxiety due to trauma by holding upsetting thoughts in your mind while doing things like rapidly moving your eyes from side to side.

- Bi-lateral stimulation (sight, sound and touch)
- Francine Shapiro
Operant Therapies, Continued…

- Punishment: If a response is followed by discomfort or an undesirable effect, the response will decrease/be suppressed (but not necessarily extinguished)

- Shaping: Rewarding actions that are closer and closer approximations to a desired response

- Stimulus Control: Controlling responses in the situation in which they occur

- Time Out: Removing individual from a situation in which reinforcement occurs
Reinforcement and Token Economies

- Tokens: Symbolic rewards like poker chips or gold stars that can be exchanged for real rewards
  - Can be used to reinforce positive responses immediately
  - Effective in psychiatric hospitals and sheltered care facilities---even addiction TX

- Target Behaviors: Actions or other behaviors a counselor seeks to change

- Token Economy: Patients get tokens for many socially desirable or productive behaviors; they can exchange tokens for tangible rewards and must pay tokens for undesirable behaviors
### Oxnard Day Treatment Center Credit Incentive System

<table>
<thead>
<tr>
<th>Earn Credits By</th>
<th>Spend Credits For</th>
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<tbody>
<tr>
<td>Monitor Daily</td>
<td>Coffee 5</td>
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<tr>
<td>Menu Planning Chairman Participate</td>
<td>Lunch 10</td>
</tr>
<tr>
<td>Buy Food at Store</td>
<td>Except Thursday 15</td>
</tr>
<tr>
<td>Cook For/Prepare Lunch</td>
<td>Bus Trip 5</td>
</tr>
<tr>
<td>Wipe Off Kitchen Table</td>
<td>Bowling 8</td>
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<tr>
<td>Wash Dishes 5-10</td>
<td>Group Therapy 5</td>
</tr>
<tr>
<td>Dry and Put Away Dishes</td>
<td>Private Staff Time 5</td>
</tr>
<tr>
<td>Make Coffee and Clean Urn</td>
<td>Day Off 5-20</td>
</tr>
<tr>
<td>Clean Refrigerator</td>
<td>Window Shopping 5</td>
</tr>
<tr>
<td>Attend Planning Conference 1-5</td>
<td>Review with Dr. 10</td>
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<tr>
<td>Complete OT Project</td>
<td>Doing Own Thing 1</td>
</tr>
<tr>
<td>Return OT Project</td>
<td>Late 1 per every 10 min</td>
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<tr>
<td>Dust and Polish Tables</td>
<td>Prescription from Dr. 10</td>
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<tr>
<td>Put Away Groceries</td>
<td>Monitor-Ann</td>
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<tr>
<td>Clean Table</td>
<td>Clean 6 Ash Trays 2</td>
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<tr>
<td>Clean Sink</td>
<td>Clean Chairs 5</td>
</tr>
<tr>
<td>Carry Out Cups &amp; Bottles</td>
<td>Clean Kitchen Cupboards 5</td>
</tr>
<tr>
<td>Assist Staff</td>
<td>Arrange Magazines Neatly 3</td>
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<tr>
<td>Being On Time</td>
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<td>Workshops</td>
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Cybercounseling and counseling at a Distance: Dr. Laura, Dr. Phil and Dr. Drew, among Others

- Media Psychologists: Radio and newspaper and television psychologists; often give advice, information, and social support
  - Most helpful when referrals and information are given
- Telephone counselors: 900 number counselors
  - Caution: Many “counselors” may be nothing more than telephone operators who have never even taken a psychology course!
Cybercounseling and counseling at a Distance cont.

Cybercounseling: Internet counselors in chat rooms and so on
- Videocameras at both ends so now you can hear AND see counselor
- Patient/client can remain anonymous
- May be wave of future for those who cannot drive a distance to a counselor or cannot leave the house (e.g., Paula can’t leave the house cause of agoraphobia, so Robert the counselor comes to her via Internet!)
- Cheaper than traditional counseling
Family counseling

Family counseling: All family members work as a group to resolve the problems of each family member.

- Tends to be brief and focuses on specific problems (e.g., specific fights).
Relaxation Based

♦ Biofeedback

♦ Meditation

♦ Hypnosis
Pharmacocounseling: Use of drugs to alleviate emotional disturbance; three classes:

- Minor Tranquilizers (Antianxiety): Like Valium; produce relaxation or reduce anxiety
- Antidepressants: Elevate mood and combat depression
- Antipsychotics (Major Tranquilizers): Tranquilize and also reduce hallucinations and delusions in larger dosages

Problems with Drug counseling:

- Clozaril (clozapine): Relieves schizophrenic symptoms; however, two out of one hundred patients may suffer from a potentially fatal white blood cell disease
Shock

Electroconvulsive counseling (ECT): Electric shock is passed through the brain inducing a convulsion

• Based on belief that seizure alleviates depression by altering brain chemistry

ECT Views

• Produces only temporary improvement
• Causes permanent memory loss in many patients
• Should only be used as a last resort
Psychosurgery

Any surgical alteration of the brain

Prefrontal Lobotomy: Frontal lobes in brain are surgically cut from other brain areas

- Supposed to calm people who did not respond to other forms of treatment
- Was not very successful

Deep Lesioning: Small target areas in the brain are destroyed by using an electrode
Mental Hospitalization: Involves placing a person in a protected, therapeutic environment staffed by mental health professionals.

Partial Hospitalization: Patients spend only part of their time in the hospital.

Deinstitutionalization: Reduced use of full-time commitment to mental institutions.

Half-way Houses: Short-term group living facilities for individuals making the transition from an institution (mental hospital, prison, etc.) to independent living.
others

- Career counseling
- Acutalization therapy
- Life coaches
- Recovery coaches
Basic Counseling Skills

- Active listening
- Clarify the problem
- Focus on feelings
- Avoid giving advice
- Accept the client’s frame of reference
Basic Counseling Skills, Continued…

- Reflect thoughts and feelings
- Silence: Know when to use
  - Questions
    - Open: Open-ended reply
    - Closed: Can be answered “Yes” or “No”
- Maintain confidentiality
Community Mental Health Programs

- Offer many health services like prevention, education, counseling, and crisis intervention
  - Crisis Intervention: Skilled management of a psychological emergency

Paraprofessional: Individual who works in a near-professional capacity under supervision of a more highly trained person
Other counseling Options

- Peer Counselor: Nonprofessional person who has learned basic counseling skills
- Self-Help Group: Group of people who share a particular type of problem and provide mutual support to each other (e.g., “Alcoholics Anonymous”)
Evaluating a counselor: Danger Signals

- counselor makes sexual advances
- counselor makes repeated verbal threats or is physically aggressive
- counselor is excessively hostile, controlling, blaming, or belittling
- counselor talks repeatedly about his/her own problems
- counselor encourages prolonged dependence on him/her
- counselor demands absolute trust or tells client not to discuss counseling with anyone else