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The Techniques of Counseling

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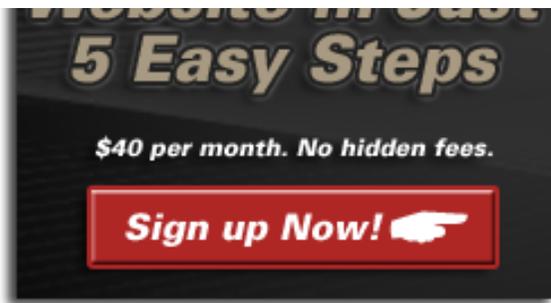
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INTRODUCTION

In this session, we will do more than just look at some specific techniques used in various therapy approaches, we will look at the underlying principles and assumptions accepted in these approaches.

We will look at techniques and concepts that can fit into our Christian counseling philosophy and at some of those that must be totally rejected. We will place a great





emphasis upon a Christian counseling approach that is solution-oriented and designed to be brief, to the point, Biblical, Christ-centered, Holy Spirit directed, and psychologically sound.

We will emphasize the importance of counselors being more than just skilled professionals, but helpers who are themselves committed to spiritual growth, change, development, and maturity.

A variety of counseling techniques are available to the pastoral counselor. Pastoral counseling still consists of caring, reassuring, exhorting, empathizing, and giving Biblical guidance. With the present interest in and exposure to psychology, many pastors want to become skilled in counseling and work with troubled people using various counseling techniques.

Counseling is first of all a relationship, not a bundle of techniques or a bag of tricks. In implementing change through the counseling relationship, the therapist needs to be skillful in a number of techniques.

Since techniques are tied to counseling theory and philosophy, the techniques used reflect the counselor's theory and philosophy. Counseling techniques must also be selected to match the needs and personality of the client. The many human variables make counseling a complex task.

Effective counselors adapt their repertoire of techniques to the particular problem and individual involved. Investigations seem to indicate that many counselors possess or use too few interviewing techniques and a counselor who uses the same basic approach with most people is too limited in his/her mastery of techniques.

It is true that regardless of training, counselors are prone to develop a style of counseling and to adapt particular methods to their way of responding. Above all, most counselors try to be themselves rather than play a role. They try to use techniques they trust and feel comfortable using.

A counselor can restrict his/her own flexibility and spontaneity by trying to force himself/herself into a technique that does not fit or blend with his/her style or level of skill.

1) FOCUS ON SOLUTIONS AND STRENGTHS

Before we get into a survey of various techniques and approaches, let's talk about a new emphasis in counseling known as solution-oriented therapy.

This new trend is an emphasis on strengths and solutions rather than problems and pathology. When therapy is solution-oriented, assessment techniques become deliberate interventions that often limit counseling to a few sessions. Counselors watch their language and direct the conversation toward change, encouraging clients to look to the future with an eye to possibilities rather than problems. Clients learn how to keep the ball rolling and maintain change. Counseling inevitably becomes brief and purposeful. It begins by seeking solutions, not attacking problems. It is a way of thinking that raises up images of what might be -- should be -- and thereby helps people see potential that otherwise might not be understood.

People often come to counseling so depressed and down that they fail to believe that significant change can take place. They are often so chained to the present that they can't seem to hope for anything better.

As Pentecostal ministers, we know and fully believe in the miracle working power of God. We know that all things are possible. We know that God answers prayer, that people can change with God's help, and that God is at work in our lives! Therefore, solution-oriented brief therapy is very compatible with our approach to spiritual problems and spiritual solutions.

Also, Christian counseling needs to be focused on prevention and on the building of

strengths. God's Word, through the example of Jesus Christ, gives us a model and example to follow for successful, healthy living. This shifts our focus away from people's problems and pathologies to God's power and purpose, and to people's strengths and capabilities. The following is a look at the common assumptions of contemporary therapies and the assumption of a solution-oriented approach.

A) Common Assumptions of Most Contemporary Therapies

1) Deep, Underlying Causes for Symptoms

A common assumption of many psychodynamic approaches and many family approaches is that some underlying dynamic, not readily perceivable to the untrained eye, is creating the problem. Problems are thus "symptoms" of some deep, underlying cause, formidable as an iceberg. The very word "symptom" implies that what people complain about when they enter therapy is not the real problem, but always the manifestation of some underlying problem.

2) Awareness or Insight is Necessary for Change or Symptom Resolution

Many models of therapy follow the systemic process from medicine, which advocates that it can be unwise to treat the "symptom" without an understanding of its underlying causes. Many therapies attempt to resolve problems by providing clients with awareness of both the nature and origin of symptoms. To change anything, it is argued, one must be aware of the source or true nature of the problem.

In Christian counseling, we know that at the root of peoples' problems is a spiritual problem, either in the person's own life or in the lives of those nearest to them. Attempting to identify, understand, and confront the original source(s) of our problems can be like looking for a needle in a hay stack. And even when we find it, seldom have we also discovered a cure.

3) The Removal of Symptoms is Useless or Shallow at Best and

Dangerous at Worst

The psychoanalytic de-emphasis on solutions follows from the assumption that it is not only impossible to eliminate the real problem by removing the symptom, but could also be dangerous. Temporary relief might mask the problem and reduce the client's motivation to seek treatment of "deeper" causes.

4) Symptoms Serve Functions

The assumption that symptoms serve functions is at the heart of even the most disparate current therapy approaches. Most therapists assume that symptoms occur because they serve some function or purpose in the person's life. If they did not serve a purpose, they would not persist. The theory, then, is that if you remove one symptom without taking care of the function it serves, then another symptom will take its place.

5) Clients are Ambivalent about Change and Resistant to Therapy

There is a fundamental belief in most approaches that people do not really want to change, or at least they are resistant to changing. Therefore, one has to either wait them out or get around their defenses.

6) Real Change Takes Time; Brief Interventions are Shallow and Do Not Last

Since problems and pathology are often deep-rooted or entrenched, repetitious patterns ingrained in individual or social systems, little can be expected with brief interventions and contacts. Changes from brief interventions do not last. Some therapists believe that it will take just as long to get over a problem as it took to develop it. Most therapies are oriented toward long-term assessment and treatment.

7) A Focus on Identifying and Correcting Pathology (Abnormal

Behavior)

Some therapists tend to look for mental illness under every rock. A person can be given a diagnosis and labeled with certain disorders. These labels may fit but often do not. However, a person may struggle for a long time (or even a lifetime) to shake free from the various labels put on them by different therapists.

B) The Assumptions of Solution-Oriented Therapy

The expectations a therapist maintains as a result of previous diagnosis or background information can greatly affect his/her attitude and the approach he/she takes as a counselor/therapist with a client.

Since we you expect influences what we get, solution-oriented counselors maintain those presuppositions that enhance client-therapist's cooperation, empower clients, and make our work more effective and enjoyable. We need to hold assumptions that focus on strengths and possibilities. The solution-oriented therapist will focus on change and shift the conversation away from how things have stayed the same toward how things have changed.

1) The Therapist's Job is to Identify and Amplify Change

The therapist will guide the client in identifying what is working and what can work in his/her life in order to build on his/her strengths or positive behaviors. The counselor, in working with people, seeks to see a small change first, realizing that people do get locked into certain behaviors and will only make small changes at first. People will often repeat past mistakes before lasting changes take place over time. However, we must never undervalue the importance of small changes.

2) It Is Usually Unnecessary to Know a Great Deal About the Complaint in Order to Resolve It

Typically, solution-oriented therapists do not find it useful to gather extensive

historical information about the present problem. Sometimes only a bare minimum of information is necessary to begin to resolve the complaint. Sometimes counselors get stuck because they have too much information about the problem(s) and too little about the solution.

In this approach, the counselor/therapist will focus his/her inquiry on what clients are already doing that is working. The objective is to get people to focus on what does work for them in the times when they are doing well and on what they already know that they could or should do to deal with the problem.

3) It Is Not Necessary to Know the Cause or Function of a Complaint in Order to Resolve It

Solution-oriented therapists do not accept the belief that symptoms (complaints) serve functions for individuals, relationships, or families. Understanding symptoms only suggest how people become static and stuck, but it does not tell us how people can change.

Before counseling, people usually have already speculated about the causes and reasons for their difficulties. Seldom does this type of analysis move them toward solutions. Knowing "why" seldom creates change. Often people's idea of "why" is distorted and they will not be able to see truth clearly until they make some right decisions and move away from the self-destructive situation they are plagued with.

4) A Small Change is All That is Necessary to Affect a Significant Change

People go in circles and live in ruts. They feel unable to take action so they do nothing productive. Thus, they get more depressed, troubled, or unhappy.

When people are able to make even a small change, they feel (a little, at least) optimistic and more confident or hopeful about tackling further changes.

Small changes can be like a snowball rolling down a mountain increasing and picking

up speed. Also, change is contagious and causes more change.

5) Clients Define the Goal

Solution-oriented therapists do not believe that there is any single "correct" or "valid" way to live one's life. Thus the client, not the therapist, identifies the goals to be accomplished in treatment.

NOTE: As Christian counselors, we will have a serious problem with this assumption if it means in any way that there are no absolutes, no moral laws or clear lines between right and wrong. We cannot and must not accept a secular assumption that denies God, His Word, or Christian values. We will allow people to define their goals and make choices, of course. We will not play God and take responsibility to tell people how they must live their lives except in those Biblical areas where God's Word makes it clear how we should live.

Christian counselors will sometimes be directive and always uncompromising on God's Word. Even in solution-oriented therapy, the counselor is seen as having responsibility to help identify the real problems, issues, and pathological (abnormal) patterns and behaviors.

It is important, in counseling, to allow the client to define the goal(s). If we, as the counselor, cannot feel good about helping the client meet the goal they stated, then we may have to end the counseling and offer them a referral to someone else. It is wrong for the counselor to ignore the client's goal and to press on in counseling with the goal we prefer.

The counselor can certainly make alternate suggestions to people about their goals, problems, and choices. Sometimes it is necessary to work with people on small problems and goals even though we see what we think to be more significant problems and goals. We cannot always start at the place we need to be; we have to gently work with people until they are ready to move forward significantly.

6) Rapid Change or Resolution of Problems is Possible

When clients are helped to have faith and hope, they become more optimistic. In the solution-oriented approach, clients are expected to go home, after the first session, and take some positive action(s). After each session thereafter, the client is expected to take action to change

In this approach, the average length of treatment is under ten (10) sessions, usually four or five, occasionally one or two.

Other approaches to counseling or psychotherapy expect treatment to last for one year to several years.

Our attitude about change and our approach to resolving problems can be the most significant factor in contributing to client's expectations of change.

NOTE: As evangelical and Pentecostal ministers, we know God's miracle working power to be real. When we work with people who know God, we should pray for, work for, and expect progress, rapid change, and even miracles. We can take a Biblical approach to solution-oriented counseling, reject the secular denial of absolutes and holiness, and work with people to see God change their lives.

As Christian counselors, we must constantly work to learn and benefit from psychology and integrate it with Christian faith. There will be many secular views and approaches we will reject as we learn how to effectively understand people and bring people to God and to right living.

Counseling begins with the way we understand people and how we examine problems. To end right, we must start right. We start with faith and direct hurting people to look for God and to build on strengths. With God's help, we can start quickly with small steps and move to greater successes and victories. As Christian counselors, we reject clients' negative, hopeless view of their problems. Whenever

we look at our problems as unsolvable or unmanageable, we accept the defeat of the devil. God is a way maker! God is faithful to make a way of escape. God answers prayer, He comes through for us.

2) A SURVEY OF THERAPEUTIC TECHNIQUES AND PROCEDURES

A) Psychoanalytic Therapy

Psychoanalytic therapy consists largely of using methods to bring out unconscious material that can be worked through. This focus is primarily on childhood experiences, which are reconstructed, discussed, interpreted and analyzed. The assumption is that the exploration of the past, which is typically accomplished by working through the transference relationship with the therapist, is necessary for character change.

Transference manifests itself in the therapeutic process at the point where clients' "unfinished business" causes them to distort the present and to react to the therapist (analyst) as they did to their mother, father, or other significant person. In classical analysis, this transference is encouraged and fostered by the analyst's neutrality, objectivity, anonymity and relative passivity.

The analysis of transference is a central technique in psychoanalysis, for it allows clients to achieve insight into the influence of the past on their present functioning. This transference allows clients to re-experience a variety of feelings that would otherwise be inaccessible. The client can express in action what they have buried in their unconscious, and thus change some of their long-standing patterns of behavior.

The most important techniques typically employed in psychoanalysis are free association, interpretation, dream analysis of resistance and analysis of transference.

B) Adlerian Therapy

Along with Sigmund Freud and Carl Jung, Alfred Adler (1870-1937) was a major contributor to the development of the psychodynamic approach to therapy. Adler was far ahead of his time, and most of the contemporary therapies have incorporated at least some of his ideas.

The basic goal of the Adlerian approach is to help clients identify and change their mistaken beliefs about life and thus participate more fully in a social world. Clients are not viewed as mentally sick, but as discouraged. Adlerian therapists are generally eclectic (diverse) in choosing their methods. Adlerian counselors use a wide range of techniques. The most useful concepts of Adler's Individual Psychology include:

- The importance of looking to one's life goals.
- A focus on early childhood events, which may be impacting life at the present.
- The understanding and confronting of basic mistakes.
- The idea that one's beliefs and thinking processes influence emotions and behavior.
- An encouragement for clients to work out an action plan to make changes.
- The establishment of a collaborative relationship whereby the client and therapist work toward mutually agreed-on goals.
- Placing a great emphasis on the encouragement process throughout the course of counseling.

C) Existential Therapy

The critical significance of the existential movement in psychotherapy is that it reacts against the tendency to identify therapy with a set of techniques. Instead, it affirms the basing of counseling practice on an understanding of what makes men and women human beings.

This view projects that mankind is constantly searching for a new significance to our existence. The theory is that there are no pre-existing designs, no meanings to life

that are assigned or given to us, and no purposes in the world outside those we choose.

This approach and its techniques used in counseling are unacceptable to the Christian counselor. This approach basically denies God, His plan for man, a sinful nature, and also denies eternal life by asserting that after death we are nonbeings.

D) Person-Centered Therapy

The person-centered (client-centered, Carl Rogers) approach can be classified as a humanistic branch of the existential perspective. Existential humanism creates a third-force perspective on counseling therapy. This follows the forces of the psychoanalytic and the behavioral approaches.

Thus, existential humanism includes the person-centered and the Gestalt therapy approach. This view of human nature projects that man is basically good and can be trusted. The focus here is on the person and not on the person's presenting problem. Therapy is seen as a growth process in which the counselor helps the client get in touch with his/her real self. Through this special relationship with the counselor, the client is able to be open, to trust in themselves, to find self-awareness, and to be encouraged.

This concept of the importance of self-actualization is acceptable to the Christian counselor when it is understood that our first and greatest need is to know God and to view reality from the Biblical perspective, not from our own human perspective. We support the importance of growth, self-awareness, acceptance, respect, congruence, genuineness, and the need in counseling for accurate, empathic understanding.

The existential humanistic concept of man, God, and life must be rejected. A person-centered approach can work to a certain extent. For example, it is good to give support and positive regard to clients, but at times they must also be challenged and

confronted with truth. This approach calls for the counselor to be non-directive and client-centered. At times, we must be directive and allow our own personality and sense of reality to come forth. Our faith in God and the principles of holiness found in God's Word must never be compromised, no matter what people may think or say.

There are some valid applications for Gestalt techniques in Christian counseling. However, the idea of the "here and now" must be limited and not distort the eternal significance of life and God. People do need to experience the "now", and not be defeated by the past or live in fear of the future.

Another key concept of Gestalt therapy is that of "unfinished business." This involves unexpressed feelings such as resentment, rage, hatred, pain, anxiety, grief, guilt, and so on. Even though these feelings are unexpressed, they are associated with distinct memories and fantasies. Unfinished business can persist until it is faced and dealt with effectively.

It is true (and compatible with Christian doctrine) that unacknowledged feelings create unnecessary emotional problems. Unrepented sin and unhealed hurts cause people great distress. People use avoidance methods rather than face the pains, sins, and hurts of life. People live in fantasies and seek to be entertained by all sorts of fantasies (including sexual).

Gestalt therapy (Fritz Pearls, 1893-1970) calls for people to strip off the five layers of neurosis which destroy growth. These layers are (1) the phony, (2) the phobic, (3) the impasse (wall of hopelessness), (4) the implosive (defensiveness), (5) the explosive (getting free of phoniness and pretense - to become alive and authentic). The goal of Gestalt therapy is not simply "adjustment" to society, but individual and family growth beyond the narrow limits of adjustment. We have a choice to be a part of the sickness of man or of becoming healthy.

As Christian counselors, we cannot take the humanistic view that the answer lies at the center within each of us. We can become totally aware of ourselves and seek to

think and behave in healthy ways, and still be lost and dead in sin. The answer is to have God within and to have a spiritual awareness of a born again relationship with God, through Jesus Christ, by the power of the Holy Spirit.

E) Transactional Analysis

Transactional analysis is basically a description of what people do and say to themselves and to each other. Communication between people involves a transaction in which messages are sent and a response is expected. Transactional analysis is based on the assumption that we make current decisions based on past premises. Transactional analysis teaches clients to recognize three ego states (parent, adult, and child) in which they function. Underlying transactional analysis is the theory of a life-script, which is similar to Adler's concept of life-style. Early in life, each of us fashions a script that we carry out, usually without awareness.

The language of transitional analysis can be very difficult to understand and use in counseling. One of the dangers is that transitional analysis can primarily be an intellectual experience impacting little change.

F) Behavior Therapy

The major current view in behavior therapy is that the person is the producer and the product of his or her environment.

Goals occupy a place of central importance in behavior therapy. Some critics characterize the relationship between the behavior therapist and the client as mechanically manipulative and highly impersonal.

Some of the major therapeutic techniques are as follows:

- relaxation training and related methods
- systematic desensitization
- token economics

- forms of punishment: time out, overcorrection, response cost
- modeling methods: observational learning, imitation, social learning.
- assertion training
- self-management programs

Some common criticisms with behavior therapy include:

- Behavior therapy may change behaviors, but it does not change feelings.
- The relationship between the counselor and the client is not emphasized.
- Behavior therapy does not provide enough insight into causes of problem behavior.
- Behavior therapy ignores the historical causes of present behavior.
- Behavior therapy involves too much control and manipulation by the therapist.

G) Rational-Emotive Therapy

The basic philosophy in rational-emotive therapy is that humans are born with potentials for rational thinking but also with tendencies toward crooked thinking. They tend to fall victim to irrational beliefs and to reindoctrinate themselves with these beliefs. Therapy is cognitive/behavior/action-oriented and stresses thinking, judging, analyzing, doing, and redeciding. This model is didactic and directive. The therapy process is one of re-education.

Rational-emotive therapists say that a person's belief system is the cause of emotional problems. Also, they say that significant others in our past have contributed to the shaping of our current life-style and philosophy of life. However, we are the ones who are responsible for maintaining certain self-destructive ideas and attitudes that influence our behavior. In other words, rational-emotive therapy emphasizes that we are not helpless victims of past unfortunate events. Rational-emotive therapy is built on the Adlerian notion, that events themselves do not have the power to shape us; rather, it is our interpretation of these events that is crucial.

The Albert Ellis style of rational-emotive therapy is too harsh and humanistic. It is in

conflict with Biblical values. If the therapist is not a Christian, they will usually call religious devotion unnecessary and irrational behavior. The values and perspective of the counselor in rational-emotive therapy is of great importance in this approach. This approach (rational-emotive therapy) can be seen as the therapist beating down the client with persuasion, indoctrination, logic and advice. They often quickly tell clients what is wrong with them and how they should change. This style is dangerous even when done by a pastoral counselor.

CONCLUSION

There are many other approaches to counseling with their own unique techniques and procedures. This study session does not allow time to look at all of them. What we have done is to look at a few approaches and techniques for the purpose of putting this into the context of pastoral counseling. First, we talked about the importance of focusing on solutions and strengths. This led us to look at the most common assumptions of contemporary therapies compared to the assumptions of a solution-oriented approach.

Christian counseling must never become a science that denies God's power and help. It must never put man at the center but keep God at the center. It must never look at life outside the perspective of eternity.

There are many skills and techniques learned in the various approaches that are not only acceptable in light of Biblical principle, but are also very helpful in counseling with people. Our responsibility and task as pastoral counselors is to understand both the Bible and psychology, so that we can use a factual understanding of people and God's Word in effective counseling, teaching, and even in our own personal lives.

Since Christian counselors ask people to take an honest look at themselves and to make Biblical choices concerning how they want to change, it is critical that counselors themselves be searchers who hold their own lives open to the same kind of scrutiny.

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