

Assignment Coversheet

Student Name	Maheen Mainuddin
Student ID number	u3187569
Unit name & number	Intro to Counselling Theory & Principles 5549
Name of tutor & time	Amanda McCarthy
Assignment name	Compare & contrast two counselling theories
Word count	1663
Due date	18 Sep 2018

You must keep a photocopy or electronic copy of your assignment.

Student declaration

I certify that the attached assignment is my own work. Material drawn from other sources has been acknowledged according to unit-specific requirements for referencing. I certify that I have read the Unit Outline requirements and am aware of the assessment criteria.

Signature of student: _____

Date: 19/9/18

Assignment feedback

General comments

Date of submission: 19 Sep 2018

A wide variety of therapies are implemented in counselling and psychological practice. Each therapy is unique in goals, techniques, therapeutic relationship and applicability to client diversity. Two key therapies that are of particular interest are person-centred therapy and behaviour therapy. Person-centred therapy is a widely practised therapy and its approach to counselling is rooted in humanistic psychology which aims to view people as their truest selves (Burton, Westen, & Kowalski, 2015). Behaviour therapy's basic principles are derived from behavioural psychology which views human behaviour as a product of the environment (Cherry, 2017). Examining both person-centred therapy and behavioural therapy allows for a better understanding of how and why they are utilised and how they may be effective within the counselling space. Hence their aims, techniques, therapeutic process, advantages and limitations, and approach towards client diversity and modern times will be analysed.

Person-centred therapy's basic philosophy is that human beings are inherently good, trustworthy individuals who have the capacity to grow and improve (Blenkin, 2018). People come to counselling because they feel an incongruence with their ideal self and their actual self, thus they look to the therapist for guidance (Corey, 2013). Hence, the primary goal of person-centred therapy is to promote growth and autonomy within the client, encouraging them to reach their full potential and be their best self. The therapist's role in the therapeutic process is to be an instrument of change and the client's progress is not reliant on techniques or what the therapist does to the client. There is however an emphasis on the reflection of feelings, in which the therapist reflects accurately and concisely the client's emotions (Nelson-Jones, 2000). Change happens when the client begins to be in touch with their thoughts and feelings (Burton, Westen, & Kowalski, 2015). Much of person-centred therapy's concepts are derived from Abraham Maslow's theory of self-actualisation, referring to the individual's inherent striving towards fulfillment and self-determination (Blenkin, 2018). Within the therapeutic relationship there are three core conditions the therapist must have: congruence, unconditional positive regard and empathy. Congruence means being genuine, real and authentic with the client. The therapeutic relationship is compromised if the therapist is not congruent or genuine with the client. The second core condition, unconditional positive regard, requires the therapist to be accepting and non-judgemental, regardless of the client's personal values. Lastly, empathy requires the therapist to sensitively feel what the client is feeling and be able to perceive things from their point of view (Corey, 2013).

While person-centred therapy aims to initiate self-healing and growth within the client, the primary goal of behaviour therapy is to teach the client new ways of learning, i.e. teaching them to extinguish self-destructive behaviours and learn new, healthy behaviours. A fundamental truth about behaviour therapy is it simply suggests that if a particular behaviour can be learned, that behaviour can also be unlearned. Behaviour therapies are used to help clients manage a variety of behaviours in their daily life. Both behavioural therapists and their clients assume an active role in therapy, and the client is expected to

perform tasks and learn specific skills. Self-monitoring of behaviours by the client is also expected and encouraged outside counselling sessions. A key difference between behaviour therapy and person-centred therapy is whilst the latter focuses on insight and past experiences and is very conversation-based, the former considers current behaviours as things that can be managed or dealt with through actions both in and outside the therapy session. Much of the techniques in behaviour therapy are based on Ivan Pavlov's classical conditioning and B.F. Skinner's operant conditioning (Cherry, 2017). Some of these techniques include systematic desensitisation, exposure therapies and progressive muscle relaxation. Systematic desensitisation is a three-step process generally used to treat phobias. With this particular technique, the basic premise is that clients learn to overcome their specific fear when they learn to dissociate the phobic stimulus from the anxiety they feel due to the phobia through relaxation techniques, an anxiety hierarchy and gradual desensitisation ("Behavioural Techniques", 2009). Progressive muscle relaxation (PMR) is a technique that aims to help clients cope with stress. Muscle tension is a common bodily response to stress and anxiety and in PMR muscle and mental relaxation is achieved through tensing particular muscles and then relaxing them ("Progressive Muscle Relaxation", n.d.). The client is encouraged to practise PMR exercises consistently to achieve constructive results. Flooding, one form of exposure therapy, has the client exposed to an imagined or actual feared object or situation for a long period of time, and the client is forced to confront this fear until their anxiety gradually decreases by itself (Corey, 2013).

Despite its overwhelming popularity, it is still important to weigh up the existing advantages and limitations of person-centred therapy, and analyse whether the disadvantages undermine the effectiveness of the therapy. It would also be important to discuss the significance of person-centred therapy from a diverse, multicultural standpoint. In terms of advantages, person-centred therapy has quite a few. One important advantage of person-centred therapy is the emphasis on empathy in the therapeutic relationship. As mentioned earlier, it is not so much the usage of techniques but the quality of the therapeutic process that determine client growth, hence therapist empathy is especially crucial in the process. Empathy has been proven to be vital in facilitating change in the client (Corey, 2013). Accurate empathic understanding will likely put the client at ease, enabling them to feel more trustful towards their therapist. Unfortunately, some of its advantages can also simultaneously be its drawbacks. As person-centred therapy is optimistic, it is also unrealistic. There will be clients who may not be motivated to make changes in their life or will not have the initiative to grow ("Person-Centred Therapy", 2018), and therapists cannot force them to do so. Some clients may want more structure in the therapeutic process (Corey, 2013), while others might be unsure about what their goals may be at the beginning of the therapy session. Sometimes simply listening and caring may not be enough to initiate change in the client. In terms of client diversity, Carl Rogers gave much time and research into ensuring that the basic concept of person-centred therapy could be cross-culturally defined (Quinn, 2012). It can be said that the person-centred approach can be applied to clients of all backgrounds as person-centred therapists do not assume an 'expert' role, rather they explore

each individual client's phenomenological worldview. They are also aware that as each and every client come from many different backgrounds, they realise that each of them has their own personal journey. It can also be agreed upon that the core therapeutic conditions are qualities that are shared universally.

Behaviour therapy also has its advantages and limitations. Its applicability to client diversity and modern times is also examined. One of the key advantages of behavioural therapy is that as its principles and processes are based on the scientific method, its techniques are rigorously, empirically tested and evaluated in terms of treatment outcomes and therapists aim to ensure that the particular therapeutic technique they provide to the client is working effectively. Another advantage is that unlike person-centred therapy in which there is no clear goal-setting or structure, behaviour therapy "...helps clients translate unclear goals into concrete plans of action, and it helps both the counselor and the client to keep these plans clearly in focus." (Corey, 2013, pg.278). An interesting limitation of behaviour therapy is that it does not look into the causes behind current problematic behaviours, rather just the symptoms. Though the behavioural approach may consider that maladaptive behaviours do have a historical basis, it will not deem history to be as important as environmental influences. With regards to behaviour therapy's approach towards client diversity, Corey (2013, pg.274) states that its sound applicability lies in "...its specificity, task orientation, focus on objectivity, focus on cognition and behavior, action orientation, dealing with the present more than the past, emphasis on brief interventions, teaching coping strategies, and problem-solving orientation." Behaviour therapy considers a client's environmental conditions and assess their life circumstances in order to examine what causes their undesirable behaviours or issues to appear and whether these can be managed or changed (Corey, 2013).

The differences between person-centred therapy and behaviour therapy are far more abundant than the similarities in terms of goals, therapeutic techniques, applicability. Their effectiveness and success within the counselling space is ultimately dependent on the client's experience, growth and improvement. Learning about the different therapies and how they would resonate with each and every client in counselling practice is useful information for me, both as a university student and a future counsellor/psychologist. Personally speaking, I admire Rogers' positive approach to therapy. His overall belief that people are capable of making a positive change in their lives and innately strive to do so holds a lot of truth. I believe celebrities can attest to that. I also think that the non-directive stance of the therapeutic relationship in person-centred therapy is appropriate for clients who are simply seeking a comfortable, non-intimidating environment in which they can just speak about their current experiences or issues in life without the therapist intervening. However, from a practical standpoint, if I were a client choosing between Rogers' approach and behaviour therapy, I would pick the latter. It takes an active stance where the client will be more likely to learn useful skills. Behaviour therapy would actively encourage and push the client to teach themselves certain behaviours and actions, both in and outside

therapy. As someone who easily gets distracted, feels unmotivated from time to time, and occasionally encounters situations that may be stress-inducing, some of the techniques would be effective in helping me either manage or change some of my problem behaviours. Perhaps with continuous self-monitoring and practice, the skills that I learnt in the therapy session will inevitably push me to continue making changes in my life. The unchallenging, passive nature of person-centred therapy and its limited techniques would not be very effective in helping me improve my life.

References

- Behavioural Techniques*. (2009). Retrieved 18 September 2018, from <https://www.counsellingconnection.com/index.php/2009/10/08/behavioural-techniques/>
- Blenkin, M. (2018). *Humanistic approaches*. Lecture, University of Canberra, Bruce.
- Burton, L., Westen, D., & Kowalski, R. (2015). *Psychology, 4th Australian and New Zealand Edition* (4th ed.). Brisbane: John Wiley & Sons.
- Cherry, K. (2017). *What Is Behavioral Therapy?*. Retrieved 18 September 2018, from <https://www.verywellmind.com/what-is-behavioral-therapy-2795998>
- Corey, G. (2013). *Theory and practice of counseling and psychotherapy* (9th ed.). Australia: Thomson/Brooks/Cole.
- Nelson-Jones, R. (2000). *Six key approaches to counselling and therapy* [Ebook]. London: SAGE. Retrieved from <https://books.google.com.au/books?hl=en&lr=&id=4nF5u3kR-IQC&oi=fnd&pg=PR1&dq=six+key+approaches+to+counselling+and+therapy&ots=UcScWK9cU5&sig=TnXLZaiGdeEwZfpdT2jY3sK2O18#v=onepage&q&f=false>
- Person-Centred Therapy*. (2018). Retrieved 17 September 2018, from <http://www.aipc.net.au/articles/person-centred-therapy/>
- Progressive muscle relaxation*. (n.d.). Retrieved 19 September 2018, from http://healthywa.wa.gov.au/Articles/N_R/Progressive-muscle-relaxation
- Quinn, A. (2012). A Person-Centered Approach to Multicultural Counseling Competence. *Journal Of Humanistic Psychology*, 53(2), 1-50. doi: 10.1177/0022167812458452