

**PSYCHODYNAMIC, AFFECTIVE,
AND BEHAVIORAL THEORIES TO
PSYCHOTHERAPY**

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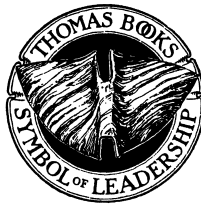
By

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To my students

PREFACE

Psychodynamic, Affective, and Behavioral Theories to Psychotherapy is designed for clinicians who are interested in the three major approaches to psychotherapy: psychodynamic, affective, and behavioral. In addition, graduate students in counseling psychology, clinical psychology, and related areas will find that these chapters with experiential exercises bring these theories to life. To facilitate the assimilation of material, key terms are in boldface, and many chapters have glossaries. Moreover, examination questions are provided at the end of each chapter and the *DSM-IV-TR* is covered. Theories of psychotherapy are defined as specific skills that a clinician or student can master. Specifically, theories of psychotherapy are broken down into three phases or levels: beginning (Level I); intermediate (Level II), and action (Level III). Theories that are Level I are appropriate for establishing a counseling relationship. Level II counseling skills further enhance this initial counseling relationship. Level III theories are action-oriented theories of psychotherapy that are designed to move a client toward change. Theories of psychotherapy are categorized into three phases and along three dimensions, psychodynamic, affective, and behavioral.

Theoretical eclecticism, haphazardly drawing from opposing theories, can lead to confusion and epistemological incompatibility. Technical eclecticism is the focus of this text, and this suggests using procedures and techniques from many theories without endorsing the individual theories. This writer believes that it is possible to be eclectic within a broad theoretical framework without randomly trying to integrate diametrically opposite theories. Many books on psychotherapy do not address counseling research, but this book will provide a basis for why various forms of psychotherapy are effective.

M. S.

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It took several individuals to bring this text into press. First, I would like to thank the students on my research team. Second, I offer thanks to the University of Wisconsin-Milwaukee School of Education word processing pool for typing this part of this manuscript. In closing, comments or discussions concerning this text are encouraged. My address is The University of Wisconsin-Milwaukee, Department of Educational Psychology, 2400 E. Hartford Avenue, Milwaukee, Wisconsin 53211. My telephone number is (414) 229-6247, my e-mail address is sapp@uwm.edu, and my fax number is (414) 229-4939.

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Chapter 1

CHAPTER OVERVIEW

Chapter 1 presents definitions of counseling and psychotherapy and an overview of counseling and psychotherapy research. In addition, the notion of case conceptualization is presented.

Definitions of Counseling and Psychotherapy Counseling or psychotherapy are an interpersonal relationship between a professional who has at least a master's degree in the helping professions, such as counseling psychology, counselor education, social work, psychiatric nursing, and so on, in which services are provided to a client. By definition, a client is a person who is at least 18 years of age and is able to sign an informed consent agreement for counseling. Within the modern world of clients, there can be groups or organizations. Clients seek counseling for a variety of interpersonal issues, such as intrapersonal difficulties, job-related issues, drug and alcohol issues, marital and family concerns, sexual issues, eating disorders, issues of self-identity, difficulty maintaining relationships, and a host of other issues. Most state boards of counseling, social services, and nursing regulate counseling services.

Within this text, counseling and psychotherapy are used interchangeably, but within certain settings a professional may be identified as a school counselor or, for example within a hospital setting, as a psychotherapist. Moreover, within certain settings, such as state-certified mental health facilities, the title psychotherapist may be a protected title.

Counselor licensure and certification laws are designed to protect the public by preventing nonlicensed and noncertified people from practicing. Counselor licensure offers stronger legal sanctions than

does counselor certification. More specifically, counselor licensure offers title protection – meaning individuals cannot call themselves counselors or psychotherapists – and practice protection. Practice protection prevents individuals who do not meet state requirements from practicing counseling. Many counselor licensures and certifications generally cover the following areas:

- Individual counseling theories
- Vocational psychology or career counseling theories
- Essentials of counseling practice
- Multicultural counseling
- Counseling practicum and internship
- Theories of learning and personality
- Developmental psychology
- Family therapy
- Abnormal psychology
- Legal and ethical issues
- Measurement and evaluation
- Research methods and techniques
- Statistical methods
- Psychodiagnostics
- Biological bases of behavior

Finally, state licensure and certification for counseling require at least a master's degree in counseling or a related field and several hundred hours of counseling experience with appropriate supervision.

Readers should be aware that, in addition to state certifications, there are a variety of other certifications, such as certification in schools. State boards or departments of education establish standards for certification in schools. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) sets educational standards for graduate counseling programs, and the Council on Rehabilitation Education (CORE) accredits graduate programs in rehabilitation counseling. The American Counseling Association (ACA) and the American Psychological Association (APA) are the two national organizations that regulate counseling. ACA and APA have a variety of divisions that deal with subjects from adult development and aging to mental health counseling. Readers can access ACA at <http://www.counseling.org/> and APA at <http://www.apa.org/>.

Goals of Psychotherapy

Because counseling or psychotherapy differs in terms of clientele and settings, there are goals of counseling that transcend both. Specifically, some of the goals of counseling are self-exploration and changes in feelings, thought, and behaviors. Moreover, another goal of counseling is to help cope with personal or situational changes.

Psychotherapy Effectiveness

How do we know that psychotherapy is efficacious? Bergin and Garfield (1994) found that all forms of psychotherapy were efficacious, but they differ in terms of effect sizes. Unlike statistical null hypothesis testing, which attempts to reject or fail to reject the null hypothesis (the population means are equal), effect sizes measure the degree of effectiveness and practical significance or the degree to which the null hypothesis may be false. Bergin and Garfield used meta-analysis, a technique that averages effect sizes across several studies, to show that psychotherapy was efficacious. When psychotherapy groups are compared to control groups, psychotherapy has an average d effect size of .70 (Sapp, 1997a, 1999, 2002, 2004a, 2006a, b). Moreover, patients receiving psychotherapy are better off than 79% of patients not receiving treatment. Kirsch (1990) and Kirsch and Lynn (1999) believe that psychotherapy is mostly an expectancy manipulation, or placebo effect. The theories of expectancies come from a group of behavioral theories called social learning theories, and these theories add social psychological and cognitive perspectives to aspects of behaviorism.

The Effect Sizes r and d and Their Confidence Intervals

The effect size r is a correlation coefficient, and unlike reliability, is an unsquared measure. The effect size r is the relationship or association between an independent variable, denoted by x , and a dependent variable, denoted by y . Moreover, the effect size r can be the correlation of a pretest or covariate of a before hypnosis measure and a posttest hypnosis measure.

Effect sizes allow researchers to determine if a relationship has practical significance. Traditional statistical tests such as t -test, F -test, chi square, and so on only allow one to determine if a relationship is sig-

nificantly greater than zero. In other words, traditional statistical tests permit one to reject or fail to reject the null hypothesis, no treatment effect, or the population means are not significantly different, but effect sizes allow one to determine the degree of effect a treatment has within a population, or the degree in which the null hypothesis may be false (Sapp, 1997a).

The r effect size, also called Pearson Product–Moment Correlation, measures a linear relationship between two variables. Quasi-interval data or higher are assumed with the r effect size. Quasi-intervals are obtained from data when equal differences among measurements represent the same or equal amount of difference. For example, the difference between an 8 and a 9 on the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) is an equal distance of one point, and most standardized hypnotizability scales are quasi-interval data. Moreover, psychological tests are quasi-intervals.

The Pearson r is another name for the effect size r , and it communicates two bits of information. First, it gives the magnitude of the relationship between two linearly related variables. The larger the size of the correlation, the greater the magnitude; however, the maximum magnitude the effect size r coefficient can have is +1.00 or –1.00. Second, the effect size r tells us the direction of the relationship. For example, an r effect size of +1.00 indicates a perfect, positive relationship between two hypnotizability measures. For example, as the independent hypnotizability variable increases, the corresponding dependent hypnotizability variable increases. In contrast, an r of –1.00 indicates a perfect negative relationship between the independent and dependent hypnotizability variables with a perfect negative r effect size. As the independent hypnotizability variable increases, the corresponding dependent hypnotizability variable decreases. The reader should note that it is arbitrary which variable is called independent or dependent, because the effect size r is a symmetrical correlation. This means that the correlation of X and Y equals the correlation of Y and X , and this is referred to as the symmetrical distribution assumption of the effect size r . Another interesting fact about the effect size r is that the more variability that exists within X and Y , the greater the correlation. It is also assumed that X and Y have equal skewness and kurtosis. In addition, the effect size r assumes linearity, and when the relationship between X and Y is not linear, the correlation η or the correlation ratio is the appropriate effect size.