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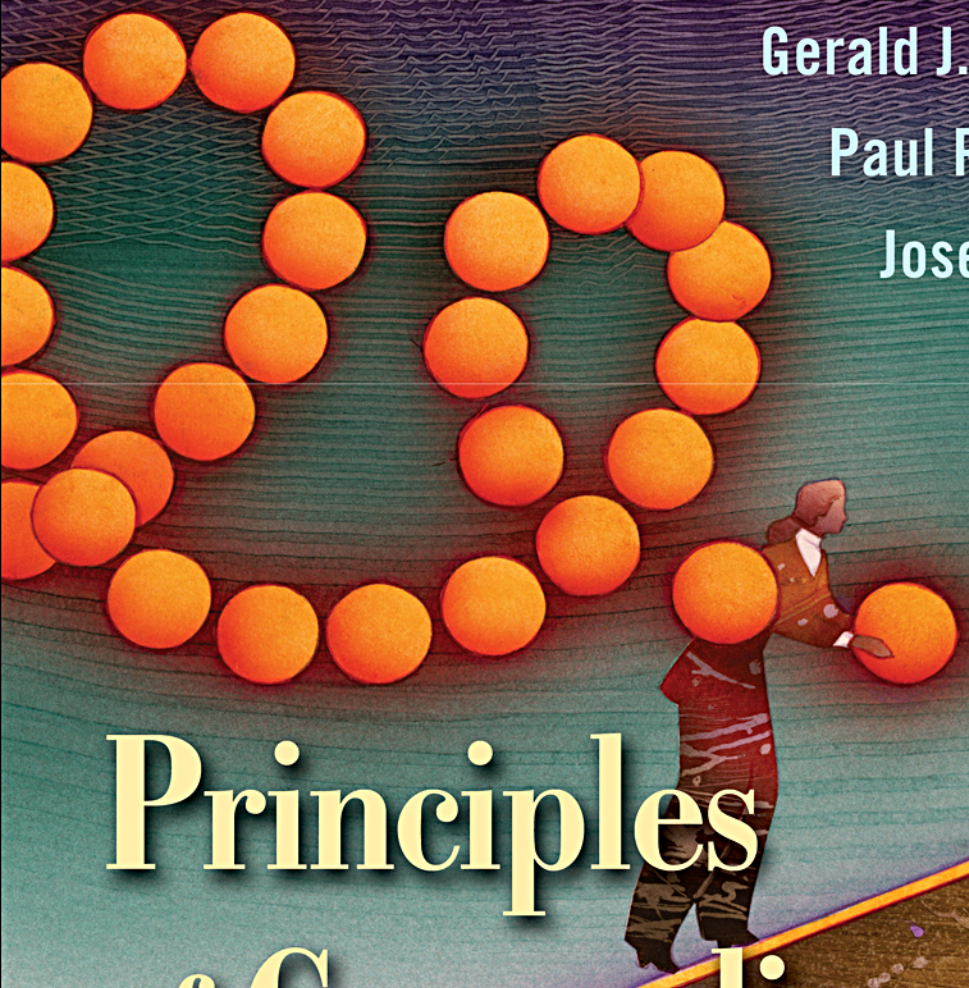

# Principles of Counseling and Psychotherapy

## Learning the Essential Domains and Nonlinear Thinking of Master Practitioners

ROUTLEDGE

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**GJM**—This book is dedicated specifically to Felix and Genevieve Mozdzierz, whose devotion to parenting, guidance, and support provided the foundations for learning, hard work, and contributing; it is in general dedicated to those teachers and supervisors who served as mentors of great humanity, wisdom, and patience.

**PRP**—To Roy M. Kern and Augustus Y. Napier, my teachers, my mentors, and my friends. Many thanks for all the lessons I have learned.

**JL**—To Jack Cowen, Kurt Adler, and all of our other mentors, colleagues, clients, friends, and family who inspired us.

# Contents

# Foreword

About this book: In 1960, in his preface to his collection of essays on personality titled *Personality and Social Encounter* (Allport, 1960), Gordon W. Allport, one of the wisest men ever to come to grips with the issue of personality, asked, "What is human personality?" He found he could offer no definitive answer. Instead, he gave voice and recognition to the truth that lay in all those positions that honestly sought the answer to that question, even though they provided responses to it that he termed *paradoxical*. He wrote,

> Some would say that it [personality] is an ineffable mystery—a shaft of creation, an incarnation. Since no man can transcend his own humanity, he cannot hold the full design of personality under a lens. The radical secret will ever elude us.
>
> Others would say that personality is a product of nature. It is a nervous-mental organization, which changes and grows, while at the same time remaining relatively steadfast and consistent. The task of science is to explain both the stability and the change.
>
> Those who would hold either of those views—or both—are right. …
>
> Some say that personality is a self-enclosed totality, a solitary system, a span pressed between two oblivions. It is not only separated in space from other living systems, but also marked by internal urges, hopes, fears, and beliefs. Each person has its own pattern, his own unique conflicts, he runs his own course, and dies alone. This point of view is correct.
>
> But others say that personality is social in nature, wide open to the surrounding world. It owes its existence to the love of two mortals for each other and is maintained through love and nurture freely given by others. Personality is affiliative, symbiotic, sociable. Culture cooperates with family in molding its course. 'No man is an island.' This view, too, is right. (p. v)

And, of course, Allport recognized that other frames also merited consideration.

Instead of quailing at the metaphysical paradoxes posed by these seemingly veridical yet competing views of what it is to be a person—either by retreating to the ideological security provided by one of the part views of human existence generated by a "great man's" theory, and in so doing blind himself to that which is also true, or by restricting his descriptions of human nature exclusively to "facts" gleaned by an army of social insects following well-marked, approved trails, and thereby miss the larger picture or leave the field in abject surrender—Allport (1960) chose to bravely soldier on, much, I believe, to his advantage and ours. His approach, he wrote,

> is naturalistic, but open-ended. Naturalism, as I see it, is too often a closed system of thought that utters premature and trivial pronouncements on the nature of man. But it can and should be a mode of approach that deliberately leaves unsolved the ultimate metaphysical questions concerning the nature of man, without prejudging the solution. My essays are all psychological and therefore naturalistic, but they have one feature in common—a refusal to place premature limits upon our conception of man and his capacities for growth and development. (Allport, pp. v–vi)

Given that, explicitly or implicitly, therapeutic interventions are based wholly or in part (sometimes one just repeats that which one perceives to have worked, with no other reason for doing so) upon one's conceptualization of personality, one would expect, if Allport's analysis of the state of personality theory were correct, that a proliferation of psychotherapies would ensue, a goodly number containing a kernel of actuality in addition to their other constituents. This is indeed the case, I believe.

Today we stand not 10 years past the midpoint of the previous century, but 10 years into a new century. Although I have little doubt that our understanding of the human condition has improved somewhat in these 50 intervening years, I believe it has done so in detail. The larger picture, that divined by Allport, remains basically unchanged. And although there seems to be increased agreement that the efficacy of a subset of the panoply of interventions labeled psychotherapeutic has been reasonably established, and that these work effectively to reduce human misery and some specific miseries more so than others, how and why they do so are still moot in spite of, I believe, sectarian claims to the contrary.

That you are reading this foreword at all, I take as evidence that you, as well as Allport and the authors of this excellent book, have not yielded to the seductive enticements of nihilism, be it represented by a retreat to ideology, "factism," or "burnout." What, then, to do? What other course provides a good-faith alternative, one that, again to quote Allport (1960), can "open doors and clear windows so that our chance of glimpsing ultimate philosophical and religious truth may not be blocked?" (p. v). To my mind, the authors of this work, Gerald Mozdzierz, Paul Peluso, and Joseph Lisiecki, provide one. The overarching aim of psychological treatment, as they envision it, is to foster clients' *disengagement* from preoccupation with symptoms, pathology, dysfunctional frames, and defective action patterns so that engagement with healthier beliefs and behaviors can occur. The tack they employ is to teach how master therapists think across the essential domains of competence that are necessary if a therapist—whether a beginning, advanced, or established therapist—is to be effective with patients. These are (a) connecting with and engaging clients; (b) assessing the clients' readiness for change and their strengths and goals; (c) building and maintaining a therapeutic alliance; (d) understanding, empathizing into, and working respectfully with the clients' cognitive schemata; (e) addressing the clients' emotional states and traits; (f) understanding and working with clients' ambivalences about change; and (g) using insight-generating nonlinear thinking and interventions to communicate more effectively with clients and to help clients communicate more effectively with themselves. The authors emphasize and demonstrate cogently, clearly, and to good effect that master practitioners do not think exclusively in conventional, linear ways, but at crucial times in the process of intervening in the lives of their clients distinguish themselves by a recourse to nonlinear thinking and communications in the service of engendering positive changes in their clients.

Befitting a text that takes such pains to distinguish degrees of therapeutic sophistication, the authors give considerable attention to the "stages of development" that would-be therapists traverse on their path to mastering the science and art of intervening for the better in the lives of those who come to them for help. The model the authors adopt to schematize that journey is that proffered by Stoltenberg (1997). Using this flexible, three-level, integrated, developmental schematization of counselor development, the authors define and describe the personal preoccupations of therapists at each level that may interfere with their growth as therapists and offer workable suggestions as to how they might get back on track should they be detoured.

Just as I have, I trust that you, regardless of where you place yourself on the ladder of psychotherapist development, will find this book useful and enlightening, for its authors have done an excellent job of summarizing and synthesizing the relevant literature, empirical and theoretical, on how psychotherapy when it is psychotherapy proceeds and works. Their presentation on training and developing psychotherapists is also state of the art. Their prose is lucid, straightforward, and nuanced. Just as I have, you will, I trust, appreciate the breadth and depth of knowledge that they express so clearly. Although that is all well and good and cannot be gainsaid, the exceptional worth of this book inheres in the insights it conveys into how master therapists function with their clients. And, make no mistake about it, the authors[1] give every indication that they are indeed master therapists. Their clinical illustrations are apt, pithy, and illuminating. They write of their clients with warmth, respect, and empathetic and insightful understanding. Their examples of nonlinear intervention are well-chosen, witty, enlivening, and perspicacious.

To sum up, to my mind, little has changed since Allport (1960) fully 50 years ago concluded that no one veridical, comprehensive view of personality had yet emerged. Instead, he believed that the human sciences created numerous descriptions of human nature and action, many of which represented an aspect of truth, but none the total picture. Although one could hope to build an accurate whole out of analyzing and synthesizing these part pictures, Allport (1960) surmised that it was impossible to harmonize

their fundamentally conflicting elements. His response to this state of affairs was not to leave the field or proceed to study it in "bad faith." His alternative: to continue on, while refusing to prematurely limit the conception of what it is to be human, and to work toward a valid naturalistic approach to human nature that, as he put it, "must have open doors and clear windows, so that our chances of glimpsing ultimate philosophical and religious truth may not be blocked" (Allport, p. v).

Because our understanding of psychotherapy and counseling is inherently linked to our understanding of human personality, those who wish to rightly alter for the better the state of those who present themselves as clients are faced with the same choice that Allport confronted. The authors of the text before you, Mozdzierz, Peluso, and Lisiecki, have provided, I believe, an appropriate response to that challenge. Train oneself and train others in the strategies and thinking that master therapists employ to engage and assist their clients in living better. Mozdzierz, Peluso, and Lisiecki's text is admirably designed to assist in that task. It is up-to-date and factual. Its principles of intervention are applicable to a diverse clientele experiencing diverse difficulties. It enables therapists of differing theoretical orientations to employ the frameworks provided by the theories they adhere to while applying the schemas that master therapists use in treating their clients. And, it teaches them admirably well, for not only are its authors master therapists, but they are also master teachers.

**Herbert H. Krauss, Ph.D.**
Pace University
September 29, 2008

## ENDNOTE

1. In the interest of full disclosure, I ought to indicate that I have had a close professional and personal friendship with the first author, G. J. M., for over 40 years. On my part, it was based on my respect for him as an exceptionally able psychologist and a fine and decent man of unquestionable integrity. I have met J. L. and have had no contact with P. P.

# Preface

If I have seen further it is by standing on [the] shoulders of Giants.

Sir Isaac Newton, 1676

As odd as it may seem, this text has a "story" to tell—it contains a narrative of sorts. The theme of the narrative concerns evolution, and as such it represents the growth in our collective understanding of how counseling and therapy work—their effective ingredients and how they work together in a sequence of sorts. As our understanding has evolved, it is clear that there has always been much to be learned from what master practitioners *do* when they interact with their clients, but there is even more to learn from *how they think about things therapeutic*. That revelation is a major part of the backdrop in our narrative.

Following that major understanding about our "narrative," in each of the four major sections of our text, which obviously succeed one another, we first describe more fundamental and foundational thinking (and therapeutic understandings) that must precede more advanced concerns. It's just like telling a "story"—here is where our story begins, and as a consequence of that, here is how it evolves in the next section, and so on. The evolution of the thinking that we describe is not absolute—few things seem to be. Rather, it is heuristic, and meant to help counselors and therapists develop *their* thinking to evolve further.

Like all good narratives, we believe that our story has a rather unique, timeless, and sparkling introduction and a somewhat surprising ending. Although we would hope that our story is a "page turner" that will leave the reader breathless, it is after all a textbook that will be inspiring to some and mind-numbing to others.

Like some stories, we also have a "prequel" to tell. We give a hint regarding the nature of our prequel in the quote at the beginning of this preface by Sir Isaac Newton. That is, our narrative has precursors to whatever contributions that we may be making to an understanding of the nature and processes of counseling and psychotherapy. The coming together of this text reflects a combination of several things: a love for the field of counseling and psychotherapy, decades of study, practicing our craft, writing, teaching, and supervising. We collectively share amazement at the potential for healing that counseling and psychotherapy have in settings too numerable to mention. Our text and its prequel also reveal a deep respect and amazement for those master practitioners who seem to practice effectively and effortlessly. Those practitioners' efforts in concert with the creative, disciplined, and methodical work of countless researchers are the "shoulders" upon which we have stood to make our observations and write our "story."

Our narrative is an effort to take the seemingly therapeutically mysterious (i.e., the apparent magical results that master practitioners obtain) and demystify it. In doing so and revealing their "secrets" (i.e., *how* they think), we can hopefully put the "magic" we are unveiling to use in training practitioners and benefiting their clients. The historic classical giants of our field deserve recognition in our "prequel" (e.g., Freud, Adler, Jung, Horney, Rogers, and Sullivan). We note sadly that other, more modern masters passed away during the preparation of our manuscript. These include Paul Watzlawick, Insoo Kim Berg, Steve de Shazer, Michael White, Albert Ellis, and Jay Haley, just to name a few. Their passing punctuates the fact that if the best elements of their diverse (yet similar) ways of mastery were not preserved, they would pass into legend and be forgotten. That would be an unnecessary loss to the field and to coming generations of practitioners (as well as their clients). We are grateful for all their precursor contributions. It is our fondest hope that this text continues the evolution in thinking and understanding about psychotherapy and counseling that they nurtured.

There is a somewhat muted but nevertheless ominous reality underlying our narrative as well. It is our fear that the best ideas and methods of teaching are in danger of becoming lost in the training of new

practitioners. This may very well be due to the fact that although demands for more training are being imposed, some aspects of training have become curtailed. To add further intrigue to our "plot," emphasis seems to have moved more toward the technical and mechanical aspects of *what* to say and *how* to say it, pinpoint pigeonhole diagnoses, psychopathology, risk management, and so on, rather than a more acute focus on developing and shaping the critical and reflective thinking that enables a practitioner to *know* how to provide clients what they need. We do not believe that this needs be the case and offer our work as a way of conceptualizing *how to think like a counselor and therapist*.

**Gerald J. Mozdzierz**

**Paul R. Peluso**

**Joe Lisiecki**

# Acknowledgments

A project like this requires dedication and support in order for it to get through the process to publication. There have been many people who have helped us keep our dedication, and have supported us throughout. One person in particular who was instrumental in making this work was Dana Bliss and everyone from Routledge. We would be remiss if we did not also acknowledge those friends and colleagues who have encouraged us along the way, most especially Jon Carlson, Jim Bitter, Richard Watts, and Bernard Shulman.

We are also indebted to the countless clients and families with whom we have worked who sparked our imaginations, stimulated our thinking, and in the end promoted our development as better clinicians. These nameless individuals were the inspiration for the clinical case examples contained in the book.

Last, and most heartfelt, we could not have devoted the time, energy, and effort that a work such as this requires without the love and support of our families, especially our spouses, Charlene Mozdzierz, Jennifer Peluso, and Mary Ann Lisiecki. We also extend a specific loving acknowledgment to our children (Kimberly, Krista, Pamela, and Andrea Mozdzierz; Helen and Lucy Peluso; and Ann Marie, Joseph, Teresa, and Paul Lisiecki).

# PART ONE

# Introduction

# Introduction to Part 1 *About This Book*

## CONTENTS



This book has been written with students, beginning therapists, and more seasoned practitioners in mind, professionals who are feeling stuck, slightly burned out, and concerned that they are "missing" some training, skill, or awareness of how to practice effective therapy. The latter practitioner may be working too hard at the wrong things. This book is designed to provide the experiences recommended above, and help developing therapists to learn about the processes that underlie effective outcomes with a wide variety of clients. This goal is guided and supported by several recurring themes:

1. *Highly effective (i.e., "expert") therapists think in a different way from novices that allows them to connect and intervene with clients successfully and efficiently.* Readers are introduced to the thinking processes of those practitioners (i.e., therapists with consistently good therapeutic outcomes) as they pertain to clinical assessment and intervention, which we believe will increase their knowledge and skill as therapists as well as reduce feelings of loss, confusion, frustration, inadequacy, and burnout.
2. *Empirical research has revealed a "convergence of understanding" about a common set of factors that very effective master practitioners attend to and utilize in treatment that are*

*repeatedly associated with good outcomes*. Convergence of these factors, or domains of competence, does not force a therapist to adopt a certain theoretical orientation, but rather allows a therapist to operate within her or his own unique philosophical framework. By exposing the reader to the seven domains of competence (see below), which must be attended to in addressing individual patient concerns, therapists can target their strengths or weaknesses, and begin to increase their effectiveness.

3. *Therapists' abilities seem to mature according to a progressive model of development*. As a certain set of domains are mastered, therapists are able to advance to levels of greater complexity and ambiguity, which allow them to be able to work with clients that present with multifaceted psychological problems. By placing the aforementioned domains of competence within a model of therapist development, readers can understand the logical progression toward mastery that will decrease feelings of being lost, confused, and stuck.

Given these guiding philosophies, it becomes clear that this is *not* just another "basic counseling skills" textbook. Rather, it represents the first major attempt to help beginning therapists and established practitioners learn about the essential domains of competence and thinking processes that are required in order to be effective with a broad spectrum of clients, rather than having to rely on a series of disconnected "techniques" or theories of personality. We address each of these themes below.

## LEARNING TO *THINK* LIKE A THERAPIST: THE CHARACTERISTICS OF EXPERT THERAPIST THINKING, AND WHY IT IS IMPORTANT TO LEARN *HOW* TO THINK LIKE A THERAPIST

All professions share a certain "common rule" in training and educating new professionals. Whether it is medicine, law, journalism, nursing, physical therapy, or financial investing, students are taught to *think* in a particular way, that is, how to go about achieving the stated goals of their particular profession. This kind of thinking customarily consists of appraising a particular "problem," deciding what *not* to do, and choosing the best way of professionally dealing with the particular unique set of circumstances that are the current focus of attention from within their given discipline. For example, from the beginning of their training, physicians are taught to think in a certain way beginning with the first rule of medicine, namely, "Do no harm!" Doctors are taught that *not doing* can be as important as—if not more important than, in many instances—doing the wrong thing or doing something too quickly and needlessly aggravating a condition.

Successful stockbrokers and stock analysts also demonstrate *a way of thinking* that is distinct from that of the uninitiated. John Q. Public will not want to buy stocks when they are depressed in price or out of favor. Professional stockbrokers and mutual fund managers, however, see such circumstances as potential opportunities to buy underappreciated stock assets. In other words, "The time to buy is when blood is running in the streets!" Unknowledgeable people are selling in panic at the bottom of stock market cycles (i.e., "when blood is running in the streets") in order not to "lose everything" and are buying at the peak in order not to miss out (i.e., greed) on "making a fortune" like everyone else. They are caught buying high and selling low—an impossible way to make money. Among other things, professional stockbrokers and traders don't care what a stock has done in the past; they care where it is going. They *think differently.*

Likewise, law students are taught a *process of thinking*: not only how to construct the side of an issue they are defending, but also how to construct their opponent's side of the issue. They learn that knowing the other side of the issue will help them to see the arguments that they will encounter and thus how to derive counterarguments.

The same principle of learning *how to think* ought to hold true for psychotherapists and counselors. Training today does not appear to emphasize an awareness of thinking processes or to help therapists explicitly learn how to think like therapists. Instead, training programs continue to teach antiquated methods designed to train students how to mimic "experts," but not how to think like them. Although many of these experts have acquired the ability to think in nonlinear ways over many years of study and practice, we do not believe that one must necessarily wait for 5, 10, or 20 years of experience (i.e., trial, error, and clinical failure) in therapy to begin to cultivate this way of working effectively with clients. In fact, this text develops, in depth, not only what those nonlinear thinking processes are, but also how to apply them from the beginning of one's career. We define *nonlinear* processes as being at the heart of master therapist thinking.

## Linear Versus Nonlinear Thinking

Linear thinking is essentially defined graphically by a straight line from a simple problem to a simple solution (a simple case example is illustrated in Clinical Case Example S1.1). "Common sense" is an example of the usefulness of linear thinking. Most people can agree on what constitutes a commonsense approach across typical human experiences: It is best not to smoke because tobacco has proven to be carcinogenic. Eat healthy food, drink alcohol moderately, don't use illicit drugs, and get a moderate amount of exercise.

However, life is often not that simple, and many people violate all of these commonsense principles everyday. The simple reason for this is that we are actually one step removed from reality and must make decisions based on our *perceptions* of reality. In turn, our perceptions are influenced by a highly engrained schematic representation of ourselves, others, and the world around us. For example, clients who are anorexic or bulimic may know that their eating disorder and weight loss are potentially killing them and that they should just eat (linear thinking, simple solution), but they often continue to restrict their dietary intake to dangerous levels because they fear getting fat (distorted perception of themselves).

The term *nonlinear* appears to be the best poetic metaphor that we can conjure to describe the sort of thinking we envision. It is frequently defined as being disproportional to its inputs (like an equation), or, to put it in more generic terms, "The sum is greater than the whole of its parts." A nonlinear way of thinking does not resemble a straightforward, characteristic, one-dimensional, logical approach to human problem solving but rather the sort of thinking that turns things upside down and inside out—it departs from the linear way of thinking about things. In other words, it is a distortion, just like the perceptions of the client with an eating disorder presented above. De Bono (1994) discussed what he calls "lateral thinking," which is similar to nonlinear thinking, as follows:

> Lateral thinking is both *an attitude of mind* and also a number of defined methods. The attitude of mind involves the willingness to try to look at things in different ways. It involves an appreciation that any way of looking at things is only one among many possible ways. It involves an understanding of how the mind uses patterns and the need to escape from an established pattern in order to switch into a better one. (pp. 59–60; emphasis added)

Lateral thinking "involves escaping from a pattern that has been satisfactory in the past" (de Bono, 1994, p. 70) but that may not be working anymore: "We switch to a new pattern and suddenly see that something is reasonable and obvious" (de Bono, p. 57). Linear thinking is the process of looking at a problem along one dimension, a familiar, habitual, and perhaps previously successful way of approaching a problem or even life itself. At its core, linear thinking represents the characteristic and traditional way in which a particular personality approaches life and problem solving. By contrast, nonlinear (or lateral) thinking is "out-of-the-box" thinking. It requires therapists to see and understand the client's characteristic, old, "personally" linear pattern; envision a new, alternative way (or pattern) of seeing and behaving; and communicate that new way to the client. Thus, it may appear to be mysterious, seemingly askew, perhaps risky, and not logically following from what the client presents. However, when nonlinear

interventions are presented to the client, the thinking is revealed to be dynamic, energizing, and deeply understanding of the client's concerns on a profound level. A simple case is illustrated in Clinical Case Example S1.1.

**Clinical Case Example S1.1: A Serious Heart Condition and Obsessing**

A man with a serious cardiac condition entered counseling complaining of being unable to stop thinking about his ex-wife. To stay preoccupied and "obsessed" with his ex-wife would appear to be for all practical purposes nonproductive and certainly disruptive to his daily functioning. She is gone, and typically the prospects of repairing divorced marriages are dismal. A client may know that but "can't control" it. For the therapist to tell the client to "stop" thinking about his ex-wife (i.e., linear thinking, which is direct and straightforward and common sense) is futile because if he could heed such counsel, he would have stopped doing it and not needed counseling in the first place. Hence, when confronted with the rigid pattern of the client's maladaptive behaviors (i.e., obsessing about one's ex-wife), the expert practitioner considers ways of understanding the client's pattern and suggests a new, larger pattern that the client's obsessing behavior may be a part of. This is demonstrated when the therapist points out how useful and helpful it may be for a man to keep thinking about his "ex." What frequently follows such an unexpected intervention is an unconventional (i.e., quite different from the characteristic manner in which a person has been thinking) response; a changed and enriched reality follows as the client sees how the new or enlarged pattern encompasses his old behavior. At this point, the client must make a choice about what to do next. Thinking about one's ex-wife may very well serve a protective function—an individual "obsessed" with what happened in the past, by exclusion, can't be thinking about what he needs to do to get on with his life. He simply may not be ready to begin thinking about life and making decisions about what to do without his former wife. In fact, thinking about his ex-wife may even be presented to him as a useful barometer of how prepared or unprepared he is at that particular moment to actually think about much more frightening matters such as the seriousness of his cardiac condition. As such, letting the man know that it may very well be useful to him to "*not* get your ex-wife out of your mind right now" simultaneously has an unexpected as well as a distinctly emotional impact. It has become axiomatic in the therapy literature that shifts in an individual's thinking are more likely to occur when there are elevated levels of affect or arousal. An unexpected (i.e., nonlinear) response from a therapist triggers just such an unexpected response and elevated affect or arousal from a client.

As de Bono (1994) has suggested, nonlinear, or lateral, thinking is in part an "attitude of mind" that involves a willingness to look at things in different ways (i.e., think nonlinearly). One of the strategies for challenging irrational thoughts in cognitive therapy is to ask the client, "Are there any other possible explanations for what you concluded?" or "What might a friend tell you about your conclusions?"

It can be quite risky to begin looking at things in a different way! As such, for maximum efficacy, a nonlinear way of thinking must be incorporated with—and integrated into—one's philosophy along with other salient aspects of psychotherapy (e.g., assessing the client's readiness for change; assessing and accessing the client's strengths; aligning properly with the client's motivations, goals, and strengths; creating a strong therapeutic relationship; showing respect for the client; appropriately confronting inconsistency; understanding his or her schematic representations of the world; and handling emotional content).

## Learning How to Think in Nonlinear Ways

How does someone learn about "nonlinear thinking" and how to use it in therapy? Generally, therapists learn the thinking exemplified in Clinical Case Example S1.1 only slowly and gradually through a sometimes painful trial-and-error process, or if they are referred to certain literature, if at all. Again, we do not believe that this *has* to be the case! In fact, we believe that individuals should learn these *nonlinear thinking processes* from the earliest points of their training. Of course, learning *how to think like a therapist* (i.e., astute assessment; the process of formulating what this particular case is all about, the purpose being served by symptomatic behavior, what a client is seeking, and what is needed; and devising a coherent plan about how to proceed that encompasses the relevant clinical findings and social circumstances of the person) is vastly different from telling someone *what* to think. Such "how" thinking maximizes therapist flexibility in dealing with the infinite variety that clients bring to the treatment setting. Teaching *what to think* would involve, for example, insisting that others learn a particular orientation (e.g., Freudian, Adlerian, or Jungian) framework and work only from that framework as the "truth." Traditionally, psychotherapists are exposed to a particular theory of personality, a theory of therapy, specific protocols on how to treat particular conditions (e.g., anxiety, obsessive-compulsive disorder, or depression), or a set of micro skills that they then adopt as an operational model. It is our hypothesis that each novice adopts a particular theory (of personality or therapy) because of its "fit" with his or her own worldview (see Information Box S1.1, "Theory Is for the Clinician; Therapy Is for the Client!"). The therapist then learns "how to think" from that particular frame of reference.

The amazing thing is that the research literature demonstrates that the particular theory or model of therapy (e.g., object relations, Adlerian, or Jungian) makes absolutely no difference in treatment outcome (see Duncan, Hubble, & Miller, 2000; Hubble, Duncan, & Miller, 1999; Lambert & Barley, 2002; Miller, Duncan, & Hubble, 1997a; Norcross, 2002b; Walt, 2005). In fact, it was suggested more than half a century ago (i.e., in Fiedler, 1950) that experts with different theoretical orientations are much more similar than different in what they actually do with clients. Hence, to learn about therapist nonlinear thinking, in combination with the factors that are known to increase a therapist's effectiveness, from the earliest point of development seems to be the most appropriate way to train clinicians.

### Information Box S1.1: Theory Is for the Clinician; Therapy Is for the Client!

Clinicians who think in nonlinear ways and understand how to effectively utilize the common convergence factors (i.e., domains of competence) can have a greater likelihood of achieving maximally effective therapeutic outcomes. At the same time, those clinicians who have a firm grasp on their *own* theory of counseling or personality have a roadmap *for themselves* whereby they can understand and interpret the client and the problem, the process of therapy, and their own role in the change process. Consider the following metaphor to understand this point more fully.

Suppose you are putting together a jigsaw puzzle that has a picture on it. The box has the completed puzzle picture on it to give you an idea of what the puzzle will look like when finished. The client gives you information about him or herself (the pieces), but you don't know in what order to place them. You know that there is a picture that the puzzle should make. Having a good grasp of theory is like having a completed puzzle box picture to let you know where the pieces should generally fit, and what the picture (i.e., the collection of all of the client's pieces) should look like. Although you can try to put together a 500- or 1,000-piece puzzle without the box, it will probably take a lot longer. The same is true with conducting therapy without a solid theoretical grounding. You may get a lot of the client's "pieces," but to fully understand and appreciate what they mean and what to do about them will take longer.

# THE RESEARCH LITERATURE AND CONVERGENCE OF UNDERSTANDING: LEARNING AND UNDERSTANDING THE SEVEN DOMAINS OF COMPETENCE

The second defining characteristic of this book is drawn from the research on "common factors" (or what we term *convergence factors*). These factors are the basic ingredients that consistently appear to be identified in the literature as vital to all effective therapy, regardless of a practitioner's theoretical orientation. Several authors have tried to identify and quantify these factors. Lambert and Barley (2002) cited and summarized numerous studies over the last 40 years that have provided interesting consistent clues regarding *therapists'* contributions to successful therapeutic outcomes. In particular, they not surprisingly concluded that therapists who exhibit more *positive* behaviors—warmth, understanding, and affirmation—and fewer *negative* behaviors—belittling, neglecting, ignoring, and attacking—were consistent predictors of positive outcome. Furthermore, they emphasized the *vital* importance of having a strong therapeutic alliance, focusing on the therapeutic relationship and making discussions about it a regular part of dialogue in therapy, and being willing to spend time on complicated issues with a sense of optimism, which are all positive characteristics of successful therapies. Last, they concluded,

> Therapist credibility, skill, empathic understanding and affirmation of the patient, along with the ability to engage with the patient to focus on the patient's problems, and to direct the patient's attention to the patient's affective experience, were more highly related to successful treatment. (Lambert & Barley, p. 22)

The critical and technically complex areas of focus are assessing readiness for change, successful problem solving and goal alignment, fostering a solid therapeutic relationship, dealing *appropriately* with client defensiveness, understanding complex cognitive schemas, a willingness to focus on the therapeutic relationship, and navigating with clients through their emotional landscape. As a result, these factors can be more challenging to learn than "techniques." But, once one learns how to think like a therapist, the process of providing treatment becomes thoroughly enjoyable. Nevertheless, for the present purposes, these factors are all integrally related to the crucial domains for which beginning therapists need training.

## What Are Domains?

A *domain* can be defined as the scope of a particular subject or a broad area or field of knowledge (Skovholt & Rivers, 2004). In other words, it encompasses all aspects (the breadth and depth) of a particular topic. Regardless of the field of knowledge, mastery of essential domains is what accounts for the differences between the *abilities and results* of novices *and* experts. Novices can learn the basics of the domain (the breadth) and, over time, develop a richer understanding of the subtleties of it (the depth). As a result, it is worth stressing that domains are *not* the same as skills or techniques—skills are applied within the context of a domain of knowledge (or field). As such, they represent a *refinement of one's thinking within a certain area* rather than an application of mechanical skills. The refinement of one's thinking within particular domains includes the thought processes behind skills, explanations, and theories regarding the topic, and research about the subject area. It represents an *understanding and discernment*. The skilled surgeon knows *how to operate*, whereas the wise surgeon knows not only *how* to operate but also *whether or not to operate* in a given instance.

To further illustrate the difference between being trained to do something and knowing how and when to use it in therapy, consider the use of hypnosis or systematic desensitization. Learning the techniques of hypnosis or systematic desensitization is significantly different from understanding the circumstances of when *and how* it is (or is not) appropriate to use them. *That* is an example of being competent within a

particular domain (i.e., fostering a therapeutic alliance). A practitioner may be gifted in the ability to induce a hypnotic trance or construct an anxiety hierarchy (skill competence). But if he or she tries to use them in the initial session or with every client (domain incompetence), the result is likely to be more therapeutic failures and discouragement for both the client and the therapist than successes. In fact, this is indicative of *linear thinking* within a given domain (i.e., this technique has worked in the past, so it will or should work now), whereas knowing when *not* to use the particular skill is a type of *nonlinear* approach to the domain.

When researchers looked at different practitioners' use of these "domain-specific" concepts compared to "procedural" concepts (i.e., skills), they found that "experienced counselors displayed greater consistency in the concepts they used than novices" (Skovholt & Rivers, 2004, p. 25). In other words, these experts seemed to be more familiar with the multifaceted and multidimensional aspects of the client's problem behavior (social, interpersonal, etc.) without having to rely on technical aspects of therapy (i.e., techniques) as the novices did. According to Skovholt and Rivers, this familiarity with domain-specific concepts (e.g., client readiness, treatment goals, the therapeutic alliance, cognitive schemas, and emotional underpinnings) gave them a greater sense of optimism and encouragement about making progress with the client. By contrast, novices tended to focus more on the procedural aspects of a given client problem (i.e., "How do I work with a …") rather than focus on the client's concerns. Therefore, it is important to be thoroughly familiar with a domain in order to work within it efficiently (i.e., apply the skill, use the concepts, maximize the result, etc.) and be able to apply nonlinear thinking within the domain to work with a client effectively. In this text, we will draw distinctions between linear and nonlinear thinking within each of the domains.

## What Domains Are Not!

We do not recapitulate domains into a therapeutic system that forces a therapist to adopt a certain theoretical orientation. Rather, domains of competence enable the therapist to operate within his or her own, unique philosophical framework (Horvath, 2001; Miller & Moyers, 2004). As a result, the domains of competence are the common "active" ingredients that are a part of all successful therapy, but that offer multiple perspectives within them for counselors to explore and develop lifelong understanding and appreciation (Frank & Frank, 1991).

The reader is cautioned not to look at these domains as rigid constructs that run parallel to one another and never intersect. Rather, they merge seamlessly within the therapeutic endeavor so that almost every interaction between therapist and client encompasses all of the domains together.

Although a therapist could learn all of the basic (and even advanced) skills of psychotherapy, without an understanding of the broader picture of how the seven domains of competence converge and interact with their nonlinear thought processes, many developing and practicing therapists wind up wandering from client to client, becoming frustrated that an intervention or given skill set works with one client, but fails to work with another. However, with sound training and opportunities to develop these elements (i.e., nonlinear thought processes within the seven domains of competence), beginning and more advanced practitioners can develop deeper, more meaningful conceptualizations of their clients' presenting concerns. *That* is what allows for a clearer understanding of *how* to proceed in an efficient and effective manner (Skovholt & Rivers, 2004).

## Introducing the Seven Domains of Competence

1. *The domain of connecting with and engaging the client—Part 1: listening; and Part 2: responding.* This domain includes both linear and nonlinear listening and responding to clients as primary vehicles for "connecting with and engaging" the client in the work of therapy. By understanding linear and nonlinear aspects of "connecting with and engaging" clients—especially in the initial interview—clinicians will be able to increase the probability of clients becoming invested in the therapeutic process in the crucial first sessions.

2. *The domain of assessment—Part 1: clients' symptoms, stages of change, needs, strengths, and resources; and Part 2: the theme behind a client's narrative, therapeutic goals, and client input about goal achievement*. This domain describes the linear and nonlinear methods of assessing clients' presenting problems and concerns at multiple levels. That includes attending to clients' readiness for change and their symptom patterns, diagnoses, strengths, and (untapped) resources that can be used in overcoming problems. The domain of assessment also includes actively eliciting client cooperation in the treatment-planning process and developing appropriate preliminary goals for treatment, which are especially important in the early stages of therapy and represent another dimension of connecting with and engaging the client in the treatment process.
3. *The domain of establishing and maintaining the therapeutic relationship and the therapeutic alliance—Part 1: relationship building; and Part 2: the care and feeding of the therapeutic alliance*. This domain encompasses perhaps the central aspect of psychotherapy: developing a therapeutic alliance. An integral part of this domain concerns developing an understanding of what factors contribute toward building a trusting therapeutic relationship with a client in the service of establishing and maintaining the therapeutic alliance. It includes such elements as listening empathically, demonstrating respect, and providing hope and ongoing goal alignment. In addition, clinicians must learn to be constantly alert to possible ruptures in the therapeutic alliance and how to repair them.
4. *The domain of understanding clients' cognitive schemas—Part 1: foundations; and Part 2: assessment and clinical conceptualization*. This domain requires a clinician to have both linear and nonlinear understandings of clients' schematized view-of-self, view-of-others, and view-of-world around them. This domain deals with global concepts such as clients' internal response sets and belief systems that guide attitudes, thoughts, and behavior that can impact treatment. As such, it is important for clinicians to understand the nonlinear components of clients' schematized belief systems. It includes becoming proficient in working with the effects of clients' developmental (family-of-origin) dynamics on their perceptions. In addition, utilizing this domain includes skills for helping clients challenge and alter distorted perceptions of the world around them.
5. *The domain of addressing and managing clients' emotional states—Part 1: basic understandings; and Part 2: managing common negative emotions in therapy.* This domain defines the nature of emotions in all of their complexity. In addition, it requires the clinician to have an understanding of the relationship between affective expressions, internal feelings, and emotional states, and their role in treatment progress (or lack thereof). Clinicians must learn the art of managing overwhelming emotions (e.g., grief and anger) that clients may express, allowing them to feel emotion in appropriate and productive ways. Likewise, in this domain clinicians must learn how to access clients' affective states—especially when no emotion appears to be expressed and there ought to be.
6. *The domain of addressing and resolving client ambivalence—Part 1: understanding and identifying client ambivalence; and Part 2: working with and resolving client ambivalence.* This domain deals with understanding the process of client "ambivalence" in its multiple dimensions as well as developing effective strategies for dealing with it, appropriately holding clients accountable, and successfully helping clients maintain therapeutic focus.
7. *The domain of understanding nonlinear thought processes and utilizing paradoxical interventions*. This domain is the pinnacle of the therapeutic endeavor. It is not a trick or technique, but a sophisticated method of nonlinear thinking that can be used to quickly and efficiently help to facilitate clients' progress toward their therapeutic goals by neutralizing, energizing, tranquilizing, or challenging dysfunctional thought and behavioral patterns. It crystallizes the direct relationship between nonlinear thinking and the previous six domains.

There is one last piece of the puzzle to complete a therapist's journey from novice to master. That is a roadmap or guide to his or her own professional growth and development.

## A DEVELOPMENTAL MODEL OF THERAPIST GROWTH: GUIDING THE READER THROUGH THE LEARNING PROCESS TO HELP SPEED UNDERSTANDING OF THE SEVEN DOMAINS OF COMPETENCE AND NONLINEAR THINKING

It is not enough to simply know about the content areas of the domains (linear thinking); one must also apply them and appreciate the richness, depth, and utility of each (nonlinear thinking). That is the essence of competence, or the ability to do something well. George Leonard, former president of the Esalen Institute in California, eloquently defined mastery as "the mysterious processes during which what is at first difficult becomes progressively easier and more pleasurable through practice" (1992, p. xi). Therapists who can operate within each of the domains competently and have an appreciation for all the factors mentioned above characterize masters in the field (e.g., appreciation of complexity, personal growth, and valuing depth and breadth). It is not something that happens overnight; it is a process of development. We do not want to imply in this text that mastery happens quickly just because a practitioner thinks nonlinearly, and can utilize the seven domains. We believe that these are the elements that—when competently employed—make clinicians more effective. However, according to Skovholt and Jennings (2004), in order to achieve *mastery*, certain things have to take place. In particular,

> It is important for developing practitioners to work within a structure that provides opportunities for innovation and support when facing complexities and challenges. In addition, the structures most conducive to growth offer the developing therapist of counselor balanced opportunities for, to use Piaget's terms, assimilating and accommodating new knowledge. Ultimately, this is all part of the "support/challenge balance," where counselors are not only provided experiences that stretch and even exceed the confines of what they know, but are supported while navigating through what they do not know. (Skovholt and Jennings, p. 22)

In other words, the keys to successful growth for clinicians are good learning atmospheres that allow for divergent (i.e., nonlinear) thinking to occur, and supportive experiences that provide the developing therapist opportunities to explore the essential elements that comprise successful therapy (i.e., the seven domains). Ideally, this should all take place within a predictable arc of development. Other fields, like medicine, have predictable arcs of development for beginners. There are milestones and benchmarks that trainees hit along the way to mark their progression toward mastery. Until recently, however, models that tracked counselor development throughout their career did not exist (Skovholt & Rivers, 2004). Indeed, this lack of a roadmap has often contributed to the problem of therapists feeling lost, confused, frustrated, and ill prepared to help clients in the real world. The real problem was that many practitioners felt that it might never get better, which typically leads to burnout, or worse (Miller, 2004).

No matter how diverse a "community" of skilled practitioners may *appear* in their work, their *practices*—what they do, and what processes they attend to and emphasize in working with clients—represent a convergence of what is effective! This convergence reflects the thinking of Lave (1988) and Lave and Wenger (1991) and what they have called "situated learning"—the idea that novices gradually acquire expertise from their association and collaboration with a "community" of experts. Lave assumed the position that a case can be made for learning being social and stemming in large measure from experiences of actually participating in the community of daily activities of what is being learned.

> A community of practice involves much more than the technical knowledge or skill associated with undertaking some task. Members are involved in a set of relationships over time … communities develop around things that matter to people. … *For a community of practice to function it needs to generate and appropriate a shared repertoire of ideas, commitments and memories. It also needs to develop various resources such as tools, documents, routines, vocabulary, and symbols that in some way carry the accumulated knowledge of the community … it involves practice … ways of doing and approaching things that are shared to some significant extent among members.* (Situated Learning, n.d.; emphasis added)

Lave and Wenger (1991) indicated that novices begin as "peripheral" participants in a "community," but as they improve in their skill level, they move toward "learn(ing) *from* talk as a substitute for legitimate peripheral participation … to learn(ing) *to* talk as a key to legitimate peripheral participation" (pp. 108–109).

## Stoltenberg's Developmental Model

Stoltenberg (Stoltenberg & Delworth, 1987; 1997), in recognizing this deficit, proposed a three-level integrated-developmental model of counselor development. These three levels are meant to facilitate a sense of the *typical* personal and professional issues confronted by clinicians at various stages of growth and development. As therapists are able to locate and gauge their sense of progress, they can determine which professional areas (domains) need improvement. Development and growth in professional skill and judgment are not rigid concepts.

According to Stoltenberg, "Level I" counselors are characterized by focusing primarily on themselves, feeling highly anxious, and requiring structure. They may not be particularly insightful, and often look for specific techniques (i.e., "How do you …?") to utilize with clients. "Level II" counselors tend to have more confidence in their own ability and seem ready to concentrate on the cognitive and emotional experience of the client. There are, however, some shortcomings in therapists at this stage of development, as they may become overconfident in their abilities, oversimplify issues, or become emotionally overinvolved with their clients and lose professional objectivity. Last, "Level III" counselors demonstrate an awareness of the cognitive, emotional, and relational aspects of the interaction between the client *and themselves*. These therapists can listen reflectively with the "third ear," calculate the impact of particular interventions on a client, and see the client completely within his or her context without losing sight of the empathic, therapeutic alliance that is necessary to be effective.

## Integrating Stoltenberg's Developmental Model With the Seven Domains

Within each of these levels of development, we insert the corresponding domains of competence that every therapist needs to acquire in order to be effective. Figure S1.1 graphically illustrates this. It is in the shape of a cone in which each level represents a greater refinement and appreciation of increased complexity, on the way toward mastery. Because Level I counselors are new and focused on more concrete, performance-based aspects of the therapeutic process, the domains of competence that must be mastered at this stage of development include effectively connecting with and engaging the client, performing an accurate assessment, determining the client's readiness for change, setting achievable treatment goals, and building a strong therapeutic alliance.

As therapists mature and develop some mastery in these domains, they begin to realize that there is more to doing therapy effectively than these particular skill sets. It is at this plateau point (between Level I and Level II) that most beginning practitioners are likely to feel lost if they do not know about the normal developmental arc of therapists' abilities. Quite paradoxically (i.e., nonlinearly), such a plateau does not necessarily signify a frustrating conclusion to the learning process, but rather can be a sign of a period of


**FIGURE S1.1** The Seven Domains That Master Practitioners Attend to and Emphasize.

consolidating what has been learned. Those therapists who work through the frustrations of such a period of consolidation (usually through effective supervision) begin to develop mastery of the Level II domains of competence.

At Level II, therapists are better able to focus on more complex client issues and are not as preoccupied with their own performance. These issues include understanding the client's underlying schemas (or personality) dynamics, managing and working with the client's emotional states, understanding client ambivalence, and being able to comfortably confront client resistance in a nonthreatening manner. These clinicians often feel a sense of pride in their development as they master the various domains. However, just as with the transition from Level I to Level II, if clinicians are not aware of or able to move to the next level, they are likely to eventually become discouraged and impatient with the pace and results of treatment. Likewise, Level II counselors can become impatient with the process of supervision and

demonstrate their own sense of autonomy by challenging their supervisors directly or "acting out" (e.g., displaying inappropriate behavior with clients), all of which can lead to burnout.

If therapists are able to move past this transitional frustration, however, they proceed to the third level of development and begin to synthesize all the domains of competence and development. There is a flexibility and a seamlessness between the cognitive, emotional, and relational elements of the therapeutic process, as well as an ability to be able to be fully present with the client while at the same time be able to critically reflect on the content and process levels of the session. In effect, there is a maturity in their *thinking.* All of these processes are part of the advanced, nonlinear thought processes of the master therapist. The ultimate demonstration of such nonlinear thought processes is the ability to use appropriate paradoxical interventions to strengthen the therapeutic alliance, increase rapport, orchestrate symptom disengagement (by neutralizing, tranquilizing, energizing, or challenging the client), and facilitate personal growth more quickly and efficiently.

Although this process of mastery does take time, we don't believe that it must necessarily be a painful or mysterious journey. Coexistent with the educational purpose of this text, we also hope to demystify the seemingly unfathomable. We do not believe that the lengthy process of mastery should be an excuse for providing substandard therapy to clients. It is our contention that if one masters the linear and nonlinear thinking aspects of each of the domains for a particular level of development, the end result will be a more effective and personally satisfied clinician compared with those who do not undertake this. Furthermore, as a therapist progresses from level to level and masters the domains of each successive level, he or she will be able to be more effective with a greater versatility in the same way that "master therapists" are.

In order to accomplish this, this book does the following:

- Targets the training and development of a therapist's *thinking* ultimately and specifically converging on the use of nonlinear thinking in general and specifically paradoxical interventions (a complex therapeutic task).
- Helps students to learn the essential factors (the seven domains of competence) necessary for any and all effective therapists *regardless* of their theoretical orientation or individual personality characteristics based on empirical and clinical research as well as clinical experience. This is derived from Skovholt and Jennings' (2004) research on the skilled therapist.
- Places each of the seven domains of competence within the context of Stoltenberg's model.
- Applies a developmental approach utilizing Stoltenberg's well-researched three-level model of therapist development.
- Places not only the tools but also the *thinking* behind the use of these tools solidly in the hands of readers so they can begin incorporating and utilizing them in practice settings or field placements.
- Discusses how current neuroscience research findings relate to the psychotherapy process.
- Discusses how issues of diversity, culture, and context relate to the psychotherapy process.

In addition, we feel that this text is highly innovative in what it *does not* purport to do, such as the following:

- Claim that you will "be a miracle-working therapist in seven easy steps!" Becoming a therapist takes training, experience, supervision, and time. What this book *does* hope to do is accelerate the natural development of many individuals by introducing the seven domains of competence in a way that is demystified.
- Propose any of the seven domains of competence (especially paradoxical interventions) as a "trick," "gimmick," or "technique" that is *used to "put something over"* on clients. Rather, we take a relational approach that a therapist must collaborate with clients and be able to gain their cooperation in order to be effective.
- Indoctrinate readers into any particular theoretical orientation, or rigid way of conducting therapy. Rather, we help the student to learn the thought processes underlying successful therapy that can be utilized as a part of any school of psychotherapy.

In closing, Miller, Mee-Lee, Plum, and Hubble (2005) have cautioned that decades of research have shown "that 'who' the therapist is accounts for six to nine times as much variance in outcome as 'what' treatment approach is employed" (p. 50). This book is written for you and your development as a practitioner with that very idea in mind.

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