THE EDUCATION OF COUNSELORS AND PSYCHOTHERAPISTS: A PROPOSAL

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With the concern for integration in counselling and psychotherapy in the 90's, there is an opportunity for change in the education of counsellors and psychotherapists. Although integration has not proceeded very far, and the focus is upon techniques rather than philosophy and theory, there is the beginning of hope for a single unifying theory. The basis for this theory is the acceptance of the common elements in all the major theories of counselling or psychotherapy. They should be made the focus of the education of counsellors and psychotherapists.

Medical education in the first decade of this century was in a confused state. Each medical school had its own program. A study of the situation by the Flexner Commission led to the standardization of medical education. The present situation in the education of counsellors and psychotherapists appears to be similar to that of the education of physicians at that time. While APA accreditation has led to some standardization of the various foundation areas to be included in programs in counselling and clinical psychology, preparation in the function of counselling and psychotherapy itself varies widely. Some programs may focus on a particular approach, such as behaviour therapy, while others attempt to cover a variety of approaches or techniques, labeled (or mislabeled [Patterson 1989a, 1989b]) eclecticism.

THE CURRENT SITUATION

In most programs, students are exposed, though often superficially, to the major theories of counselling or psychotherapy. But following this, there is little further attention to philosophies or theories. Emphasis is on techniques, or skills, as they are now commonly called, or more recently, interventions. While there is much talk (or writing) about basing practice on research, there is in fact very little research support for what students are taught. The model of specific techniques for specific clients with specific problems is widely espoused. But there is virtually no research indicating what technique is appropriate for what clients with what problems. Courses in research are separated from practice and seldom do the twain meet.

In practica and internships, students are taught to apply or use a variety of techniques, according to the particular preferences of their supervisors, who often do not agree with each other, leaving the student puzzled about just what to do at the end of his/her training program. Mahoney (1986, p.169) expresses it well: "During my internship experience I often found myself wondering how my clinical mentors seemed to know what to do at each moment in therapy (while I, of course was privately struggling to understand).... The

textbooks - both elementary and advanced - simply did not capture the complexity of what I encountered in real-life attempts to be helpful. I slowly began to appreciate that my expert clinical mentors were themselves operating according to abstract and tacit 'rules' rather than concrete and explicit guidelines."

The current system appears to be producing technicians rather than professionals. Technicians apply a hodge-podge of techniques, justified (without evidence) as being empirically derived, but lacking in any philosophical or theoretical bases as to why they are effective - if indeed they are effective. "What works" is based on idiosyncratic, unevaluated experience rather than reasons and research.

This approach is often justified by claiming that there is no one best way to practice counselling or psychotherapy. Practitioners are therefore free to do what seems to be required in the particular situation, free of any limiting philosophy and theory. This approach is also described as eclectic. But it lacks the systematic integration that is necessary for a true eclecticism (Patterson, 1989a, 1989b).

If it is true that there is no agreed upon single or best way to practice counselling or psychotherapy, then counselling or psychotherapy is not a profession, and should not be taught at all. Those teachers who profess not to know what counselling or psychotherapy is (Grater, 1988) should not be teaching.

The teaching of counselling or psychotherapy appears to be in the state of medical education in 1900-1910. There is little agreement on the nature of psychotherapy and therefore on the education of counsellors or psychotherapists. Numerous schools of psychotherapy still exist. There is no generally accepted theory or system.

Insisting that students not commit themselves to a systematic theoretical approach, but instead use a smattering of unintegrated techniques is not acceptable. It does not produce competent professional practitioners.

ALTERNATIVE PROGRAMS OF EDUCATION

In the current state of the field there are two alternative approaches to the education of counsellors or psychotherapists. Under the first alternative, the existence of differing, perhaps incompatible, theoretical systems is accepted. Each educational institution would offer its students professional preparation in a few, probably no more than three, systems. These would be selected on the basis of the interests and expertise of the faculty. Prospective students would be informed of the systems in which training is offered, and would select the schools or Universities to which they would apply for admission on the basis of their (tentative) interests. In any case, all schools would offer-and require students to take-a basic, in-depth course covering the major extent theories. (Texts such as Patterson [1986], Ford and Urban [1963] and/or Corsini [1989] would be used.) Students would then confirm their selection, or make a new selection, of the system in which they desire intensive training. In the event that a student decides upon a system not

offered by the school in which he/she has enrolled, the student could transfer to a school where such a system is offered.

The program of training for each system would consist of (a) an intensive study of that system, its philosophy and theory; (2) supervised practicum experiences in that system; and (3) an internship in that system. All these phases would be taught by an experienced expert or experts in the system. This is, of course, the model that has been followed in the preparation of psychoanalysts. It is a consistent, progressive program including philosophy, theory, and application or practice.

There is a second, and to me a preferred, approach to education in counselling or psychotherapy. The objective of science is to arrive at a common theory or consensus-an agreement on the best theory and practice in terms of present knowledge. I believe psychotherapy is (slowly) approaching this stage. If we cannot agree on a single approach in all its aspects, it is nevertheless the case that there is agreement (at least implicit) on some fundamentals of psychotherapy, on some necessary, if not sufficient, conditions for effective psychotherapy. These therapist conditions, or common elements, are well known. They were first identified and described by Rogers (1957). He called them empathic understanding, unconditional positive regard, and congruence. The second and third conditions are more often called respect or warmth, and therapeutic genuineness. Rogers (1957, p.101) states that he was not proposing that these conditions applied only to client-centered therapy. He wrote: "My aim in stating this theory is to state the conditions which apply to any situation in which constructive personality change occurs, whether we are thinking of classical psychoanalysis, or any of its modern offshoots, or Adlerian psychotherapy or any other." In 1967 Truax and Carkhuff (1967), in a chapter titled, "Central Therapeutic Ingredients: Theoretic Convergence," reviewed the major theoretical approaches and found that these three conditions are "aspects of the therapist's behaviour that cut across virtually all theories of psychotherapy and counselling" (p.25). Moreover, there is considerable research evidence for the effectiveness of these conditions (Patterson, 1984).

Yet, while there is general acceptance of the importance or necessity of these conditions, they are not widely taught. It appears to be assumed that students are capable of offering or providing these conditions without being taught. In many counsellor education programs it is true that there is an effort to teach them as skills, or techniques. But they are not techniques, to be learned and applied apart from the philosophy or beliefs of the therapist. They are attitudes, and as such they are part of the personal characteristics and beliefs of the therapist. To teach them as simply skills does not lead to effective counsellors or psychotherapists, but to technicians. It is inconsistent with the widely accepted assumption that it is the person of the therapist that is of basic importance in psychotherapy.

As in the preceding program, in this alternative all students would have a basic theories course. Following this, rather than an in-depth course in one of the theories, would be a course in the basic conditions, or common elements, covering philosophy, theory and implementation. Since it is true that these conditions have been developed and explicated

best by writers with a client-centered point of view, the work of these writers (including Rogers and Patterson) would be the basis for such a course. Practicum and internship experiences, with supervision by instructors committed to and expert in the core conditions would follow. The emphasis in the program would not be on skills or techniques, but upon philosophy, theory and attitudes. Attitudes, it may be objected, cannot be taught. To some extent this is true. Students must have the potential for empathy, and possess a respect and concern for others. That attitudes can be cultivated and enhanced has been demonstrated to me in some 35 years of teaching. Most recently it has occurred in a course taught at the University of North Carolina at Greensboro. (See, for example, Patterson, C.H. Outcomes in Counsellor Education. *Asian Journal of Counselling*, 1993, 2(1), 81-97.

Rogers (1957) proposed that these conditions are not only necessary but sufficient. There is considerable research showing that they are indeed sufficient in many cases. But it is not necessary that they be regarded as sufficient before accepting them as the basis for any education in counselling or psychotherapy.

CONCLUSION

The education of counsellors and psychotherapists appears to be in the state of medical education in the first decade of this century. The current interest in integration in counselling or psychotherapy offers hope for the development of a common focus in the preparation of professional counsellors or psychotherapists. This focus, it is suggested, should be on the common elements of all the major theories of counselling or psychotherapy. These common elements are known and are accepted by proponents of all the major theories, but they are not specifically included in programs of education. A program focusing on these elements is proposed.

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