SHORT-TERM COUNSELING

Report of a graduate project submitted in partial fulfillment of the requirements for the degree of Master of Arts Counseling and Guidance

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INTRODUCTION

This project has served a personal need for my future as a counselor in the field of public education. I realize that I am not endowed with training and experience to do reconstructive therapy. However, if my counseling is managed well, the counselee will be given support to gain insight and recover his emotional balance. And with added success, the counselee may be motivated to further growth and development of his personality. Should this latter goal not be reached, I must be satisfied that the counselee has derived something worthwhile, even though limited, out of his sparse sessions. The counselee is given some direction by mere suggestion or referral to help in the adaptation to his environment.

There is no attempt here to encompass all psychotherapy. My purpose is to deal with the effective use of short-term approaches in modifying disturbed neurotic patterns and not the treatment of psychotics. It could be called preventive psychiatry only in the concept that my efforts will help the counselee help himself before it is too late. Beyond this point the case is for experts and long-term therapy is indicated. This limitation is not a great restriction on any case-load because the bulk of the cases are in the neurotic category.

The satisfaction derived from this study has been valuable to me as I know more sources and have more confidence in my efforts to be a resourceful facilitator in counseling.
WHAT IS SHORT-TERM COUNSELING?

Short-term counseling is a process of exploring a person's ideas and feelings regarding disturbing events in his life that both preceded and followed the development of his complaints. More important, to explore what he has done about his symptoms and why he has been unable to solve his present difficulty by himself.

During counseling, inquiry is made into previous upsets to see if there is similarity to the present crises. Brief inquiry is made into early life, mother and father affect, other children, and school adjustment. There is an effort to discover, if possible, any connections between the immediate situation and past conditioning in the counselee's history.

What constitutes an ideal short-term treatment span is a matter about which there is considerable difference. Some clinics, the Benjamin Rush in West Los Angeles, for example, limit therapy to six sessions. Other clinics limit the sessions to twelve and fifteen. In private practice, some therapists believe ten to fifteen sessions to be adequate. To a few the idea of short-term can mean as many as twenty-five sessions as a maximum when condensed into the limited period of four months.

Problems considered to be most suitable for short-term therapy according to Small (1971) are those in which the treatment goal is
an abbreviated one. For instance, certain aspects of a total problem may often be rectified in a few sessions. This brief period of treatment suffices to restore the counselee to emotional equilibrium and capable of avoiding certain pitfalls previously unavoidable. The client may also learn how to utilize his assets to best advantage, how to minimize his liabilities, how to avoid crises in relationships with people, how to discover and release some positive qualities within himself. These therapeutic aims are not too extensive. Nevertheless, the basic objective is to stabilize the individual by restoring defenses that had, prior to his upset, enabled him to function satisfactorily.

If short-term counseling has a goal, I suppose it would be to give the counselee a reasonable and uncomplicated explanation for his difficulties, and to clarify fears and resistances so that he can think problems through and do things for himself.
WHO CAN BENEFIT FROM SHORT-TERM COUNSELING?

Persons who respond well to short-term approaches are those who have, prior to coming to therapy already worked out many of their difficulties on a non-verbal level. Such individuals merely need a helping hand in the form of clarification, a little more support, or a slight challenge in order to think through their problems toward a satisfactory solution. Other susceptible counselees are those with flexibility of character structure, who are capable of relating easily to others without undue dependency or hostility.

An example is the case, reported by Phillips (1966), of the mother of a high school senior who was distraught by the boy's lack of motivation to go to college. She wanted some hypnotic harm put on him to motivate him to better marks and to stimulate him to apply for college entrance. The boy, upon interview, seemed uninterested in college and more interested in cars and sports. He felt he had no problems, except his mother's nagging about college. When the mother was later told to accept her son as he was and permit him the experience of earning a living as an unskilled worker, she was confused and disappointed. During the week she informed him that she no longer would press him to go to college. The boy's relief was great. It was therefore somewhat of a shock to her when he casually announced, the next day, that he had spontan-
eously sent off an application for admission to a near-by college.

Where the motivation for treatment is strong and where ego strength is good, success is more readily insured. One other factor that Wolberg (1965) notes is that "a fairly keen intelligence and the ability to work on one's problems between sessions" are also of great help.
HOW DOES SHORT-TERM COUNSELING WORK?

Short-term counseling is not new, but nothing much was written about it until the late 50's. Since that time it has become a popular topic of many good writers. I shall attempt explaining the workings in four phases.

1. The Supportive Phase -- It is essential to establish as rapidly as possible a working relationship during the initial interview. The expression of friendly and sympathetic attitude to relax the counselee sufficiently to tell his story is critical. A detached and passive attitude can freeze the counselee in a resistive bind from which he may not recover during the short span of his contact with the counselor.

The counselee must be encouraged to verbalize as much as possible by facial expressions, gestures, and comments that show interest and understanding of what he is trying to say. The counselee is constantly drawn out to express his problems, pointed questions phrased to facilitate the flow of ideas and feelings. At the first opportunity, the counselor must declare that he is interested in helping and is not sitting in judgment of any ideas or actions of the counselee. Empathy is the keynote here. The counselor may not agree with what the counselee says, but he should respect his rights to expression of irritations and misconceptions.
without any argument or challenges.

Even in the first interview, the counselee may be told that success will depend on his willingness to cooperate in working on his problems. The counselor will show him how he can do this and will help him to help himself. Barten (1971) maintains that if the individual is not willing to work himself he should be referred to another agency.

2. The Insight Phase -- This is an attempt at reeducation or reconstruction of personality; an effort to bring the individual to some recognition of what is behind his difficulty. The counselor may probe into the kind of relationship the counselee had with his parents and siblings, and from behavior during the interview. The counselor may try to explain the impact of childhood experiences and environmental factors that have operated to bring his conflicts to a head and how these are registered in his immediate tensions. Only a fragment of the existing conflicts may lend itself to such exploration and interpretation in short-term therapy, but if the counselee can see the continuity between his past and his present complaint, a deep penetration will have been achieved. By concerted self-examination, the counselee may widen his own insights.

The counselee may also be encouraged to alert himself to factors that stir up his tensions, to work on connections between these factors and his reactions to them. Are his reactions habitual ones, and if so, how far back do they go? Are they related to important experiences in his childhood? The counselee, trained in this self-
understanding process, can use this technique constructively, himself, after counseling is over.

3. The Action Phase -- Insight is important, but the acid test is the counselee's capacity to put his acquired new comprehensions into definite action. This means that he must challenge conceptions that have up to this time ruled his life. A simple problem may be overcome in the supportive phase; but a personality pattern, one that disorganizes relationships with others, will scarcely be altered except after a period of working-through. Working-through is when the counselee realizes, through insight, his neurotic misconceptions and proceeds to do something about them with or without help.

At first, the counselor may actively invite the counselee to challenge his fears and engage in actions that hold promises of rewards. Discussions of the consequences of his movements may then prove fruitful. Even a small success will reinforce the determination to try again, but there is need for further urging to get up the counselee's confidence necessary to do this independently. Sifneor (1972) suggests the technique of role-playing with the counselee in which he imagines himself in challenging or hazardous spots, may crystalize his determination to expose himself to the responsibilities he must face.

4. The Termination Phase -- I have used this word 'termination' in the broad sense here because in short-term counseling preparation for the post-counseling period to harden what has been molded during
the active treatment phases, and to restructure into new patterns aspects that were only casually perceived before. The counselee, before the actual termination, may realize that it is possible to control tension and anxiety once it starts by making connections between symptomatic upsets, precipitating factors in the environment, and his personality forces; and by recognizing that he is capable of developing a different philosophy that can lend to his life a fuller meaning. Counselees can easily learn to apply this two-fold tactic by giving themselves the assignment to figure out the aspects within their environment, and within themselves, that have precipitated this anxiety. A helpful course of action may then spontaneously be evolved.

In short-term counseling, a different way of looking at things may be presented in an active educational effort. For example, the counselee is not responsible for what happened in childhood and faulty ideas and fears learned, but he is responsible for carrying them over into adult life. Blaming past unfortunate episodes for current problems and justifying his neurotic carryings-on is not acceptable. Not acceptable is the principle that the counselee indulge in patterns which should be controlled. No matter what troubles or terrible scrapes he has gotten into in the past, he can rise above these in the future with the knowledge he has now. This may help some people control certain neurotic patterns realizing that they have powers to inhibit them. Self improvement is not to stop after the sessions. The termination
phase is educating the counselee to go on his own resources and discipline.
WHEN IS SHORT-TERM COUNSELING SUCCESSFUL?

The shortening of therapy depends to a considerable degree on the counselor himself. Unfortunately there is a tendency to think about brief psychotherapy in terms of utilizing one or another special technique or system. Actually, the most important factor in shortening the counseling term is not the method that is used, nor the specific syndrome treated, but the counselor himself, his understanding of dynamics and of how to use himself most constructively in the inter-personal relationship. What this means is that an incompetent counselor's techniques are not particularly enhanced through using short-term approaches. In fact, he may find that his psychotherapy actually becomes shorter in that the client becomes dissatisfied and terminates counseling much more quickly than if he had used the long-term method.

The counselor must, in short-term therapy, be capable of establishing a rapid rapport with the counselee. He must be sensitive, preceptive and capable of focusing on important areas of conflict without undue delay. He must understand how to use with skill the specialized techniques that are part of the therapeutic process. This is the dramatic style of Lewin (1970) who has the advantage of years of experience. This is no small matter to the novice who must, above all, have patience with himself.
The interrelationship with a receptive counselor is often very helpful in itself. Just knowing the real nature of the problem, the possible alternatives, and a plan of action are basic elements of good short-term counseling.

A number of studies reviewed by Wolberg (1965) bear out the fact that short-term counseling is a most efficient means of bringing about symptomatic improvement or cure. Most impressive is the experiment of 1200 participating psychiatrists who treated a large sample of patients suffering from various emotional problems. At the end of the limited treatment period, a 76 percent cure or improvement rate was scored. Follow-up investigations, two and one-half years later, recorded 81 percent having achieved recovery or improvement. On the basis of these studies, it may be predicted that four out of five persons receiving brief forms of treatment will report or feel some kind of improvement. The experience of people who, in a few sessions, have been brought to an emotional equilibrium and have remained stable is encouraging.
WHEN IS SHORT-TERM COUNSELING NOT SUCCESSFUL?

The problems which do not yield to short-term counseling are those that have persisted a long time and perhaps date back to early childhood. An example of this is the serious personality disturbances caused by destructive conditioning in the formative years of life. Hardened feelings and set attitudes with their set behavioral patterns usually cannot be resolved except by a prolonged therapeutic experience. Here, time itself is important since extensive reconditioning is required. Time is an essential part of treatment in instances where emotional growth has been thwarted by unfortunate traumas in early life, and where the goal of counseling is a maturation of the personality structure.

This does not mean that brief counseling would prevent any extensive personality change but it does mean that the change to take place will require an extensive time period. Some personality distortions have a long history, they are entrenched and resist disloging in a brief period. They force the individual into difficulties with himself and others, and they persist even after years of therapy with an experienced psychoanalyst. Reconditioning any established habit requires time and a skilled therapist.

My feeling is that all this comes under the heading of resist-
tactics, fighting the counselor, or proving him wrong or winning him over with gestures of helplessness, praise or devotion. Fatigue, lapses in memory, pervasive self-devaluation, irrational acts are all manifestations of this defense mechanism. Defense mechanisms are forms of resistance that sometimes take years to break through.

Any material which is emotionally disturbing to the counselee will be suppressed until he gains enough strength to handle the anxieties evoked by its verbalization. The event that causes the disturbance may be insignificant, but it is the emotional reaction that is significant. Bellak and Small (1965) gave the case history of a woman suffering from depression, relieved through excessive alcoholic indulgence, who could talk about her present criminal behavior with little disturbance; yet she required one year of therapy before she could relate an experience of removing the pants of her younger brother, and observing and handling his penis. The guilt of this experience was so intense that she had isolated the memory in her mind. Only when she was sure the therapist would not reject her for her desires that produced the incident, was she able to bring it up, and reevaluate it in the light of her present-day understanding. This case shows the value of long-term therapy to break down a strong resistance.
CONCLUSION

This project has been a learning experience for me. And a particularly relevant one for work in schools because only the short-term approach could possibly be used. While this was a library research project and not a real life experience, the study did more for me in this limited time of three months during the present semester.

I had the opportunity to build up a reserve of resource information that will be a valuable support in counseling work. There is no reason to feel insecure when authors like Wolberg, Barten and Lewin are available immediately in book form. Nor is there reason to be concerned about being antiquated in methods when there are such men as Sifneos and Small with their new approaches to short-term counseling. During 1973 there will be at least two new books out on the subject. When I read these authors I shall be able to digest their contributions with more insight knowing what has been written before on this topic of counseling. To me, Karl Lewin was the most influential single source. I have purchased his book, Brief Encounters, to have permanently in my personal library.

The readings covered such a range it made it difficult to organize a personal reaction paper. However, one sub-topic of
short-term counseling stands out; and that one is by Wolberg, (1965) on resistance in therapy.

The future of short-term therapy seems unlimited to me in the complex urban world of today. There is great opportunity for the future paraprofessional to serve his fellow man, as the benefits of counseling is extended to the masses.
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