**Chapter 17: Developing a Personal Theoretical Orientation**

**Table 17.1: Philosophical Assumptions Underlying Theories of Counseling and Psychotherapy**

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| Use this scale to indicate the extent to which you agreewith each of the statements listed below:1 2 3 4 5 6 7 8 9 10Strongly disagree Neither agree nor disagree Strongly agree |
| Assumption | **Rating** |
| 1. Therapy must address life’s deep enduring issues and questions, such as freedom and responsibility, suffering and evil, and anxiety and despair. It must engage clients in developing a philosophy of life marked by meaning, authenticity, courage, and creativity. |  |
| 2. Therapy should be evidence based, take advantage of multiple theoretical perspectives, and tailor the therapeutic relationship to the needs of each client. |  |
| 3. Human actions are choices that result from general needs and specific wants. Helping clients examine how well their choices are meeting their needs and wants is essential for improvement. |  |
| 4. Irrational beliefs are a major determinant of clients' emotional and behavioral distress and should be a primary focus in therapy. |  |
| 5. Stimulus control and reinforcement are effective in helping clients modify maladaptive behaviors, develop skills, and cope with life situations. |  |
| 6. Clients communicate with their therapists through incomplete or distorted stories that evoke strong emotional responses and represent their attempts to make sense of their experiences. |  |
| 7. Clients are holistic, discouraged individuals who need encouragement as they seek to create a more satisfying way of life. |  |
| 8. Communicating unconditional positive regard and an empathic understanding of the client’s internal frame of reference creates the conditions necessary for constructive personality change. |  |
| 9. Human motivation is shaped by early interactions with caregivers. Bringing these unconscious motives into conscious awareness is necessary for client improvement. |  |
| 10. Clients' problems are complex, and rapid movement between an acceptance-oriented and change-oriented emphasis may be necessary. |  |
| 11. Modifying clients’ thoughts brings about a change in their behaviors, feelings, and physiological responses because of the reciprocal interactions among these aspects of experience. |  |
| 12. Symptoms are often learned emotional responses that serve as unconscious solutions to larger problems. The symptoms cease when an emotional experience shows they are no longer needed. |  |
| 13. Behavior results from conflicts among unconscious urges (sex, aggression) that are unacceptable to society and the conscious mind and must be suppressed or altered to be less threatening. Dysfunction occurs when these instinctual urges threaten to break into consciousness. |  |
| 14. Therapists may emphasize one way of working at a given time, but at any given moment the therapist and client are negotiating contact, creating new experience, affecting their therapeutic relationship, and bringing new awareness to bear on the presenting situation. |  |