Counseling and Psychotherapy

A CHRISTIAN PERSPECTIVE

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Contents

Preface

Several good introductory texts on counseling and psychotherapy are available, but they are written mainly from a secular perspective (e.g., Corey 2009; Corsini and Wedding 2008; Prochaska and Norcross 2010; Sharf 2008). However, there is a significant lack of texts written from a distinctively Christian perspective.

Stanton Jones and Richard Butman (1991) wrote a very helpful and comprehensive Christian appraisal and critique of modern psychotherapies over fifteen years ago, but they did not adequately cover counseling techniques. Don Browning and Terry Cooper (2004) have updated their book on religious thought and the modern psychologies or psychotherapies, but it contains mainly theoretical and theological critiques and perspectives. More recently, Mark Yarhouse, Richard Butman, and Barrett McRay (2005) have provided a comprehensive Christian appraisal and critique of modern psychopathologies, but it does not focus on counseling and psychotherapy per se. Neil Anderson, Terry Zuehlke, and Julianne Zuehlke (2000) coauthored a text on Christ-centered therapy, but it is not a comprehensive survey of the major approaches to counseling and psychotherapy. Similarly, several recent books on Christian counseling (including Clinton and Ohlschlager 2002; Clinton, Hart, and Ohlschlager 2005; Collins 2007; Malony and Augsburger 2007; and McMinn and Campbell 2007), although helpful, do not include comprehensive descriptions of the major approaches to counseling and psychotherapy that are usually covered in introductory texts in this area.

The present text has therefore been written to meet a crucial need for a book on counseling and psychotherapy that provides substantial descriptions of ten major approaches to counseling and psychotherapy, with appropriate biblical, Christian critiques and perspectives on each major approach. Hypothetical transcripts of interventions in each major approach are included

to give readers and students a better sense of the clinical work involved. The latest research findings are also covered.

In addition to these major features, a unique part of the present text is the final section, which consists of several chapters describing a Christian approach to counseling and psychotherapy that is Christ centered, biblically based, and Spirit filled. This new text on counseling and psychotherapy from a Christian perspective will be useful to professors or teachers and students in Christian undergraduate and graduate programs in counseling and related people-helping fields such as clinical psychology, counseling psychology, professional counseling, marital and family therapy, social work, psychiatry, psychiatric nursing, and pastoral counseling; clinicians, especially Christian counselors and psychotherapists in practice; pastors, chaplains, lay counselors, and other caregivers in churches and parachurch organizations; seminary students; Christians who have graduated from secular graduate programs in counseling-related fields; and anyone else interested in increasing his or her counseling knowledge and skills from a distinctively Christian perspective.

I trust and pray that this new text will be a real blessing to you as you read and use it.

Basic Issues in the Practice of Counseling and Psychotherapy

Overview of Counseling and Psychotherapy

Theory, Research, and Practice

Sigmund Freud (1856–1939), the founder of psychoanalysis, is often credited with the birth of psychotherapy, or the "talking cure." However, the deep roots of counseling and psychotherapy go back many centuries before Freud. Today the field of counseling and psychotherapy is large and diverse. There has been a proliferation of major therapies in the past fifty years: from thirty-six systems of psychotherapy identified by R. A. Harper in 1959 to over four hundred today (Prochaska and Norcross 2010, 1). Even the definitions of counseling and psychotherapy differ from author to author and from textbook to textbook. Most people think of counseling and psychotherapy as involving a professional counselor or therapist helping clients to deal with their problems in living. Let us take a closer look at some definitions of counseling and psychotherapy in this introductory overview chapter.

Definitions of Counseling and Psychotherapy

There are many different definitions of psychotherapy, none of which is precise (Corsini and Wedding 2008). James Prochaska and John Norcross (2010) have chosen to use the following working definition of psychotherapy (from Norcross 1990, 218): "Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established

psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable" (3–4).

Similarly, there are also several possible definitions of counseling. Christian psychologist Gary Collins has defined counseling as "a relationship between two or more persons in which one person (the counselor) seeks to advise, encourage and/or assist another person or persons (the counselee[s]) to deal more effectively with the problems of life" (1972, 13). He further states: "Unlike psychotherapy, counseling rarely aims to radically alter or remold personality" (14). Some authors therefore try to differentiate counseling and psychotherapy on a continuum, with psychotherapy dealing with deeper problems and seeking to significantly change personality. However, most authors in the mental health field today do not differentiate between counseling and psychotherapy (see, e.g., Corey 2009; Day 2004; Fall, Holden, and Marquis 2004; Parrott 2003; J. Sommers-Flanagan and Sommers-Flanagan 2004), agreeing with Charles Truax and Robert Carkhuff (1967), who, years ago, already used the two terms interchangeably. In fact, C. H. Patterson emphatically asserts that no essential differences exist between counseling and psychotherapy (1973, xiv). This is the view I take in this textbook on counseling and psychotherapy from a Christian perspective.

John Sommers-Flanagan and Rita Sommers-Flanagan also use counseling and psychotherapy interchangeably and define it as a process that involves "*a trained person who practices the artful application of scientifically derived principles of establishing professional helping relationships with persons who seek assistance in resolving large or small psychological or relational problems. This is accomplished through ethically defined means and involves, in the broadest sense, some form of learning or human development*" (2004, 9, italics in original).

Psychotherapy and Psychological Treatments

More recently, David Barlow (2004, 2005, 2006) has attempted to differentiate psychotherapy from psychological treatments, which may add more confusion rather than clarity to the already diverse definitions available for counseling and psychotherapy. He suggests that "psychological treatments" should refer to those dealing primarily with pathology, while "psychotherapy" should refer to treatments that address adjustment or growth (2006, 216). Psychological treatments are therefore those that are clearly compatible with the objectives of health-care systems that address pathology. He further stresses that the two activities of psychological treatment (which is more specific) and psychotherapy (which is more generic) would not be distinguished based on theory, technique, or evidence, but only on the problems they deal with. He is aware that these are controversial recommendations. However, I believe Barlow's

(2006) recommendation is not only controversial, but it is also potentially confusing and may not really help to clarify the definition of terms. Examples of psychological treatments provided by Barlow include "*assertive community treatment, cognitive-behavioral therapy, community reinforcement approaches, dialectical behavior therapy, family focused therapy, motivational interviewing, multisystemic interpersonal therapy, parent training* (for externalizing disorders in children), *personal therapy for schizophrenia,* and *stress and pain management procedures*" (2004, 873, italics in original). We can see that many of these examples of psychological treatments are already part and parcel of counseling and psychotherapy.

Overview of Counseling and Psychotherapy: Theory

Although over four hundred varieties of counseling and psychotherapy presently exist, most of them can be subsumed under the major schools of counseling and psychotherapy that are usually covered in textbooks in this field of people-helping. There are ten to twelve major ones, depending on the author and the text. In this book the following ten major theoretical approaches to counseling and psychotherapy will be covered in some detail, based on the theories and techniques developed by their founders and practitioners: psychoanalytic therapy, Adlerian therapy, Jungian therapy, existential therapy, person-centered therapy, Gestalt therapy, reality therapy, behavior therapy, cognitive behavior therapy and rational emotive behavior therapy, and marital and family therapy.

Psychoanalytic Therapy. The key figure of psychoanalysis and psychoanalytic therapy is Sigmund Freud. He originated a theory of personality development focused on experiences in the first six years of life that determine the subsequent development of personality. Freudian or psychoanalytic theory emphasizes unconscious factors, especially sexual and aggressive drives in motivating human behavior. Psychoanalytic therapy employs techniques such as *free association* (allowing the client to say whatever comes to his or her mind without censorship); *dream analysis* (interpreting the latent or hidden meaning of the dream mainly through the use of symbols that have consistent significance for almost every person); and *analysis of transference* (when the client responds to the analyst or therapist as a significant person of authority from his or her life, thereby revealing childhood conflicts he or she has experienced). The goal of psychoanalytic therapy is to help make the unconscious conscious and strengthen the ego. Contemporary versions of psychoanalytic therapy such as object-relations theory focus more on attachment and human relationship needs rather than on sexual and aggressive drives.

Adlerian Therapy. Alfred Adler founded Adlerian therapy, which was originally called individual psychology. Another major figure in this approach is Rudolph Dreikurs, who was responsible for making it better known in the

United States. Adlerian therapy is based on a growth model of the human person. It emphasizes the need for the client to take responsibility in making choices that help determine one's own destiny, and that provide meaning and direction for one's life. Adlerian therapy uses techniques such as *investigating the client's lifestyle* or *basic orientation toward life* by exploring birth order, early recollections from childhood years, and dreams; *asking "The Question"* ("What would be different if you were well?"); and *paradoxical intention* (encouraging clients to do or exaggerate the very behaviors they are attempting to avoid).

Jungian Therapy. The key figure of Jungian therapy, or analytical psychology, is Carl Jung. Jung's interest in mystical traditions led him to conclude that human beings have a significant and mysterious potential within their unconscious. He described both a personal unconscious as well as a collective unconscious. Jungian therapy encourages clients to connect the conscious and unconscious aspects of their mind in constant dialogue, with the goal of individuation or becoming one's own person. Jungian therapy techniques include the extensive use of *dream analysis* and the *interpretation of symbols* in order to help clients recognize their *archetypes* (ordering or organizing patterns in the unconscious). Examples of archetypal images include major ones such as the persona, the shadow, the anima and animus, and the Self, as well as others such as the earth mother, the hero, and the wise old man.

Existential Therapy. The key figures of existential therapy include Vicktor Frankl, the founder of logotherapy; Rollo May; Ludwig Binswanger; Medard Boss; James Bugental; and Irvin Yalom. It focuses on helping clients experience their existence in an authentic, meaningful, and responsible way, encouraging them to freely choose or decide, so that they can create meaning in their lives. Existential therapy therefore emphasizes more the relationship and encounter between therapist and client rather than therapeutic techniques. Core life issues often dealt with in existential therapy include death, freedom, meaninglessness, isolation, and the need to be authentic and real in responsibly choosing one's values and approach to life. Existential therapists can be optimistic or pessimistic to the point of being nihilistic, and they include those who are religious as well as those who are antireligious. Although techniques are not stressed in existential therapy, Frankl has developed several techniques in logotherapy, a particular approach to existential therapy. Some examples are *dereflection* (encouraging the client to ignore the problem and focus attention or awareness on something more pleasant or positive); *paradoxical intention* (asking the client to do or exaggerate the very behavior he or she fears doing); and *modifying the client's attitudes or thinking* (especially about the past, which cannot be changed, so that more meaningful or hopeful ways of looking at things become the focus).

Person-Centered Therapy. Carl Rogers founded person-centered therapy, which was previously called non-directive counseling or client-centered therapy.

Person-centered therapy assumes that each person has a deep capacity for significant and positive growth when provided with the right environment and relationships. The client is trusted to lead in therapy and is free to discuss whatever he or she wishes. Person-centered therapy is therefore not focused on problem solving but aims instead to help clients know who they are authentically and to become what Rogers calls "fully functioning" persons. According to Rogers, three therapeutic conditions are essential for facilitating client change and growth; these are the major person-centered therapy "relationship techniques": *congruence or genuineness*; *unconditional positive regard* (valuing the client with respect); and *accurate empathy* (empathic understanding of the client's perspective or internal frame of reference).

Gestalt Therapy. Frederick (Fritz) Perls and Laura Perls founded Gestalt therapy, an experiential therapy that emphasizes increasing the client's awareness, especially of the here and now, and integration of body and mind. The Gestalt therapist assumes a very active role in helping clients become more aware so that they can solve their problems in their own way and time. Examples of Gestalt therapy techniques that focus on doing include *dream work* that is experiential; *converting questions to statements*; *using personal nouns*; *assuming responsibility*; *the empty chair*; *exaggeration*; and *confrontation*.

Reality Therapy. William Glasser founded reality therapy, which focuses on the present and emphasizes the client's strengths. It is based on choice theory as developed by Glasser, which asserts that people are responsible for choosing their own thinking and actions, which then directly influence their emotional and physiological functioning. Choice theory also posits five basic needs of all human beings: survival, love and belonging, power, freedom, and fun. Reality therapy helps clients to become more responsible and realistic and therefore more successful in achieving their goals. Examples of reality therapy techniques include *structuring*; *confrontation*; *contracts*; *instruction*; *role playing*; *support*; *skillful questioning* (e.g., "Does your present behavior enable you to get what you want now, and will it take you in the direction you want to go?"); and *emphasizing choice* (e.g., by changing nouns and adjectives into verbs).

Behavior Therapy. The key figures of behavior therapy include Joseph Wolpe, Hans Eysenck, Arnold Lazarus, Albert Bandura, B. F. Skinner, and Donald Meichenbaum. Behavior therapy applies not only the principles of learning but also experimental findings from scientific psychology to the treatment of particular behavioral disorders. It is therefore an empirically based approach to therapy that is broadly social learning oriented in theory. Behavior therapists view human beings as products of their environments and learning histories. The behavior therapist plays an active and directive role in therapy. Behavior therapy has developed many techniques that continue to be refined through systematic empirical research. Examples of therapeutic techniques used in behavior therapy include *positive reinforcement* (reward for desirable

behavior); *assertiveness training* (role-playing with clients to help them learn to express their thoughts and feelings more freely); *systematic desensitization* (pairing of a neutral or pleasant stimulus with one that has been conditioned to elicit fear or anxiety); and *flooding* (exposing the client to stimuli that elicit maximal anxiety for the purpose of eventually extinguishing the anxiety).

Cognitive Behavior Therapy and Rational Emotive Behavior Therapy. The key figures of cognitive behavior therapy (CBT) and rational emotive behavior therapy (REBT) are Aaron Beck, the founder of cognitive therapy (CT), and Albert Ellis, the founder of REBT. Donald Meichenbaum, already mentioned in the preceding discussion of behavior therapy, is also often noted as an important figure in CBT because he developed cognitive behavior modification (CBM) and stress-inoculation training (SIT), which are incorporated into CBT. Beck's CT approach focuses on how maladaptive and dysfunctional thinking affects feelings and behavior. It attempts to help clients overcome emotional problems such as depression, anxiety, and anger by teaching them to identify, challenge, and modify errors in thinking or cognitive distortions. Similarly, Ellis developed REBT as an active and directive approach to therapy that focuses on changing clients' irrational beliefs that are viewed as the root of emotional problems. CBT and REBT assume that clients have the capacity to change their maladaptive thinking and hence to change problem feelings and behaviors. CBT and REBT employ a wide range of therapeutic techniques, many of which have been empirically supported by documented results or systematic research. Examples of CBT techniques include *coping skills training* (helping clients use cognitive and behavioral skills to cope more effectively with stressful situations); *cognitive restructuring* (helping clients to change or modify maladaptive, dysfunctional thoughts); and *problem solving* (helping clients to explore options and implement particular solutions to specific problems and challenges). Examples of REBT techniques include *use of the A-B-C theory of REBT* (**A** refers to **A**ctivating Events, **B** to Irrational **B**eliefs, and **C** to **C**onsequences—emotional and/or behavioral—of such beliefs) and more specifically *keeping an A-B-C diary* of daily experiences; *disputation* (of irrational beliefs); and *action homework*.

Marital and Family Therapy. Marital and family therapy is an umbrella term referring to over twenty systemic therapies. The important figures in this approach include Salvador Minuchin, the founder of the *structural* approach; Jay Haley and the Milan Group, who developed the *strategic* approach; Murray Bowen, who developed family systems theory and transgenerational (multigenerational) family therapy; and Virginia Satir, who developed conjoint family therapy. More recently, Susan Johnson and Leslie Greenberg have become well known for their development of emotionally focused therapy for couples. Other key figures include Nathan Ackerman, Carl Whittaker, Ivan Boszormenyi-Nagy, Steve de Shazer, Michael White, Neil Jacobsen, John Gottman, and Alan Gurman. Marital and family therapy

approaches assume that the crucial factor in helping individuals to change is to understand and work with the interpersonal systems within which they live and function. In other words, the couple and the family must be considered in effective or efficacious therapy for individual problems as well as marital and family issues. Examples of marital and family therapy techniques that seek to modify dysfunctional patterns of interaction in couples and families and effect therapeutic change include *reframing* (seeing problems in a more constructive or positive way); *boundary setting* (either to establish firmer limits or lines of separation or to build more flexible boundaries for deeper connection); *communication skills training*; *family sculpting* (asking a couple or family members to physically put themselves in particular positions to reflect their family relationships); and constructing a *genogram* (a three-generational family tree or history).

A more detailed discussion including biblical perspectives and critiques appears in the chapter devoted to each of these ten major theoretical approaches to counseling and psychotherapy. Counseling theory is important. It provides a framework of understanding and practice that guides the counselor and psychotherapist in their attempts to help clients (see Truscott 2010). Every one of us has his or her own implicit, if not explicit, theory of counseling. We may, or may not, be aware of our basic assumptions and views of how to best help people with their problems in living. Kevin Fall, Janice Holden, and Andre Marquis have provided the following questions for clarifying and articulating one's theory of counseling, which you may find useful in formulating your own theory, no matter how basic it may be:

1. *Human nature*: Are people essentially good, evil, or neutral? How much of personality is inborn or determined by biological and/or other innate factors? Are there inborn drives, motives, tendencies, or other psychological or behavioral characteristics that all human beings have in common? How much of a person's individuality is determined by heredity or other innate factors?
2. *Role of the environment in personality development*: How influential is one's physical and/or social environment in one's personality development, and how does the environment affect personality development?
3. *Model of functionality*: What constitutes functionality/mental health or dysfunctionality/mental unhealth in an individual? How do innate and environmental factors interact in influencing a person's functioning, be it relatively healthy or unhealthy?
4. *Personality change*: How does personality change after it is to some extent developed? What conditions are necessary but not alone sufficient for personality change to occur, and what conditions are both necessary and sufficient? (see Fall, Holden, and Marquis 2004, 9–10)

These are the kinds of questions we need to ask ourselves in reflecting on our own theory of counseling. We will also ask such questions of the ten major theoretical approaches to counseling and psychotherapy that will be covered in more depth and detail later in this book. Combs (1989) has noted that many counseling theorists value a theory of counseling that is complete, clear, consistent, concrete, current, creative, and conscious, that is, that has the seven Cs (see Fall, Holden, and Marquis 2004, 10–11).

Overview of Counseling and Psychotherapy: Research

Theory plays an important role in guiding the counselor or therapist in help-ing clients. However, every theory must be subjected to research to determine its truth or validity, as well as the efficacy and effectiveness of its applications in actual practice. Research is therefore another crucial dimension in the field of counseling and psychotherapy. Scientific and systematic research on the processes and outcomes of counseling and psychotherapy only began in the 1940s when Carl Rogers started recording his therapy sessions, which could subsequently be studied and evaluated. Since then, research in this field has mushroomed, although some controversies and issues still remain. See the ap-pendix for a review of research in the field of counseling and psychotherapy, focusing on the question "Is psychotherapy effective?" and why.

Overview of Counseling and Psychotherapy: Practice

In this final section of the overview of counseling and psychotherapy, we will briefly cover the following topics: primary theoretical orientations of counselors and psychotherapists in practice in the United States; major types of therapists or mental health practitioners and the settings in which they practice; several contemporary developments in the practice of counseling and psychotherapy; and examples of major professional organizations and their Web sites for counselors and psychotherapists.

Primary Theoretical Orientations of Counselors and Psychotherapists

Prochaska and Norcross have summarized the major findings from several surveys or studies of the self-identified primary theoretical orientations of clinical psychologists, counseling psychologists, social workers, and counsel-ors in the United States (2010, 3). The most popular theoretical orientation self-reported by most of these mental health professionals has been *eclectic/ integrative therapy* (using theories and techniques from various approaches): 29 percent of clinical psychologists, 34 percent of counseling psychologists, and 26 percent of social workers. However, *cognitive therapy* is self-reported as the

primary theoretical orientation by 28 percent of clinical psychologists and 29 percent of counselors (the highest percentage for counselors). Only 23 percent of counselors selected eclectic/integrative therapy as their primary theoretical orientation. Judith Todd and Arthur Bohart (2006) note that while eclecticism is the most popular approach among practicing psychotherapists, cognitive therapies and theories are now the dominant therapeutic orientation in many professional contexts including university clinical psychology programs.

Prochaska and Norcross (2010) have also summarized the main findings of a Delphi Poll they conducted with sixty-two expert panelists; its composite ratings indicate what will happen in the field of psychotherapy over the next ten years. In terms of primary theoretical orientations of the future, *cognitive behavior therapy* was ranked first for the greatest increase over the next decade, followed closely by culture-sensitive/multicultural therapy, cognitive therapy (Beck), interpersonal therapy (IPT), technical eclecticism, theoretical integration, behavior therapy, and systems/family systems therapy. There was also consensus that psychotherapy will become more directive, psychoeducational, technological, problem focused, and brief in the next ten years. One of the major predictions concerns the length of therapy: long-term therapy will significantly decrease, while short-term therapy will become predominant.

Major Types of Mental Health Practitioners and Practice Settings

There are over a dozen major types of mental health practitioners in the United States who may provide counseling and psychotherapy. Les Parrott lists the following (see 2003, 14–16):

1. *Psychiatrists* are medical doctors who have specialized training in the diagnosis and treatment of mental disorders. They are qualified to prescribe psychotropic medications and can practice counseling and psychotherapy. Some psychiatrists have also been trained in psychoanalysis.
2. *Psychoanalysts* have received advanced training of at least three years in Freudian psychoanalysis or some other more contemporary version of psychoanalysis at institutes of psychoanalytic training. Such training institutes often require their psychoanalytic trainees to be licensed psychologists or psychiatrists.
3. *Clinical psychologists* are educated at the doctoral level (PhD, PsyD, or EdD), including internship training in psychological assessment and psychotherapy. They must be licensed in the state in which they practice.
4. *Counseling psychologists* are usually educated at the doctoral level with internship training in helping people deal more effectively with their problems in living. Counseling psychologists also must be licensed to be in independent practice. They function very much like clinical psychologists do, except that counseling psychologists tend to see clients with

less severe psychopathology, although this is less often the case today than in the past.

5. *School psychologists* are usually educated at the doctoral level to closely work with educators and others to facilitate the holistic development of children in school. They often assess and counsel children with different types of problems, as well as consult with teachers, parents, and other school staff.

6. *Industrial/organizational psychologists* are educated at the doctoral level. They are involved in enhancing the effectiveness of organizations and helping to improve productivity and the well-being of employees as well as management staff.

7. *Marriage and family therapists* are trained at the master's or doctoral level in marital and family therapy. In most states they must be licensed to practice as marriage, family, and child counselors (MFCC) or marital and family therapists (MFT).

8. *Social workers* usually have a master's degree in social work. They also must be licensed in many states as clinical social workers in order to do individual as well as family counseling and therapy.

9. *Psychiatric nurses* have an associate's or baccalaureate degree, specializing in psychiatric services. A psychiatric nurse with a master's degree in nursing (MSN) and psychiatric/mental health certification can also do private practice.

10. *Pastoral counselors* are ministers, usually with master's degrees in theology or divinity, who also have had special training and experience in counseling from a spiritual perspective. Many of them have received training from a clinical pastoral education center in the United States, which has over 350 such centers.

11. *Vocational counselors* have a master's degree that prepares them to counsel people in order to help them in their vocational choices and professional development.

12. *Occupational counselors* have a bachelor's or master's degree and internship experience that prepares them to help people with physical challenges to make the best use of their resources.

13. *School counselors* have an advanced degree in counseling psychology and are involved in helping people with career and educational issues.

14. *Substance-abuse counselors* have bachelor's or master's degrees and counsel people with alcohol and/or drug addictions or substance-abuse problems.

15. *Paraprofessional or lay counselors* have limited training in counseling but do not have advanced degrees in counseling and are not licensed mental health professionals. They usually do their counseling work under the supervision of a licensed mental health professional.

Another group of mental health practitioners not mentioned by Parrott (2003) is the category of *professional counselors* or *licensed professional counselors* (LPCs) with master's degrees in counseling who have also been licensed in the state in which they practice.

There are several major practice settings in which mental health professionals do counseling and related work including: private practice, community mental health centers, hospitals, human service agencies, and schools and workplaces (see Parrott 2003, 16).

Some Contemporary Developments in Counseling and Psychotherapy

Several significant contemporary developments in counseling and psychotherapy have occurred in recent years. Not surprisingly, given the computer and Internet revolution in this information age, one such development has been in the area of *technological applications and innovations*. Examples include the use of computer technology in *virtual therapy*, in which virtual reality is used as a therapy intervention for the treatment of anxiety disorders. Psychotherapy can also be provided by telephone, videoconferencing, and videotelephone, in what has been called *telepsychotherapy*. Such therapies, of course, raise serious ethical and logistical issues, but such technological innovations in psychotherapy are here to stay (see Prochaska and Norcross 2010).

Another contemporary development in clinical practice is the *integration of religion or spirituality and psychotherapy* (see Tan 1996c, 2001b). Since Allen E. Bergin (1980) published his seminal article on psychotherapy and religious values over three decades ago (see also S. L. Jones 1994), religiously or spiritually oriented psychotherapy has become an important part of the current practice of counseling and psychotherapy (for more recent examples, see Aten and Leach 2009; Pargament 2007; Plante 2009; Richards 2006; Richards and Bergin 2000, 2004, 2005; Sperry and Shafranske 2005). More specifically, Christian approaches to therapy have further developed in recent years (see, e.g., N. T. Anderson, Zuehlke, and Zuehlke 2000; Clinton, Hart, and Ohlschlager 2005; Clinton and Ohlschlager 2002; Collins 2007; Malony and Augsburger 2007; McMinn and Campbell 2007; see also S. L. Jones and Butman 1991; Yarhouse and Sells 2008), and research findings so far have provided some support for the efficacy (see Worthington and Sandage 2001) and effectiveness in actual clinical settings (see Wade, Worthington, and Vogel 2007) of Christian therapy (see also T. B. Smith, Bartz, and Richards 2007).

Contemporary clinical practice has also been significantly impacted by multicultural perspectives, feminist therapy, and postmodern approaches such as narrative therapy, solution-focused brief therapy, and social constructionism (see Corey 2009).

As a final example of another significant contemporary development in therapeutic practice, let us turn to a major movement in psychology today called *positive psychology*. Martin Seligman and Mihaly Czikszentmihalyi (2000) introduced the emerging science of positive psychology over a decade ago, referring to the study of positive emotion, positive character, and positive institutions and how to nurture them. This movement has really taken off with a mushrooming body of literature as well as recent empirical attempts to validate or support positive psychology interventions (M. E. P. Seligman, Steen, Park, and Peterson 2005; see also Tan 2006a for a review and biblical perspective and critique of applied positive psychology). Martin Seligman, Tayyab Rashid, and A. C. Parks (2006) reported findings from two research studies that provided empirical support for the effectiveness of *positive psychotherapy* (based on positive psychology) employing exercises or interventions explicitly aimed at increasing positive emotion, engagement, and meaning in treating depression. A more recent meta-analysis of 51 positive psychology interventions with a total of 6,018 participants (Sin and Lyubomirsky 2009) showed significant enhancement of well-being (effect size = .29) and significant alleviation of depressive symptoms (effect size = .32). Positive psychology (including positive psychotherapy) focuses more on identifying the character strengths and virtues of clients and less on their psychopathologies or psychological deficits (see Linley and Joseph 2004; C. Peterson and Seligman 2004).

Examples of Major Professional Organizations for Counselors and Psychotherapists

The following list includes examples of major professional organizations and their Web sites that are relevant to counselors and psychotherapists in clinical practice:

- American Counseling Association (ACA), www.counseling.org
- American Psychological Association (APA), www.apa.org
- American Association for Marriage and Family Therapy (AAMFT), www.aamft.org/index_nm.asp
- National Association of Social Workers (NASW), www.naswdc.org

Two examples of specifically Christian professional organizations and their Web sites are

- Christian Association for Psychological Studies (CAPS), www.CAPS.net
- American Association of Christian Counselors (AACC), www.AACC .net

Recommended Readings

Castonguay, L. G., & Beutler, L. E. (Eds.). (2006). *Principles of therapeutic change that work*. New York: Oxford University Press.

Corey, G. (2009). *Theory and practice of counseling and psychotherapy* (8th ed.). Belmont, CA: Brooks/Cole.

Linley, R. A., & Joseph, S. (Eds.). (2004). *Positive psychology in practice*. Hoboken, NJ: Wiley.

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