

SKILLS FOR

# Helping Professionals

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# CHAPTER 1

## HELPING PROCESSES

### LEARNING OBJECTIVES

1. Learn about various professional helping roles
2. Understand the differences between helping, counseling, therapy, and advocacy
3. Understand, very generally, what is helpful when working with others

### INTRODUCTION

Welcome to the world of professional helpers!

If you are reading this book, it is probably because you have an interest in working with others, even if you are not sure exactly what that might look like in the future. In this chapter, we will discuss various types of helping professions and review what the literature teaches us about what is helpful in working with others.

### HELPING TERMS: HELPING, COUNSELING, PSYCHOTHERAPY, THERAPY, AND ADVOCACY

#### ***Helping***

When we use the word *helping* as a noun, one definition is “a portion or serving of food.” Of course, in this book, we are not really interested in talking about food! Here we are looking to understand the word *helping* used as a verb, when it is used as an action that is aimed toward others. Permit me to borrow the reference to food as a metaphor for what helping is, though, because ironically, the food metaphor is oddly fitting here, too. Food is the substance that enables us to grow. And helping is that which we

give to others so that they may grow. Helping is the effort that we make to offer strength and support to people who want to learn, change, and grow, or who need something when times are hard. Helping is the plate of food that we lay before others to fortify them, offer nourishment, and help them feel cared for.

### ***Counseling, Psychotherapy, and Therapy***

Within the category of “helpers” exists an expansive array of clinical and nonclinical roles and professions. **Clinical** helpers are those who have received advanced level training (master’s or doctoral degrees), typically including extensive supervised clinical practice experience, to offer therapeutic interventions for people who struggle with personal or interpersonal difficulties or mental health challenges. Examples of clinical helpers include mental health counselors, marriage and family therapists, psychologists, psychiatrists, and clinical social workers. While **nonclinical** helpers may also work in the area of mental health providing adjunct care, support, or instruction, they typically have a bachelor’s level educational degree, and their work is under the close supervision of a clinical mental health professional. Job titles for these nonclinical positions include counselor, advocate, and therapy assistant. Nonclinical helpers may work in a variety of other settings, too, providing, for example, career guidance, nutrition counseling, exercise coaching, education, assisting with a multitude of daily living tasks, etc. Nonclinical helpers also occupy a vast variety of roles in the medical field. These latter positions may require advanced-level educational training or degrees. A list of many of these varied roles is included in Appendix A.

There is much confusion regarding the terms *counseling* and *psychotherapy*. You may notice that in some settings, they are used somewhat interchangeably, yet in other settings they have clear and distinct meanings. For example, a lawyer provides legal counsel, which is obviously very different from the counseling services provided by a mental health counselor. Most of us know not to go to a lawyer for therapeutic intervention regarding our mental health concerns, and not to seek mental health counseling for legal advice. Lawyers, then, are nonclinical professional helpers, and they have advanced degrees and training in the law and legal practice.

In this text, we will use the term **counseling** in reference to a helping practice that it conducted by clinical and nonclinical helpers and is aimed at assisting others with personal, social, or psychological issues or concerns. As mentioned,

the distinction between clinical and nonclinical counseling has to do with training level and scope of practice. **Psychotherapy** typically refers to a mental health clinical practice, and **therapy** is just a shorted version of the word psychotherapy. So, clinical counseling and psychotherapy are two terms with virtually the same meaning and are often used interchangeably (Sommers-Flanagan & Sommers-Flanagan, 2004).

The work of counselors and psychotherapists has to do with symptom remission and improved everyday functioning (Lambert, 2013). They help people cope with interpersonal and mental health difficulties such as those posed by addictions, trauma, mental illness, experiences of stress, and difficulties in adjustment. They also help people develop healthy interpersonal relationships, which sometimes includes thinking about situations differently, developing better communication skills, or behaving in different ways. Additionally, counselors and psychotherapists work with individuals in decision-making for the present and future or developing healthy lifestyles, and they provide support for people experiencing crisis or challenges in their lives. The work of counselors and psychotherapists is based on training in psychology and human development theories, such as those discussed in Chapter 2, and also on practice theories such as those reviewed in Chapter 3. A list and descriptions of various clinical and nonclinical helping positions is included in Appendix A.

### **Advocacy**

When we are witness to the adverse effects of social forces such as prejudice and discrimination (in all of their overt and subtle forms) that lead to problematic institutional practices and barriers in the lives of the people we serve, intervention should focus on those sources of problems rather than on the individual. What sets advocacy apart from counseling and psychotherapy, then, is that advocacy attempts to change variables that sit outside the individual—systems and institutions that hamper people in various ways (Funk, Minoletti, Drew, Taylor, & Saraceno, 2005; Lewis, Lewis, Daniels, and D’Andrea, 1998). Advocates are helpers who work *with* and/or *on behalf* of people or groups for a particular cause or policy, and the implicit goal of most advocacy efforts is to increase peoples’ sense of personal power or agency. Of course, advocacy is not limited to issues related to mental health. It is relevant in many other fields as well. There are patient advocates in hospitals, child advocates in court systems, advocates for individuals who

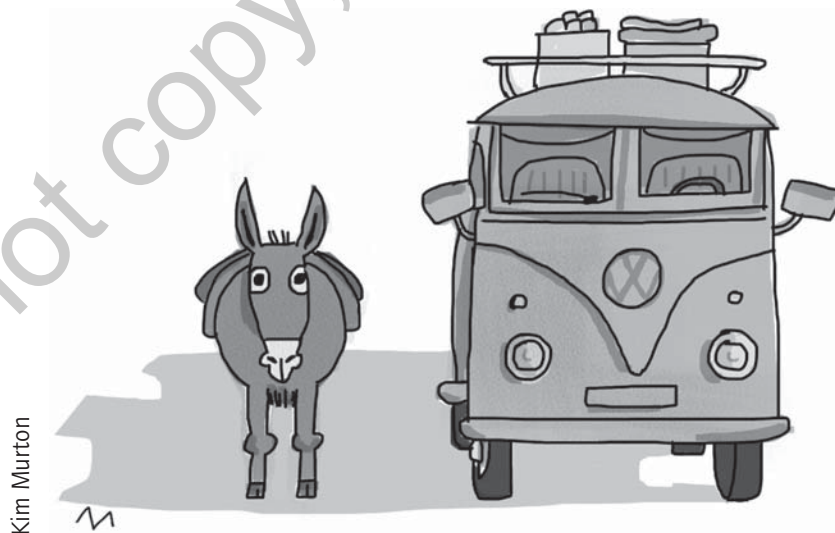
have disabilities, etc. More about advocacy as a helping intervention is included in Chapter 8.

## HELPING RELATIONSHIPS

Being helpful generally refers to doing something for others. Synonyms for helping relationships might include being accessible, supportive, benevolent, useful, and working for the benefit of others.

Illustration 1.1 is interesting, but you are probably wondering what it has to do with helpfulness. I would like to propose that it captures the essence of professional helping relationships. Really! Notice in this illustration that despite their obvious differences, the donkey and the van are traveling together. They are traveling in the same direction, side by side. If we were to think of the van as the helper, we can imagine that it has the potential to offer shade to the donkey if the journey becomes too hot or bright. Also, the van looks like it might be used for camping, with a mini fridge, stove, and storage capacity, and thus we can imagine that it might have a cache of food and water inside. So, this helper van is in the position to offer nourishment and sustainability to the

**Illustration 1.1** The Helping Relationship



donkey, if needed. We are also aware that while the van could probably travel much quicker than the donkey, it doesn't. They travel side by side. The van doesn't stir up a lot of dust, doesn't run the donkey off the road, and doesn't hurt the donkey by running it over—it travels respectfully at the pace of the donkey. As a metaphor for the helping relationship, then, we see a journey among two who are very different. Yet the journey is shared, with one in the position of walking forward toward the goal and the other, of offering comfort and nourishment as needed along the way.

### **The Contract**

It is important to distinguish helping relationships from the other types of relationships that we all have in our lives. The journey of helping is not the same journey as friendship, even though many of the qualities of being a good friend are also qualities of being a good helper. The helping relationship is best thought of as a contractual relationship where one is in the role of providing

**Illustration 1.2** A Contractual Relationship





goods to someone who has requested them. In fact, in many professional helping relationships, helpees are called *clients*—the person for whom professional services are rendered. This term emphasizes the idea that the recipient of services is a consumer who receives services in exchange for some kind of payment. An important marker of helping relationships, then, is the helping contract. This alone makes it different from the other relationships we have in our lives. All of the components of the helping contract discussed here are outlined in Table 1.1.

Like contracts in other settings, helping contracts contain agreements about the exchange of **services and compensation** that will be a part of the helping relationship. As Illustration 1.2 suggests, these may be formal or informal, and explicit or implicit. For example, if you are working as a residence hall advisor, you have been hired to supervise students in the dorm—that is the contract you are working under. As part of this contract, your role is to be available to help students when they have questions, are in trouble, or seem to be struggling with something. Your role is also to protect the premises and enforce the residence hall rules. You will probably be required to post hours so the students will know when you are available, talk to all of the residents about the dorm rules, and maybe also plan a certain number of social activities throughout the year. Also part of this contract is the compensation you will receive for your work. This may be in the form of a tuition waiver, a salary stipend, or perhaps it includes a meal plan and a nice room to live in. All of these agreements are made explicitly and in advance so that everyone is clear about your role within this helping relationship. They form an explicit helping contract. For another example, let us say that you have offered to be a volunteer “friend” for a new refugee family in the community. This helping relationship is far more informal, with the details of the support you will provide to be worked out with the family, depending on their changing needs over time. This latter helping relationship has an implied helping contract, however informal it may be, because your contact and role with the family is to provide services or assistance that they may need. Because of this, it is not the same as a friendship, even if it grows and feels like one, even if you call yourself a “family friend.”

A defining component of the helping contract that is evident in the above examples is the concept of **nonmutuality**. Unlike other relationships, the focus of the helping relationship is always on the needs of the helpee. This is not to say that you, personally, do not have any needs. Nor is it to say that you may not benefit from the relationship in some way (such as payment or satisfaction). What nonmutuality does mean is that the sole focus of the work and all of decision-making must be based on the interests and needs of the helpee. And this, then, is the substance of the helping contract. For example, as a victim

advocate in a rape crisis phone hot line, you will not be talking to callers about your own trauma experiences. A customer service representative in a department store will not be talking on his personal phone when a customer is present. A counselor sitting in the room with a client is not daydreaming about what she will be doing after work. And none of these helpers should be engaged in making plans with the helpee to go to a coffee shop to further discuss the issue at hand. The helping relationship is not a mutual relationship.

While it is important for helpers to have a professional level of emotional investment in the helping relationship, this investment comes with **restrictions**. These restrictions include prohibitions against intimacy, mutual friendship, and physical contact. These will be discussed in more detail in Chapter 4 in the discussion of helping ethics, and alluded to again in Chapter 5, where the discussion focuses on helper self awareness and competence. What is most important here is that the conditions of the helping contract outline the parameters of the helping relationship; helping must be focused on the decided upon goals of the work together.

It might be helpful here to talk a little about **liking**. One of the rewards of working as helpers has to do with the emotional investment we make in the helping relationship. For example, an assistant day care teacher I know really enjoys her work, and she clearly likes all of the children in her care. In fact, it is probably accurate to say that her fondness for the children is part of the informal compensation she receives for her work—and it is probably why she is so good at what she does. However, with her, like with all helping professionals, liking should never get in the way of doing what is necessary and appropriate to help achieve the goals of the helping contract. In the preschool, for example, liking should not prevent my friend from disciplining a child when it is needed. Also, liking should obviously not yield unfair treatment of one child over another. But notice how subtle this piece about liking can be. Liking is important to what we do, but it also can have a way of working itself into our helping relationships and influencing them in ways that we do not always clearly see. A professional level of liking means that we are invested in the best interests of the helpee, and that investment compels us to work with intentionality, even when that requires us to do things that are uncomfortable.

A second component of liking worth mention here is the need to be liked. Wanting to be liked by others is by no means a bad thing. Social interest develops because we want to be part of community, and to do so, we act in ways that are accepted and favored in that community—we become likeable. For example, lending money to a friend is a nice thing to do, and it probably will cause that friend to like you. We all like the student in our dorm who shares the home-cooked treats that he has just received in the mail. But when we work



hard to be liked in helping relationships, the focus shifts from the helpee and back on to us. Suddenly the direction of our actions is on being liked rather than on what is best for the helpee. Worse yet, it may be hard for us to enter into difficult conversations, provide feedback, or take action that may be needed but not favored by the helpee, if we are concerned about being liked. So, remember that the helping contract is what defines the helping relationship. *Liking* and *being liked* are nice, but they should never get in the way of the work that needs to get done in the helping relationship.

Related to these thoughts on liking, **truth and honesty** are critical to helping relationships, but they can also be tricky. Just as we navigate difficult decisions about being honest and truthful in our personal lives, we also must be careful about these in helping relationships as well. For example, in some friendships, you may feel completely comfortable talking about politics and revealing who you will be voting for in the upcoming election. However, if a helpee wants to know if you like a particular political candidate, responding with this information may have the potential to compromise your relationship. Similarly, if a helpee asks, “Do you like me?” then you are faced with a dilemma about honesty. What if you really don’t like many things about the helpee? Is it appropriate to say that? Or if you do like the helpee very much, might your saying so lead to misinterpretations or to behaviors that are aimed at nurturing your liking rather than the goals of the helping contract? Many of us have worked with individuals struggling with substance use who have asked us if we, ourselves, drink or use. Helpees often want to know if we have had the problems that they are grappling with. All of these situations are very complicated, and they are easily complicated when one has a strong need to be liked by others.

The implications of responding with truth and honesty can be deceptively larger than we are aware of in the moment. For example, might the helpee above who asked about your substance use then tell others about your history? Might she then minimize her own use because she thinks that clearly you had substance use problems and got over them? And, as seems most evident in all of these scenarios, notice how easily truth and honesty can shift helping conversations from the helpee to the helper. So, keep in mind that being honest and truthful in a helping relationship is structured by the contract of the relationship. It might be appropriate for helpers to provide truthful feedback or information to helpees on issues related to their work together. If the helpee is asking for your honest opinion about something that is unrelated to the topic of your work together, however, or if you think that there is even the slight possibility that answering a question could possibly compromise your work, you may need to refrain from being completely honest.

**Photo 1.1** Truth and Honesty

**Investment** is another important aspect of the helping contract. Meeting the goals of the helping relationship, being present through the challenges as well as the joys, and working until the final goal is met, all have to do with investment in the helping relationship. You should not enter into a helping relationship that you are not able to commit to, and you should always honor the commitments you have made.

Another aspect of investment that is important for helpers to be aware of has to do with the relative balance of investment in the helping relationship. Here we are talking about the extent to which a helper is invested in the helping relationship and the work that is part of the helping contract, in comparison to the level of investment of the helpee. Clearly, your level of investment in the work of helping should not exceed that of your helpee. If you are more invested in the achievement of the goals than the helpee, you may find yourself working harder and doing more of the work that needs to be done. Remember: Reaching the goals of the helping contract is the responsibility of the helpee. Your job is to help her do this. Investment in the relationship should always be to do what is appropriate and within your power to help the helpee reach the

**Table 1.1** The Helping Contract

Key Components of the Helping Contract
<ul style="list-style-type: none"> <li>• Services and compensation</li> <li>• Nonmutuality</li> <li>• Relationship restrictions</li> <li>• Liking</li> <li>• Truth and honesty</li> <li>• Investment</li> </ul>

goals that are important to him or her. Helpers should not do *for*, they should do *with*. The discussions on stages of change and motivating change in Chapters 6 and 8 is relevant to this conversation about helpee investment in the helping goals.

## WHAT WE KNOW ABOUT BEING HELPFUL

Change happens in helping relationships as a result of a complex mix of a variety of factors including the type and enormity of the issue or concern, the helpee's style and motivation, and the ways in which the helper intervenes. Research in the field of clinical helping provides insight into some critical components of helping relationships and helper behaviors that have been shown to be effective across helping situations (this is called "evidence-based practice"). Below we will discuss the important helping conditions of competence, intentionality and integrity, empathy, attunement and alliance, and the ability to inspire and empower. All of these are also outlined in Table 1.2.

### **Competence**

Being an effective helper requires extensive **knowledge** in the area that is the focus of the helping contract (Hubble, Duncan, Miller, & Wampold, 2010). For example, career counselors need to have knowledge about career trends, application information, resume writing, and interview practices. Childcare

workers must know about child development and have knowledge about effective teaching and discipline strategies. Teachers working with children to develop social skills need to know something about interpersonal effectiveness. College residential counselors need to know about the workings of their particular institution as well as common developmental issues that are present in the population of students in their dormitories.

It is not enough to just have knowledge about the subject area that is the focus of your helping relationship: Helpers also need to be able to communicate that knowledge. So here we are talking about the importance of basic **communication skills** in helping. We all know of teachers who are brilliant in their subject area, but unable to articulate that information to their students. Having a big heart is nice, but if one can't communicate that caring, it hardly matters how warm the helper is feeling inside. To be effective, then, helpers must have basic communication skill competence; they must be able to communicate what they know and must have the skills necessary for engaging in an appropriate helping relationship (Hubble et al., 2010). The skills discussed in Chapters 7 and 8 are critical helping intervention and communication skills.

Helper competence also has to do with engaging in **ethical and responsible behavior**. While specific codes of ethics vary across various domains of helping and related helping professional organizations, there are common key ethical principles (which we will review in Chapter 4) that cut across most helping professions (Francis, 2002). These should guide the work of helpers. There are several good reasons for being ethical, but perhaps most important is that acting ethically ensures the best service is provided to the helpee. Codes of ethics protect you and your helpee by assuring adherence to best practice; they enable helpers to make intentional and appropriate decisions in their work.

Helper competence also speaks to your duty to be professional in your work as a helper. **Professionalism** refers to behaviors that communicate competence and respect for others and that adhere to the helping contract. These include being clear about the services you are able to offer, not providing services for which you are not trained, being fair and consistent in compensation arrangements (i.e., payment for services), being respectful in all communications, and overall, adhering to ethical practice guidelines. It also includes being on time for meetings, maintaining confidentiality, being fully present during the time together, and attending to paperwork, phone calls and any other situations that require follow-through. Finally, as will be discussed in more detail in Chapter 5, professionalism has to do with having a level of self-awareness and self-regulation so as to be able to manage yourself when

you are helping others. Self-management is about being sure that you are not overly triggered by what is being said or done by the helpee and that you are not confusing your own issues, concerns, challenges, situations, and abilities with those of the helpee.

**Cultural competence** is another critical component of helper competence. Definitions of what it means to be culturally competent vary across and within helping professions (Fields, 2010). However, Arredondo et al. (1996) make a strong case that such competence, however defined, entails having an awareness of one's own attitudes and beliefs; having an understanding of the racial or cultural heritage, beliefs, values, lifestyles, and worldviews of self and others; and engaging in culturally appropriate interventions that are aligned with the specific beliefs, values, and needs of your helpees. As will be discussed in Chapter 2, cultural competence also requires an understanding of the cultural context of power and privilege in our lives, and particularly, an awareness of how individuals in various social groups are treated by others in their communities and in larger society. Helping requires an understanding of these important issues as well as an ability to manage oneself and be engaged in a relationship that is truly beneficial to the helpee. Cultural competence in helping will also be discussed in more detail in Chapter 5, and some specific skills for working across differences will be introduced in Chapter 8.

Research shows that almost 80% of individuals who need therapeutic intervention do not seek it because they do not have confidence that it will help (Hubble et al., 2010). Interestingly, these authors also suggest that when a therapist is using an approach that is consistent with his or her beliefs and values (allegiance to method), that approach is likely to be helpful because it arouses the helpee's hope or expectation that it will work. These findings speak to another important component of helper competence: **confidence**. When a helper is confident in the approach that he or she is using, that confidence sets in place an expectation on the part of the helpee, which, it turns out, can have a strong influence on the helping outcome. Believing in what you are doing, then, is an important component of helper competence.

A caveat is needed here. Wampold (2010) suggests that if the help that is offered does not seem to be working well, helpers often respond by continuing to deliver the same type of help, sometimes even with more vehemence, even if it isn't working. And this, of course, furthers the likelihood of failure. This brings us to the next important point: While helpers must be knowledgeable, capable, and confident, they also must be **flexible**. When things are not going as planned or when a particular approach to helping is not working, it is time for the helper to stop what he or she is doing, talk with the helpee about the goals of the work together, and make appropriate adjustments.

## ***Intentionality and Integrity***

Intentionality derives from the Latin word *intention* and verb *intendere*, which means being directed toward some goal or accomplishment. In the context of helping relationships, *intentionality* refers to working in a careful and thoughtful manner toward the desired outcome of the helping contract. Integrity, similarly, refers to a commitment to follow through as promised. It means doing the right thing. Taken together in the context of helping relationships, intentionality and integrity refer to making a commitment to help and, as a part of that commitment, being knowledgeable and thoughtful in carrying out that commitment. We will review these important ideas about remaining true to the commitment we make in helping relationships when we discuss the moral principle of fidelity in Chapter 4.

In a review of 25 therapy outcome studies, Norcross (2010) found that positive outcomes in therapy were related to **goal consensus** in 68% of the studies reviewed. That is, negotiation and agreement on the goals of the work together leads to successful outcomes in helping relationships (Anderson, Lunnen, & Ogles, 2010). Intuitively, this makes sense; the process of discussing and agreeing on goals provides clarity in the work. It also assures “buy-in.” Additionally, we know that goal consensus strengthens the therapeutic alliance (Gaston, 1990; Norcross, 2010), which, as will be discussed shortly, is an important condition for change (Lambert, 2013). So, intentionality and integrity have to do with being committed, being thoughtful in how the work will unfold, and being in agreement with the helpee on how the work together will be carried out.

Hubble et al. (2010) found that a lack of structure and focus is a strong predictor of *negative outcomes* in helping relationships. Better stated: When the work of helping is **structured and focused** on the agreed-upon goals, success is more likely. These authors also point out that **monitoring the progress** of the work toward the intended goals helps ensure that the goals will be reached. The research is loud and clear: It is our responsibility when helping others to be intentional in what we do.

## ***Empathy***

Empathy refers to the capacity to recognize and understand the emotions and experiences of another person. The term originally comes from the German concept of *emföhlung*, which means *feeling into* (Frankel, 2009; Neumann et al., 2009). It refers to the ability to enter into the world of the other to



understand the helpee from his or her own perspective (Rogers, 1951). It is an affective reaction that stems from a deep understanding of someone else's emotional state, current condition or situation (Neumann et al., 2009). Rogers is famously quoted as describing empathy in this way: "To perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto *as if one were the person, but without ever losing the 'as if' condition*" (as quoted in Rogers, 1975, p. 3, italics in original). It is about making a connection (Brown, 2013).

Most agree that empathy is critical to helping relationships (Wiseman, 1996). In studies of the effectiveness of therapy, for example, empathy has an effect size of .32, meaning that it accounts for one-third of change that is associated with therapy (Norcross, 2010). Norcross explains that this is because empathy fosters a "corrective emotional experience" (p. 119) for the helpee. A corrective emotional experience is a clinical term that refers to a therapeutic process where the helpee learns new patterns of thinking and behaving by reexperiencing earlier unresolved feelings and needs in a current supportive context. Empathy creates this condition and thus promotes insight and understanding; it supports the process of healing. It is this type of connection, Brown (2010) proposes, that gives purpose to people's lives.

Let us take a minute, then, to explore what empathy might look like in helping. First, it refers to **understanding the helpee's feelings** (Wiseman, 1996), in all of their complexities. When you understand that a helpee feels sad in addition to the obvious anger that she is expressing, for example, you are understanding some of the complexities in her internal emotional experience. Empathy also refers to having a **nonjudgmental presence** (Rogers, 1957). That is, when you communicate that even though you may not be happy that the helpee has not been able to follow through on the agreed-upon actions discussed in your last meeting, you are able to withhold judgment and condemnation. You are able to remain present and nonreactive. Finally, empathy entails an ability to **communicate** that understanding to the helpee (Wiseman, 1996; Wynn & Bergvik, 2010). This is an important point. Feeling connected to the helpee and truly understanding her does not equal empathy; that understanding and connection must be *felt by the helpee* in order for empathy to exist. In fact, Wynn and Bergvik (2010) describe empathy as a three-part process that includes (1) an initial expression or story from the helpee, (2) the empathic response that is first felt by the helper and then communicated to the helpee, and then, (3) the full-circle feedback loop where the helpee then communicates back to the helper that the empathy was felt. Interestingly, studies show that helpers are inadequate judges of empathy—that is, they are not able to accurately determine if their helpees actually feel their empathic communications. The primary way to determine if empathy has been communicated in a

helping relationship is to ask the helpee (Frankel, 2009; Norcross, 2010). So, this reminds us that it isn't enough to just feel empathic to our helpees; empathy doesn't happen unless the helpee feels it too.

Finally, it should be mentioned that prerequisite to being able to engage in empathic communications is the ability to step out of one's own experience, current situation, and frame of reference. This refers to an ability to have an **awareness of self** (Wiseman, 1996). Similarly, the ability to engage in an empathic connection also requires helpers to be able to **regulate** their own internal experiences, so as to be fully present with their helpees (Neumann et al., 2009). These two concepts of self-awareness and self-regulation are discussed in more detail in Chapter 5.

### **Relationship Attunement and Alliance**

Of all of the things that therapists do in helping, Hubble et al. (2010) assert that the creation of a strong therapeutic relationship is the most critical. In fact, Lambert (2013) estimates that the therapeutic alliance is more highly related to therapeutic outcomes than any specific therapeutic treatment modality. The importance of a therapeutic alliance is not limited to clinical helping relationships—all helping relationships require a strong helper–helpee bond.

A therapeutic alliance has to do with the creation of a **strong relationship** and **therapeutic space** where the individual feels supported, understood, accepted, and heard (Bohart & Tallman, 2010; Norcross, 2010). **Attunement** is a term that is sometimes used in the counseling literature to describe this kind of bond that is critical to the attachment relationship: the ability to accurately read one's cognitive, emotional, physiological, and behavioral cues and respond accordingly (Blaustein & Kinniburgh, 2010). When the helper is accurately attuned to the helpee, she is able to create the necessary therapeutic alliance necessary for supporting change.

Bohart and Tallman (2010) report that feeling understood, accepted, and being heard; being able to explore and try out new feelings, thoughts, and behaviors; feeling support when in crisis; and receiving advice when needed are identified by clients as essential components of therapeutic helping relationships. Additionally, the Rogerian concept of **unconditional positive regard** (Rogers, 1951) and what Norcross calls a “**warm acceptance** of the client's experience without conditions,” (Norcross, 2010, p. 123, bold added) are key components of therapeutic relationships that effect positive change outcomes. Similarly, Lambert (2013) concluded, after an extensive review of psychotherapy outcome literature, that effective therapeutic relationships are formed when the helper demonstrates understanding, acceptance, **kindness**, **warmth**,

and **compassion**. For Noddings (2002), this is an **ethic of care**—centering a commitment of caring for the other in the helping relationship. In the words of Eliot (2013), helpees “want more from clinicians than ‘reasons’ and ‘evidence,’ or exercise of competence; they want connection, communication, and caring, or evidence of compassion” (p. 629).

### ***Ability to Inspire and Empower***

While some helpees grow and change even without the benefit of helping relationships (Bohart & Tallman, 2010), we also know that helping relationships do help many people change in positive ways (Lambert, 2013). How does

**Photo 1.2** Kindness, Warmth, Compassion, and Caring in Relationships



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that happen? In his seminal work *Client Centered Therapy*, Carl Rogers (1951) proposed that allowing the client to determine the direction of the work in therapy communicates a true **belief in the client's capacity to grow and change**. And indeed, research has shown that hope and positive expectations are always a critical factor in promoting positive change in others (Hubble et al., 2010). So, the emphasis here on inspiring and empowering as a critical component of helping is based on indications that bringing out the best in others is very helpful. This is a sentiment that is the foundation of positive psychology, which is discussed in Chapters 2 and 3.

Psychiatrist Victor Frankl (1963) deemed **hope** to be essential for the existence of life and humanity, and positive psychologists identify hope as a crucial ingredient for change (Larsen & Stege, 2010). Hope is powerful, Eliot (2013)

**Table 1.2** What We Know Is Helpful

Competence	Intentionality and Integrity	Empathy	Relationship Attunement and Alliance	Inspiration
Knowledge	Goal Consensus	Perception of the Person's Emotional State	Therapeutic Space	Belief in the Helpee's Capacity to Change
Communication Skills	Structure and Focus	Nonjudgmental Presence	Attunement	Hope
Ethical and Responsible Behavior	Monitoring Progress	Communication of Understanding	Unconditional Positive Regard	Promote Agency
Professionalism		Self-Awareness	Warmth and Kindness	Uncovering the Helpee's Strengths and Abilities
Cultural Competence		Self-Regulation	Compassion	
Helper Confidence			Ethic of Care	
Flexibility				

suggests, because when one has hope, he will act in ways that will realize his expectations. It “leaves the window open for unanticipated solutions” (Larsen & Stege, 2010, p. 296). Hope, according to Eliot, is “the reason patients keep doing whatever their treatment entails, however arduous” (p. 630).

Another component of inspiration and empowerment is to **promote agency** in the helpee. Agency refers to one’s ability to make choices and to act on one’s own will. Agency is a key component of contemporary strength-based, solution-focused, and narrative therapies that have at their very foundation the practice of **uncovering individuals’ strengths and abilities**, and this important focus has been found to be a critical component of successful therapeutic change (Bohart & Tallman, 2010). When individuals are empowered to see what they are capable of, they are better able to live their lives in ways that are in line with their hopes and expectations. Underscoring the critical role that helpees themselves play in creating change—even when in helping relationships, Bohart and Tallman recommend that helpers should actively work to uncover and promote client strengths and abilities and that they should also promote client agency.

## CHAPTER SUMMARY

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Helping professionals work in a variety of clinical and nonclinical roles and practice settings. Terms such as counseling, psychotherapy, and advocacy are defined, and various helping professions are described here and in Appendix A. A number of factors implicit to the helping contract, such as services and compensation, nonmutuality, and restrictions and conditions of the relationship, distinguish professional helping relationships from other kinds of relationships in people’s lives. Research has revealed a number of variables in helping relationships that promote positive growth and change. These include helper competence, working with intentionality and integrity, demonstrating empathy, relationship attunement and therapeutic alliance, and the ability to inspire and empower others.

## DISCUSSION QUESTIONS

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1. *Helping, counseling, therapy, psychotherapy, and advocacy* are all terms used to describe various ways in which helpers orient in their work with others. Describe how these terms differ.

2. What are the differences between professional helpers, clinical helpers, and nonclinical helpers?
3. What is advocacy? What are two types of advocacy?
4. Name five factors known to be important to helping relationships and discuss why they are helpful.

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