CHAPTER

INTRODUCTION TO HELPING

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FORMAL AND INFORMAL HELPERS: A VERY BRIEF HISTORY

Throughout history, there has been a deeply embedded conviction that, under the proper conditions, some people are capable of helping others come to grips with problems in living. This conviction, of course, plays itself out differently in different cultures, but it is still a cross-cultural phenomenon. Today this conviction is often institutionalized in a variety of formal helping professions. Counselors, psychiatrists, psychologists, social workers, and ministers of religion are counted among those whose formal role is to help people manage the distressing problems of life.

There is also a second set of professionals who, although they are not helpers in the formal sense, often deal with people in times of crisis and distress. This group includes organizational consultants, dentists, doctors, lawyers, nurses, probation officers, teachers, managers, supervisors, police officers, and practitioners in other service industries. Although these people are specialists in their own professions, there is still some expectation that they will help those they serve manage a variety of problem situations. For instance, teachers teach English, history, mathematics, and science to students who are growing physically, intellectually, socially, and emotionally, and struggling with developmental tasks and crises. Teachers are, therefore, in a position to help their students, in direct and indirect ways, explore, understand, and deal with the problems of growing up. Managers and supervisors help workers cope with problems related to work performance, career development, interpersonal relationships in the workplace, and a variety of personal problems that affect their ability to do their jobs. This book is addressed directly to the first set of professionals and indirectly to the second.

In addition to these professional helpers are any and all who try to help relatives, friends, acquaintances, strangers (on buses and planes), and themselves come to grips with problems in living. Indeed, only a small fraction of the help provided on any given day comes from helping professionals. Informal helpers—bartenders and hairdressers are often mentioned—abound in the social settings of life. Friends help one another through troubled times. Parents need to manage their own marital problems while helping their children grow and develop. A study has shown that more than a quarter of Americans have at one time or another felt that they were headed for serious psychological trouble. However, of these more sought help from informal social supports (for instance, friends, relatives) than from any other source (Swindle, Heller, Pescosolido, & Kikuzawa, 2000). In the end, of course, all of us must learn how to help ourselves cope with the problems and crises of life.

Since helping is such a common human experience, training in both solving one's own problems and helping others solve theirs should be as common as training in reading, writing, and math. Unfortunately, this is not the case.

WHAT HELPING IS ABOUT

To determine what helping is about, it is useful to consider (1) why people seek—or are sent to get—help in the first place and (2) what the principal goals of the helping process are.

Clients with Problem Situations, Missed Opportunities, or Unused Potential

Many clients become clients because, either in their own eyes or in the eyes of others, they are involved in problem situations they are not handling well. Others come because they feel they are not living as fully as they might. Many come because of a mixture of both. Therefore, clients' problem situations or missed opportunities and unused potential constitute the starting points of the helping process.

Problem situations. Clients come for help because they have crises, troubles, doubts, difficulties, frustrations, or concerns. These are often generically labeled "problems," but they are not problems in a mathematical sense, because these problems often cause emotional turmoil and have no clear-cut solutions. It is probably better to say that clients come with *problem situations*—that is, with complex and messy *problems in living* that they are not handling well. These problem situations are often poorly defined. Even when problem situations are well defined, clients still don't know how to handle them. Or they feel that they do not have the resources needed to cope with them adequately. Or they have tried solutions that did not work.

Problem situations arise in our interactions with ourselves, with others, and with the social settings, organizations, and institutions of life. Clients—whether they are hounded by self-doubt, tortured by unreasonable fears, grappling with the stress that accompanies serious illness such as cancer, addicted to alcohol or drugs, involved in failing marriages, fired from jobs because they do not have the skills needed in the "new economy," confused in their efforts to adapt to a new culture, suffering from catastrophic loss, jailed because of child abuse, wallowing in midlife crises, lonely and out of community with no family or friends, battered by their spouses, or victimized by racism—all face problem situations that move them to seek help or, in some cases, move others to refer them for help or even send them for help.

People with even devastating problem situations can often, with some help, handle them more effectively. Consider the following example:

> Martha, 58, suffered three devastating losses within six months. One of her four sons, who lived in a different city, died suddenly of a stroke. He was only 32. Shortly after, she lost her job in a "downsizing" move stemming from the merger of her employer with another company. Finally, her husband, who had been ill for about two years, died of cancer. Though she was not destitute, her financial condition could not be called comfortable, at least not by middle-class North American standards. Two of her three surviving sons were married with families of their own; one lived in a distant suburb, the other in a different city. The unmarried son, a sales rep for an international company, traveled abroad extensively. After her husband's death, she became agitated, confused, angry, and depressed. She also felt guilty—first, because she believed that she should have done "more" for her husband; second, because she also felt strangely responsible for her son's early death. Finally, she was deathly afraid of becoming a "burden" to her children.
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> At first, retreating into herself, she refused solace or help from anyone. But eventually, she responded to the gentle persistence of her church minister. He helped her become a member of a "grieving family" instead of a guilty outcast. She began attending a support group at the church. A psychologist who worked at a local university provided some direction for the group. As a result of her interactions within the group, she slowly started to accept help from her sons. She began to realize that she was not alone in her grief but was a member of a family that needed to help one another cope with the sense of loss they were all experiencing. She also

> began relating with some of the members of the group outside the group sessions. This filled the social void she experienced when her company laid her off. She had an occasional informal chat with the psychologist who provided services for the group. Through contacts within the group, she got another job.

Notice that help came from many quarters. Her newfound solidarity with her family, the church support group, the active concern of the minister, and the informal chats with the psychologist helped Martha enormously. Furthermore, since she had always been a resourceful person, the help she received enabled her to tap into her own ingenuity.

It is important to note that none of this "solved" Martha's problems or made up for the losses she had experienced. Indeed, the goal of helping is not to *solve* problems but to help the troubled person *manage* them more effectively or even transcend them by taking advantage of new possibilities in life.

In a way, the principal focus on problem management is not the problem at all. Jones, Rasmussen, and Moffitt (1997) see problem solving as an opportunity for learning. The problem situation itself is a stimulus to learning. While their book focuses directly on educational systems, the kind of "engaged learning" they discuss can take place in the helper-client relationship. What clients learn in the give-and-take of helping sessions they can apply first to managing the presenting problem, but what they learn often has wider application. When clients learn how to sort out difficult relationships, they can apply their learning both to sorting out other problems in relationships and to preventing problems from arising in the first place.

Missed opportunities or unused potential. Some clients come for help not because they are dogged by problems like those previously mentioned but because they are not as effective as they would like to be. So clients' *missed opportunities* and *unused potential* constitute a second starting point for helping. Most clients have resources they are not using or opportunities they are not developing. People who feel locked in dead-end jobs or bland marriages, who are frustrated because they lack challenging goals, who feel guilty because they are failing to live up to their own values and ideals, who want to do something more constructive with their lives, or who are disappointed with their uneventful interpersonal lives—such clients come to helpers not to manage their problems better but to live more fully.

In these cases, it is a question not of what is going wrong but of what could be better. It has often been suggested that most of us use only a small fraction of our potential. Most of us are capable of dealing much more creatively with ourselves, with our relationships with others, with our work life, and generally, with the ways in which we involve ourselves with the social settings of our lives. Consider the following case:

> After ten years as a helper in several mental health centers, Carol was experiencing burnout. In the opening interview with a counselor, she berated herself for not being dedicated enough. Asked when she felt best about herself, she said that it was on those relatively infrequent occasions when she was asked to provide help for other mental health centers that were experiencing problems, having growing pains, or reorganizing. The counselor helped her explore her potential as a consultant to human-service organizations and make a career adjustment. She enrolled in an organization-development program at a local university. Carol stayed in the helping field but with a new focus and a new set of skills.

In this case, the counselor helped the client manage her problems (burnout, guilt) by helping her explore and develop an opportunity (a new career).

POSITIVE PSYCHOLOGY AND HELPING

Helping clients identify and develop unused potential and missed opportunities can be called a *positive psychology* goal. As guest editors of the special millennium issue of the *American Psychologist*, Seligman and Csikszentmihalyi (2000) called for a better balance of perspectives in the helping professions. In their minds, too much attention is focused on pathology and too little on positive psychology: "Our message is to remind our field that psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best" (p. 7). They and their fellow authors discuss such upbeat topics as

- subjective well-being, happiness, hope, optimism (see Chang, 2001);
- a sense of vocation, developing a work ethic;
- interpersonal skills; the capacity for love, forgiveness, civility, nurturance, altruism;
- an appreciation of beauty and art;
- responsibility, self-determination, courage, perseverance, moderation;
- future mindedness, originality, creativity, talent;
- a civic sense;
- spirituality, wisdom.

Seligman and Csikszentmihalyi suggest that counselors improve their services by weaving the spirit of these topics into their interactions with clients. Seeing problem management as life-enhancing learning and treating all encounters with clients as opportunity-development sessions are part of the positive psychology approach.

In 2000, the Templeton Foundation instituted The Templeton Positive Psychology Prize for excellent research in various areas of positive psychology (Azar, 2000). The substantial monetary awards were conferred for research on the beneficial effects of positive emotions, optimism and forward-thinking behavior, the ways positive emotions help people form and maintain relationships, and intellectual precocity and ways to help people realize their exceptional potential. Themes such as these need to find their way into helping sessions. The positive psychology theme is revisited throughout this book.

A note of caution: Positive psychology is not an "everything's going to be all right" approach to life and helping. Richard Lazarus (2000) puts it well:

> However, it might be worthwhile to note that the danger posed by accentuating the positive is that if a conditional and properly nuanced position is not adopted, positive psychology could remain at a Pollyanna level. Positive psychology could come to be characterized by simplistic, inspirational, and quasi-religious thinking and the message reduced to "positive affect is good and negative affect is bad." I hope that this ambitious and tantalizing effort truly advances what is known about human adaptation, as it should, and that it will not be just another fad that quickly comes and goes. (p. 670)

The term *positive psychology* appears frequently in this book. You, the reader, should take a critical look at each use; the term should not be trivialized.

THE TWO PRINCIPAL GOALS OF HELPING

The goals of helping should be based on the needs of clients. Positive psychology offers us an overall foundation or quality-of-life goal for all clients—subjective well-being (SWB), or happiness (Diener, 2000; Myers, 2000; Robbins & Kliewer, 2000). Clients come to helpers because they are unhappy with one or more dimensions of their lives. Diener points out that scientific knowledge of SWB is both possible and desirable but the psychological community does not take it seriously. The SWB research that does exist tends to focus on who or what groups are happy rather than when and why people are happy and what processes lead to SWB. It goes without saying that philosophical concern about happiness is as old as Plato and Aristotle.

More immediately, there are two basic counseling goals—one relating to clients' managing specific problems in living more effectively or developing missed opportunities and unused resources, and the other relating to their general ability to manage problems and develop opportunities in everyday life. Both goals are related to increasing clients' happiness.

> GOAL ONE: *Help clients manage their problems in living more effectively and develop unused resources and missed opportunities more fully.*

Helpers are successful to the degree to which their clients—through client-helper interactions—are better positioned to manage specific problem situations and develop specific unused resources and missed opportunities more effectively. Notice that this stops short of saying that clients actually end up managing problems and developing opportunities better. Although counselors help clients achieve valued outcomes, they do not control those outcomes directly. In the end, clients can choose to live more effectively or not.

Since helping is a two-way, collaborative process, clients, too, have a primary goal. Clients are successful to the degree that they commit themselves to the helping process and capitalize on what they learn from the helping sessions to manage problem situations more effectively and develop opportunities more fully "out there" in their day-to-day lives.

The importance of results. A corollary to Goal One is that *helping is about results, outcomes, accomplishments, impact.* For many, this principle is so important that they have developed over the years what is called "solution-focused" therapy (Manthei, 1998; O'Hanlon & Weiner-Davis, 1989; Rowan, O'Hanlon, & O'Hanlon, 1999). Helping is an -ing word: It includes a series of activities in which helpers and clients engage. These activities, however, have value only to the degree that they lead to valued outcomes in clients' lives. Ultimately, statements such as "We had a good session," whether spoken by the helper or by the client, must translate into more effective living on the part of the client. If a helper and a client engage in a series of counseling sessions productively, something of value will emerge that makes the sessions worthwhile. Unreasonable fears will disappear or diminish to manageable levels, self-confidence will replace self-doubt, addictions

will be conquered, an operation will be faced with a degree of equanimity, a better job will be found, a woman and man will breathe new life into their marriage, a battered wife will find the courage to leave her husband, a man embittered by institutional racism will regain his self-respect and take his rightful place in the community. In a word, helping should make a substantive difference in the life of the client. Helping is about constructive change.

A results-focused case. The need for results is seen clearly in the case of a battered woman, Andrea, outlined by Driscoll (1984):

> The mistreatment had caused her to feel that she was worthless even as she developed a secret superiority to those who mistreated her. These attitudes contributed in turn to her continuing passivity and had to be challenged if she was to become assertive about her own rights. Through the helping interactions, she developed a sense of worth and self-confidence. This was the first outcome of the helping process. As she gained confidence, she became more assertive; she realized that she had the right to take stands, and she chose to challenge those who took advantage of her. She stopped merely resenting them and did something about it. The second outcome was a pattern of assertiveness, however tentative in the beginning, that took the place of a pattern of passivity. When her assertive stands were successful, her rights became established, her social relationships improved, and her confidence in herself increased, thus further altering the original self-defeating pattern. This was a third set of outcomes. As she saw herself becoming more and more an "agent" rather than a "patient" in her everyday life, she found it easier to put aside her resentment and the self-limiting satisfactions of the passive-victim role and to continue asserting herself. This constituted a fourth set of outcomes. The activities in which she engaged, either within the helping sessions or in her day-to-day life, were valuable because they led to these valued outcomes. (p. 64)

Andrea needed much more than "good sessions" with a helper. She needed to work for outcomes that made a difference in her life. Today there is another reason for focusing on outcomes. In the United States, many psychological services are offered in managed-care settings. In these settings, more and more third-party payments depend on meaningful treatment plans and the delivery of problem-managing outcomes (Meier & Letsch, 2000). But economics should not force helpers to do what they should be doing anyway in the service of their clients.

GOAL TWO: Help clients become better at helping themselves in their everyday lives.

Clients often are poor problem solvers, or whatever problem-solving ability they have tends to disappear in times of crisis. What Miller, Galanter, and Pribram (1960) said many years ago is, unfortunately, probably just as true today:

> In ordinary affairs we usually muddle about, doing what is habitual and customary, being slightly puzzled when it sometimes fails to give the intended outcome, but not stopping to worry much about the failures because there are still too many other things still to do. Then circumstances conspire

against us and we find ourselves caught failing where we must succeed—where we cannot withdraw from the field, or lower our self-imposed standards, or ask for help, or throw a tantrum. Then we may begin to suspect that we face a problem. . . . An ordinary person almost never approaches a problem systematically and exhaustively unless he or she has been specifically educated to do so. (pp. 171, 174)

Most people in our society are not "educated to do so." And if many clients are poor at managing problems in living, they are equally poor in identifying and developing opportunities and resources. We have yet to find ways of making sure that our children develop what most consider to be essential "life skills," such as problem management, opportunity identification and development, sensible decision making, and the skills of interpersonal relating.

It is no wonder, then, that clients are often poor problem solvers or that whatever problem-solving ability they have tends to disappear in times of crisis. If the second goal of the helping process is to be achieved—that is, if clients are to go away better able to manage their problems in living more effectively and develop opportunities on their own—then sharing some form of the problem-management and opportunity-development process with them is essential.

So the second goal of helping deals with clients' needs (1) to participate actively in the problem-management process during the helping sessions themselves, (2) to apply what they learn to managing immediate problems and opportunities, and (3) to continue to manage their lives more effectively after the period of formal helping is over. Just as doctors want their patients to learn how to prevent illness through exercise, good nutritional habits, and the avoidance of toxic substances and activities, and just as dentists want their patients to engage in preventing cavities through effective flossing and brushing, so skilled helpers want to see each of their clients not only managing a specific problem situation more effectively but also becoming more capable of managing subsequent problems in living more effectively. That is, helping at its best provides clients with tools to become more effective self-helpers. Therefore, although this book is about a process helpers can use to help clients, more fundamentally, it is about a problem-management and opportunity-development process that clients can use to help themselves. This process can help clients become more effective students of problem management and opportunity development, better decision makers, and more responsible "agents of change" in their own lives. Chapter 2 provides an overview of this process.

DOES HELPING HELP?

This question must sound strange in a book on helping. However, ever since Eysenck (1952) questioned the usefulness of psychotherapy, there has been an ongoing debate as to the efficacy of both helping in general and different approaches to helping. Over the years, some critics have expressed grave doubts about the very legitimacy of the helping professions themselves, even claiming that helping is a fraudulent process, a manipulative and malicious enterprise (see, for example, Cowen, 1982; Eysenck, 1984, 1994; Masson, 1988). Masson went so far as to claim that in the United States, helping is a multibillion-dollar business that does no more than profit from people's

misery. He also maintained that devaluing people is part and parcel of all therapy and that the helper's values and needs are inevitably imposed on the client. Although such criticisms are extreme, they should not be dismissed out of hand. What they say may be true of some forms of helping and of some helpers.

On the other hand, we have yet to come up with an unqualified yes to the question, Does helping help? Good news and bad news abound. Therefore, a few words about the overall effectiveness of helping, how clients themselves feel about the help they have received, and the efficacy of specific treatments can provide the beginning helper with some insight into the helping profession. What follows is a taste of the debate. If you want the full menu, entering such terms as *effectiveness of psychotherapy, psychotherapy outcome studies, customer satisfaction with psychotherapy, treatment efficacy studies,* and *manualized treatments* into an Internet psychology search engine will provide the entire feast.

What evidence is there for the effectiveness of helping? There is a long history of outcome research. Hill and Corbett (1993) and Whiston and Sexton (1993) provide reviews that cover 50-year periods. There is a great deal of evidence showing that different kinds of helping, including counseling (Lambert & Cattani-Thompson, 1996), do help many people in many different situations. One sign of the maturing of the helping professions is the fact that the surgeon general of the United States has issued the first-ever report on mental health (see Satcher, 2000 for an executive overview). Even though many would say that the findings stated in this report have been known for some time, four are relevant here: (1) Mental health is fundamental to physical or overall health, (2) mental disorders are real health conditions, (3) the efficacy of mental health treatments is well documented, and (4) a range of treatments exists for most mental disorders. To come to these conclusions, contributors, under the guidance of the Office of the Surgeon General, reviewed thousands of research studies and first-person accounts from individuals who had experienced mental disorders.

Although conventional reviews of groups of helping-outcome studies over the years produced mixed and ambiguous results (see Rossi & Wright, 1984; Schmidt, 1992), an approach called *meta-analysis*—a kind of study of studies and a reinterpretation of their findings—has been a powerful tool in demonstrating that helping helps (see Lipsey & Wilson, 1993; Smith, Glass, & Miller, 1980). In the words of Lipsey and Wilson, "Meta-analytic reviews [of helping outcomes] show a strong, dramatic pattern of positive overall effects that cannot readily be explained as artifacts of meta-analytic technique or generalized placebo effects" (p. 1181). Hundreds of meta-analytical studies have been done over the past 20 years, and although some are admittedly quite crude, they still add up, in the eyes of many, to convincing evidence of the overall efficacy of helping. Further studies of the efficacy of helping are presently underway.

Still doubts persist. For instance, many outcome studies on helping are done in the lab or under lablike conditions. But lab results cannot be automatically compared to clinical-setting results. Real helping does not take place in a lab (see Henggeler, Schoenwald, & Pickrel, 1995; Weisz, Donenberg, Han, & Weiss, 1995). Furthermore, meta-analysis, the major tool used in efficacy studies, has itself come under criticism (Matt & Navarro, 1997).

What do clients think? Some studies ask clients whether they have been helped by counseling and psychotherapy and to what degree (Pekarik and Guidry, 1999). Client satisfaction studies have been widely used over the years and are highly regarded in many different mental-health treatment centers (Lambert, Salzer, & Bickman, 1998). *Consumer Reports* (1994; 1995) published the results of a sophisticated large-scale survey project on client satisfaction with helping. The findings indicated that

- clients believed that they had benefitted very substantially from psychotherapy;
- psychotherapy alone did not differ in effectiveness from psychotherapy plus medication;
- no specific form of helping did better than any other for any particular kind of problem;
- psychiatrists, psychologists, and social workers did not differ in their effectiveness as helpers;
- long-term treatment produced appreciably better results than did short-term treatment;
- clients whose choice of helper or length of therapy was limited by insurance or managed-care systems did not benefit as much as clients without those restrictions.

The study dealt with the responses of real clients to questions about themselves, their helpers, processes used, and benefits received (see Seligman, 1995, for a discussion and critique of this study). Case closed? Hardly.

The *Consumer Reports* study has received a great deal of criticism on both theoretical and methodological grounds (Brock, Green, & Reich, 1998; Jacobson & Christensen, 1996). It has also been demonstrated that client satisfaction does not always mean that problems are being managed and opportunities developed (Pekarik & Guidry, 1999; Pekarik & Wolff, 1996): "Although often considered a traditional outcome measure, there are only low-to-moderate correlations between satisfaction and other measure of outcome. When traditional adjustment measures are clearly distinguished from satisfaction items, these correlations are especially low" (Pekarik & Guidry, p. 474).

Clients might be satisfied for a variety of reasons—for instance, because they like their counselors or because they feel less stressed. This does not mean that, in terms used in this book, they are managing problem situations or developing opportunities any better. The ideal, of course, is that clients feel satisfied because they have changed their lives for the better (Ankuta & Abeles, 1993).

What about efficacy studies and treatment manuals? Efficacy studies focus on the usefulness of a specific helping methodology for a particular kind of problem—for instance, a cognitive therapy approach with clients suffering from panic disorders or some form of behavior therapy with clients suffering from phobias. In these studies, comparisons in outcome effectiveness and efficiency are made between two different treatments for the same disorder or between clients who receive a particular treatment and clients who do not. Efficacy studies are carried out under carefully controlled conditions. For instance, Seligman (1995) proposed eight rigorous conditions for the ideal efficacy study (see also Luborsky, 1993). Because of the rigor demanded,

these studies are expensive and time-consuming. There are hundreds of efficacy studies, many of them very well designed, that demonstrate the efficacy of a particular therapy for a particular psychological disorder.

Over the years, these studies have led to *empirically supported treatments* (ESTs) or *empirically validated treatments* (EVTs) (Nathan, 1998; Waehler, Kalodner, Wampold, & Lichtenberg, 2000). When a treatment proves to be robust, it becomes *manualized*; that is, a manual on how to deliver the treatment for a particular kind of client is written for practitioners. Manuals have been developed for a wide range of human problems, including anxiety, phobias, depression, personality disorders, post-traumatic stress disorder, substance abuse, panic, and borderline personality disorder, to name a few. According to Waehler and his associates, the forces driving the creation of manualized treatments include managed care's push to maximize the value of all treatments, including mental health treatments, the challenge coming from biological psychiatry to justify empirically the efficacy of psychosocial approaches to helping, and the attempt of psychology itself to answer the question: "What treatment, by whom, is most effective for this individual with that specific problem under which set of circumstances?" (Paul, 1967).

But there is also a great deal of controversy over manualized treatments. On the upside, a study of 47 therapists (Najavits, Weiss, Shaw, & Dierberger, 2000) found very positive views of treatment manuals, extensive use, and few concerns. Toward the other end of the scale, Garfield (1996) responded to guidelines on the use of empirically validated treatments issued by the Division of Clinical Psychology of the American Psychological Association (Division 12 Task Force, 1995). He expressed a range of concerns that have since been echoed and amplified by other researchers and practitioners. Some common concerns include: the language of the task force report was too strong, some of its recommendations were premature, manuals often idealize and thus distort psychotherapy, the research base underpinning some manuals is questionable, clients are messy and don't come to therapy with neatly categorized problems, studies don't factor in the competence (or the lack thereof) of the therapists involved, manuals ignore the role of the therapist as a model of adult living, the place of art and clinical judgment (see Soldz & McCullough, 2000; Waddington, 1997) is demeaned or ignored, and manual treatments are often highly specialized, cumbersome, time consuming, expensive, and difficult to use.

Others have responded to these concerns and see a bright future for manualized treatments (Nathan, 1998; Wilson, 1998). Two journals provide, in special sections, a range of articles on empirically supported therapies and manualized treatments: Kazdin (1996) introduces a series of articles on empirically validated treatments in *Clinical Psychology: Science and Practice* (Fall), and Kendall (1998) introduces a special section of the *Journal of Consulting and Clinical Psychology* (February) on empirically supported therapies.

That said, many clients have problem situations rather than specific problems such as phobias. Or they have both. Consider the case of Martha outlined earlier in the chapter. Her problems would not be amenable to manualized treatments. Furthermore, manuals focus on problems and not the development of opportunities, which should be one of the principal forms of helping. Carol, whose anxiety and depression were described earlier, probably would not have identified and developed a new career opportunity if she had received manualized treatments. Still, if

you intend to become a professional helper, keep your eye on developments in manualized treatments. They are not going to disappear (Foxhall, 2000).

Are there good helpers and bad helpers? Yes. There is indeed some evidence that therapy sometimes not only does not help but also actually makes things worse. That is, some helping leads to negative outcomes (see Mohr, 1995, and Strupp, Hadley, & Gomes-Schwartz, 1977, for reviews of the negative-outcome literature). Research shows that some of the factors associated with negative outcomes in helping are associated with clients, others with helpers. Sometimes clients who have severe interpersonal problems and severe symptomatology, who are poorly motivated, or who expect helping to be painless become more dysfunctional through therapy. Helpers who underestimate the severity of clients' problems, experience interpersonal difficulties with clients, use poor techniques, overuse any technique, or disagree with clients over helping methodology can make things worse rather than better.

Finally, some helpers are incompetent. And even the competent and committed have their lapses. As noted by Luborsky and his associates (1986):

- There are considerable differences between therapists in their average success rates.
- There is considerable variability in outcome within the caseload of individual therapists.
- Variations in success rates typically have more to do with the therapist than with the type of treatment.

Although helping can and often does work, there is plenty of evidence that ineffective helping also abounds. Helping is a potentially powerful process that is all too easy to mismanage. It is no secret that because of inept helpers, some clients get worse as a result of treatment. Helping is not neutral; it is "for better or for worse." Ellis (1984) claimed that inept helpers are either ineffective or inefficient. Even though the inefficient may ultimately help their clients, they use "methods that are often distinctly inept and that consequently lead these clients to achieve weak and unlasting results, frequently at the expense of enormous amounts of wasted time and money" (p. 24). Since studies on the efficacy of counseling and psychotherapy do not usually make a distinction between high-level and low-level helpers, and because the research on deterioration effects in therapy suggests that there is a large number of low-level or inadequate helpers, the negative results found in many studies are predictable.

What can we conclude? Common sense tells us that some forms of helping actually help in the hands of good helpers. Personally, I have no doubt that in the hands of skilled and socially intelligent helpers, helping can do a great deal of good. Norman Kagan (1973) long ago suggested that the basic issue confronting the helping professions is not validity—that is, whether helping helps or not—but reliability: "Not, can counseling and psychotherapy work, but does it work consistently? Not, can we educate people who are able to help others, but can we develop methods which will increase the likelihood that most of our graduates will become as effective mental health workers as only a rare few do?" (p. 44). The question then is not "Does helping work?" but rather "How and under what conditions does it work?" The answer to the first question is easier than the answer to the second (see Bergin & Garfield, 1994).

You are encouraged to acquaint yourself with the ongoing debate concerning the efficacy of helping. Study of this debate is meant not to discourage you but to help you

- appreciate the complexity of the helping process;
- acquaint yourself with the issues involved in evaluating the outcomes of helping;
- appreciate that, poorly done, helping can actually harm others;
- become reasonably cautious as a helper;
- find incentives for becoming a high-level helper, learning and using practical models, methods, skills, and guidelines for helping.

Until we have better answers to the questions posed here, *caveat emptor*—that is, "Let the buyer [the client] beware." The problem is that the typical client is not aware of the issues that are being discussed here. Often clients' problems are so pressing that they just want help. Therefore, "Let the practitioner beware." Become competent. Don't overpromise. Remain professionally self-critical. Keep your eye on results—that is, problem-managing and opportunity-developing outcomes for clients. Strive continually to become a better helper. Because helping in some generic sense "works," do not assume that it will always work with everyone. Finally, do not confuse difficult cases with impossible cases.

IS HELPING FOR EVERYONE?

To say that in the main, helping works does not mean that it is for everyone. Helpers see only a fraction of the population with problems. Some people don't go to helpers because they don't know how to access them. Others feel that they are not ready for change. Some don't acknowledge that they have problems. Some have "aversive expectations" of mental health services (Kushner & Sher, 1989) and stay clear. Most people muddle through without professional help, picking up help wherever they find it. I often show a popular series of videotaped counseling sessions in which the client receives help from a number of helpers, each with a different approach to helping. Once the course participants have seen the tapes, I ask, "Does this client need counseling?" They all practically yell, "Yes!" Then I ask, "Well, if this client needs counseling, how many people in the world need counseling?" The question proves to be very sobering because the client in question is struggling with issues we all struggle with. She was one of what some would call "the worried well." Just because a person might benefit from counseling does not mean that he or she "needs" counseling. Furthermore, many clients can "get better" in a variety of ways without help.

Working with clients who, for whatever reason, don't want to grapple with their problem situations or develop their unused resources is a waste of time and money. Of course, it doesn't hurt to try, but the helper should know when to quit. In addition, clients with certain kinds of problems seem to be beyond help, at least at this stage of the development of the helping professions. Knowing when to help is important, as is knowing how much to help. Even though studies show that the longer a client is in therapy, the greater the benefit, spending a great deal of time in therapy is not always feasible. Helping is an expensive proposition, both monetarily and psychologically. Even when it is "free," someone is paying for it through tax dollars, insurance premiums, or free-will offerings. Therefore, without rushing nature or your

clients, every session should be focused and to the point. Do not assume that you have a client for life.

WHAT THIS BOOK IS—AND WHAT IT IS NOT

"Beware the person of one book," we are told. For some people the central message of a book becomes a cause. Religious books such as the Bible or the Koran are examples. Although causes empower people, we should beware when a person believes that all he or she needs to know is in one book. Such a person remains closed to new ideas and growth. Certainly all truth about helping cannot be found in one book. Therefore, *The Skilled Helper* is not and cannot be "all you need to know about helping." So what is it, and what is it not?

It is a practical model of helping. Because this book cannot do everything, it is important to state what it is meant to do. Its purpose is to provide helpers—whether novices or those with experience—with a practical framework or model of helping and some methods and skills that make the model work. It is designed to enable helpers to engage in activities that will help their clients manage their lives more effectively. Helpers can also train their clients to use the model to manage their lives better on their own.

It is not the total curriculum. This book is part of the helping curriculum—an extremely important part—but it is not the whole. Clients are the "customers" of helpers and have every right to expect the best of service from them. Beyond a helping model and the skills that make it work, what kind of training enables helpers to "deliver the goods" to their clients? A practical curriculum is one that enables helpers to understand and work with their clients in the service of problem management and opportunity development. The curriculum includes both working knowledge and skills. *Working knowledge* is the translation of theory and research into the kind of applied understandings that enable helpers to work with clients. *Skill* refers to the actual ability to deliver services.

In addition to a working model of helping, a fuller curriculum for training professional helpers might include the following:

- A working knowledge of *applied developmental psychology*—how people develop or create their lives across the life span and the impact of environmental factors such as culture and socioeconomic status on development.
- An understanding of the principles of *cognitive psychology* as applied to helping, because the way people think and construct their worlds has a great deal to do with both getting into and getting out of trouble.
- An understanding of the *dynamics of the helping professions themselves* as they are currently practiced in our society together with the challenges they face.
- An understanding of clients as *psychosomatic beings* and the interaction between physical and psychological states.
- The ability to apply *the principles of human behavior*—what we know about incentives, rewards, and punishment—to the helping process, because wrestling with problem situations and undeveloped opportunities always involves incentives and rewards.

- *Abnormal psychology*—a systematic understanding of the ways in which individuals get into psychological trouble.
- An understanding of the *diversity* of age, race, ethnicity, religion, sexual orientation, culture, social standing, economic standing, and the like among clients.
- An understanding of the ways in which people act when they are in social settings—that is, the *people-in-systems framework* (Egan & Cowan, 1979)—together with an understanding of clients in context—that is, an understanding of clients in the social settings of their lives.
- An understanding of the needs and problems of *special populations* with which one works, such as the physically challenged, substance abusers, the homeless.
- *Applied personality theory*, because this area of psychology helps us understand in very practical ways what makes people "tick" and many of the ways in which individuals differ from one another.

In the end, there is no such thing as the perfect professional curriculum to which all helpers should subscribe. Although much of this curriculum, summarized in Figure 1-1, is touched on indirectly in the pages that follow, especially through the many examples offered, this book is not a substitute for such a curriculum. However, the fact that paraprofessional and informal helpers do not go through such a rigorous curriculum does not mean that they cannot be effective helpers. Indeed, studies have demonstrated that paraprofessional helpers can be as effective as professional helpers and in some cases even more helpful (Durlak, 1979; Hattie, Sharpley, & Rogers, 1984).

MOVING FROM SMART TO WISE: MANAGING THE SHADOW SIDE OF HELPING

This book outlines a model of helping that is rational, linear, and systematic. What good is that, you well might ask, in a world that is often irrational, nonlinear, and chaotic? One answer is that rational models help clients bring much-needed discipline and order into their chaotic lives. Effective helpers do not apologize for using such models. But they also make sure that their humanity permeates their models.

More than intelligence is needed to apply the model well—smart is not smart enough. The helper who understands and uses the model together with the skills and techniques that make it work might well be smart, but he or she must also be wise. Effective helpers understand the limitations not only of helping models but also of helpers, the helping profession, clients, and the environments that affect the helping process. One dimension of wisdom is the ability to understand and manage these limitations, which in sum constitute what I call the arational dimensions, or the "shadow side," of life. The shadow side of helping can be defined as

all those things that adversely affect the helping relationship, process, outcomes, and impact in substantive ways but that are not identified and explored by helper or client or even the profession itself.
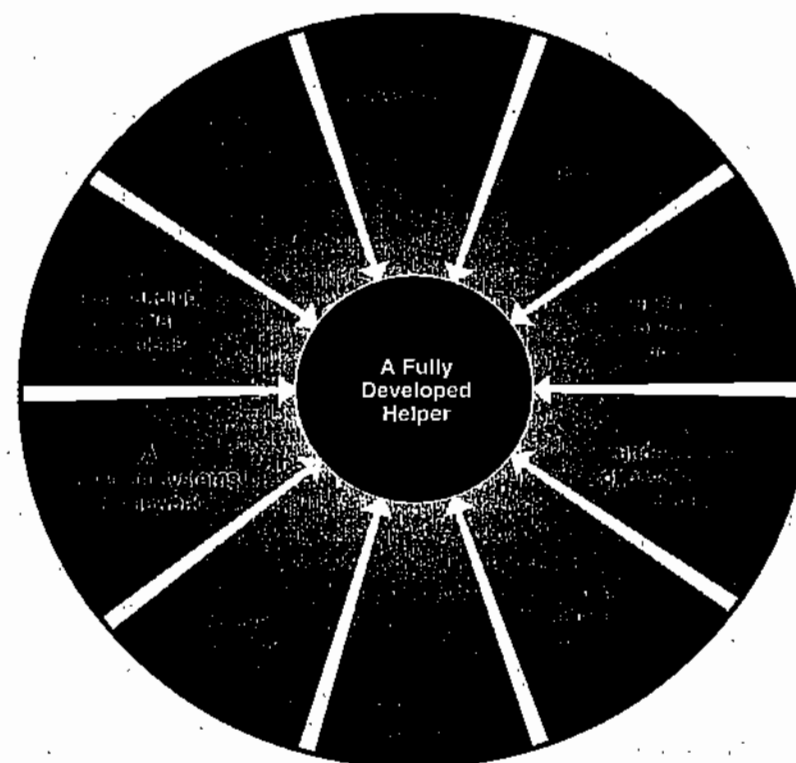

FIGURE 1-1
A Sample Curriculum for Helpers

Helping models are flawed; helpers are sometimes selfish, lazy, and even predatory, and they are prone to burnout. Clients are sometimes selfish, lazy, and predatory even in the helping relationship.

Indeed, if the world were completely rational, we would run out of clients. Not to worry, however, since many clients cause their own problems. People knowingly head down paths that lead to trouble. Life is not a straight road; often it is more like a maze. Many times life seems to be a contradictory process in which good and evil, the comic and the tragic, cowardice and heroism are inextricably intermingled. This book describes and illustrates the helping relationship and process in very positive terms—as they should be, not as they always are.

The Downside: The Messiness of Helping

We have already seen a cardinal example of the messiness of helping: the ongoing debate as to its efficacy and what makes for both effectiveness and efficiency. These are shadow-side issues in that they are hidden from clients and ignored by many practitioners. And there are plenty of other examples. Nevertheless, the ability to

understand how helper, client, the relationship, and the helping process itself can go wrong is the first step toward managing the shadow side.

For instance, helpers' motives are not always as pure as they are portrayed in this book. Some helpers are not very committed, even though they are in a profession in which success demands a high degree of commitment. Some helpers are competent, others are not. Incompetent helpers pass themselves off as professionals. Finally, although, like other people, helpers get into trouble, often they don't use the tools of their trade to get themselves out of trouble—"Don't do as I do; do as I say."

Clients often play games with themselves, their helpers, and the helping process. Helpers sometimes seduce their clients, and clients seduce their helpers—not necessarily sexually. Both helper and client pursue hidden agendas, and the helping relationship itself ends up as a conspiracy to do nothing. Clients, aided and abetted by their helpers, work on the wrong issues. Helpers fail to keep up with developments in the profession. They end up using helping methods that are not likely to benefit their clients. Helping is continued even though it is going nowhere. The list goes on.

Managing the shadow side is an exercise in integrity, social intelligence, and competence, not cynicism. Clearly, not all these shadow-side scenarios happen all the time; to assume that they do would be cynical. The shadow side is not usually an exercise in ill will. Few helpers set out to seduce their clients. Few clients set out to seduce their helpers. Helpers don't realize that they are incompetent. Clients don't realize that they are playing games. Most clients most of the time are well-intentioned, and most helpers do their best to put their own concerns aside to help their clients as best they can. But this does not mean that any given helper is always giving his or her best. Both clients and helpers have their temptations. Clients, as we shall see, have their blind spots that keep them mired down in their problems, but helpers also have theirs.

All human endeavors have their shadow side. Companies and institutions are plagued with internal politics and are often guided by covert or vaguely understood beliefs, values, and norms that do not serve the best interests of the business, its employees, or its shareholders. If helpers don't know what's in the shadows, they are naive. If they believe that shadow-side realities win out more often than not, they are cynical. To avoid both naïveté and cynicism, helpers should pursue a course of upbeat and compassionate realism.

The Upside: Common Sense and Wisdom in the Helping Professions

Much of the stuff in the shadows contributes to the downside of helping, but the shadow side also has its upside (see Kottler, 1992, 1993, 1997). Although helping is sometimes referred to as an art, the emphasis in the journals is on theory and research. In a way, the emphasis is on "smart" rather than "wise." Some writers and researchers, however, have begun to focus on such things as wisdom, sagacity, street smarts, practical intelligence, and common sense in helping (for instance, Baltes & Staudinger, 2000; Hanna, 1994; Hanna & Ottens, 1995; Schmidt & Hunter, 1993; Sternberg, 1990; Sternberg, Wagner, Williams, & Horvath, 1995). This is part of the positive-psychology approach to helping.

Take self-control—a prerequisite for clients if they are to manage problems and develop opportunities. While latter-day research has helped us understand more fully the dynamics of self-control, in truth, most of the techniques used to facilitate self-control have not been derived from formal theory and research. When it comes to self-control, the Bible, Koran, Talmud, and other books of wisdom contain much of what has been discovered through research studies (see Karoly, 1995, p. 273). Whereas "smart" helpers see the client as a "clinical entity subject to the templates and tools of the psychotherapeutic trade," wise helpers see each client as a "vital, dynamic personage" (Hanna, 1994, p. 132) who needs to be helped to take advantage of the wisdom and common sense that is already within themselves, the history of their societies, their cultures, their environments, and their helpers.

Helpers need to be wise, and part of their job is to impart some of their wisdom, however indirectly, to their clients. Baltes and Staudinger (2000) define wisdom as "an expertise in the conduct and meaning of life" or "an expert knowledge system concerning the fundamental pragmatics of life" (pp. 124, 122). What is it that characterizes wisdom? Here are some possibilities (see Sternberg, 1990, 1998):

- Self-knowledge and maturity.
- Knowledge of life's obligations and goals.
- An understanding of cultural conditioning.
- The guts to admit mistakes and the sense to learn from them.
- A psychological and a human understanding of others; insight into human interactions.
- The ability to "see through" situations; the ability to understand the meaning of events.
- Tolerance for ambiguity and the ability to work with it.
- Being comfortable with messy and ill-structured cases.
- An understanding of the messiness of human beings.
- Openness to events that don't fit comfortably into logical or traditional categories.
- The ability to frame a problem so that it is workable; the ability to reframe information.
- Avoidance of stereotypes.
- Holistic thinking; open-mindedness; open-endedness; contextual thinking.
- "Meta-thinking," or the ability to think about thinking and become aware about being aware.
- The ability to see relationships among diverse factors; the ability to spot flaws in reasoning; intuition; the ability to synthesize.
- The refusal to let experience become a liability through the creation of blind spots.
- The ability to take the long view of problems.
- The ability to blend seemingly antithetical helping roles—being one who cares and understands while also being one who challenges and "frustrates" (see Levin & Shepherd, 1974).
- An understanding of the spiritual dimensions of life.

Wisdom is about excellence in living. As such, it focuses on knowing "how" (the procedural dimension) rather than merely knowing "what" (the factual dimension).

Wisdom, then, is critical in helping others. Such things as wisdom and common sense can be considered part of the upside shadows because they have not received a great deal of attention in the helping literature and they do not form part of the curriculum in helper training programs. Perhaps this is beginning to change.

Even the downside of the shadow side of helping can provide benefits. Consider an analogy. The shadow side of helping is a kind of "noise" in the system. But scientists have discovered that sometimes a small amount of noise in a system, called *stochastic resonance*, makes the system more sensitive and efficient (*Economist*, 1995). For instance, in the helping professions, noise in the guise of the debate around what makes helping both effective and efficient can ultimately benefit clients.

Despite the downside of the shadow side of helping, the tone of this book is unabashedly upbeat. However, helpers-to-be must not ignore the less palatable dimensions of the helping professions, including the less palatable dimensions of themselves. Therefore, throughout this book, some of the common shadow-side realities that plague client, helper, and the profession itself are noted at the service of managing them. This book is by no means a treatise on the shadow side of helping. Rather, its intent is to get helpers to begin to think about the shadow side of the profession. Wise helpers are idealistic without being naive. They also know the difference between realism and cynicism and opt for the former. They see the journey "from smart to wise" as a never-ending one.

CHAPTER

2

OVERVIEW OF THE HELPING MODEL