



**Counselling Theories - Gestalt Therapy,
Reality Therapy & Solution-Focused
Therapy**

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Learning Objectives

- Awareness of theoretical approaches used in counselling
- Understanding of philosophy and basic assumptions
- Knowledge of therapeutic goals and intervention strategies

Gestalt Therapy (GT)

- Gestalt therapy focuses on the “how” and “what” of behavior.
- The role of ‘unfinished business’ is a major focus – how does issues from the past prevent optimal functioning?

Philosophy and Basic Assumptions

- GT is based on the premise that individuals must be understood in relation with the environment.
- GT is designed to assist individuals to fully experience the 'now' and to develop an awareness of what they are doing.
- Experiential approach allows the client to understand what they are feeling, thinking and doing as they interact with the therapist.

Therapeutic Goals

- Attaining awareness and greater choice
- Awareness will allow the recognition of denied aspects of the self and help the client to move towards reintegration.

Techniques and Procedures

- Experiments are used throughout therapy and form the basis for experiential learning.
- Experiments include – assuming the identity of a key figure via role-playing, reliving a painful event, carrying on a dialogue between two conflicting aspects of an individual, exaggerating a gesture or non-verbal mannerism
- Role-playing is commonly used in therapy.

Applications

- Group work
- Individual therapy
- Families
- Applicable to elementary and secondary classroom

Limitations

- Gestalt therapy procedures can become a series of mechanical exercises – where therapists are inexperienced.
- Potential for clients to be manipulated by therapists - due to powerful methods used.

Reality Therapy/Choice Theory

Philosophy and Basic Assumptions

- Reality therapy is grounded on the basic premises of choice theory which asserts that humans are self-determining beings. We choose our behavior hence are responsible for how we are thinking, feeling and for our physiological states.
- Major premise of choice theory is that all behavior aims to satisfy the needs for survival, love, belonging, power, freedom and fun.
- Acting and thinking are chosen behaviors and should be the focus of therapy.

Key Concepts

- Behaviour is seen as our attempt to control our perceptions of the external world.
- Total behavior includes four components – acting, thinking, feeling and the physiology that accompanies all action.
- Core principle – people always have a choice no matter how dire the circumstances.
- Assuming personal responsibility and dealing with the present.

Therapeutic Goals

- Behaviour change is a primary goal.
- Other goals include personal growth, improvement, enhanced lifestyle, and better decision-making.
- Helping clients to gain psychological strength to accept personal responsibility and learning new ways of regaining control, is a key task for the therapist.

Techniques and Procedures

- WDEP Model – summarizes intervention strategies
- W= wants: - explore wants, needs and perceptions
- D= direction and doing: - focusing on what clients are doing and ensuing directions
- E= evaluation: clients are challenged to evaluate behavior
- P= planning and commitment – assisting clients to develop and commit to action plans

Applications

- Theory has wide application
- Used for a variety of behavioural problems
- Individual counselling
- Couples and family counselling
- Social work, crisis intervention, community development teaching and administration.

Limitations

Reality Therapy does not give adequate emphasis to the role of:

- Feelings
- Dreams
- Transference
- The unconscious
- The power of the past
- Effects of early childhood trauma

Solution-Focused Therapy

Philosophy and Basic Assumptions

- Solution-focused therapy is based on the assumption that people are healthy, competent, resourceful, and possess the ability to develop solutions that can enhance their lives.
- Complex problems do not necessarily require complex solutions.
- The therapist's expertise involves assisting clients to recognize their competencies.
- Attention is focused on what currently works for clients and helping them to build their potential, strengths and resources.

Key Concepts

- Movement from problem-talk to solution-talk
- Keeping therapy brief
- Change is constant and inevitable
- Little attention is paid to pathology or giving clients a diagnosis
- Opportunities are created for clients to develop solutions

Therapeutic Goals

- Model emphasizes the role of clients developing their own goals and preferences.
- Identification of goals is done through the use of the 'miracle' question.
- Therapist and clients collaborate in setting treatment goals.

Solution-Focused Therapy

Techniques and Procedures

- Pretherapy change
- Questioning – exception questions, the miracle question and scaling questions
- Homework
- Summary feedback – include affirmations or pointing out strengths demonstrated

Applications

- Solution-focused therapy has been used to address a variety of clinical problems.
- Clinical issues include - substance abuse, depression, child abuse, spousal abuse.
- Therapy can be used in settings such as inpatient treatment centres, schools and medical settings.

Limitations

- Therapists may lack the necessary skill to implement techniques.
- Inexperienced therapists may not be skilled in brief intervention - essential for successful therapy.

Resources

Corey, G. (2005) Theory and practice of Counselling & Psychotherapy 7th ed, Belmont, C.A.: Thomson Brooks/Cole