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THE STEPS OF THE HELPING MODEL AS WAYS OF BEING WITH CLIENTS

Helping, at its best, is a deeply human venture. Models, methods, techniques, and skills are tools at the service of this venture. They are not meant to "technologize" the process. The relationship between helper and client is extremely important, but, in the end, it is a relationship of service, not an end in itself.

The steps of the helping model, reviewed in Chapter 2, are themselves ways in which helpers can "be with" their clients humanely and productively:

Stage I

- You can be with clients by helping them tell their stories, especially when these stories are difficult to tell.
- You can be with clients by helping them identify and overcome blind spots, by helping them reconceptualize problems and opportunities, and by helping them develop new, action-serving perspectives.
- You can be with clients by helping them find starting points in complex problem situations, by helping them find signs of hope, and by helping them clarify problem situations from their own point of view.

Stage II

- You can be with clients by helping them see and develop hopeful alternatives to their problem situations; you can be with them by helping them tap their conceptual and imaginal resources in the creation of new scenarios.
- You can be with clients by helping them create realistic and meaningful agendas; you can be with them by helping them set goals that make them stretch.
- You can be with clients by helping them make choices, even painful choices, and by helping them find the incentives that enable them to commit themselves to these choices.

Stage III

- You can be with clients by helping them brainstorm options for action.
- You can be with clients by helping them find strategies that fit them and their resources.
- You can be with clients by helping them turn viable strategies into meaningful plans.

All Stages and Steps

- You can be with clients by providing both support and challenge for them as they act to involve themselves more fully in the helping process and in

translating the give-and-take of the helping interviews into problem-managing and opportunity-developing action.

You will not be with all clients in each of these ways, because you will tailor your active, involving, caring presence to each client's particular needs.

THE WORKING ALLIANCE

In a review of research findings, Goleman (1985) discovered that the best predictor of success in the helping process—a better predictor than the kind of therapy used, the qualities of the helper, or the problems of the client—is the quality of the relationship between the client and the counselor. It is essential, therefore, to understand what is meant by a quality helping relationship and what helpers need to do to develop and maintain such relationships. The relationship is the heart of the helping process; it is the carrier of its values.

While all agree that the helping relationship is very important (Highlen & Hill, 1984), not all agree why. Some stress the relationship in itself, while others stress the work to be done through the relationship.

The Relationship Itself

Patterson (1985) makes the relationship itself central:

Counseling or psychotherapy is an interpersonal relationship. Note that I don't say that counseling or psychotherapy involves an interpersonal relationship—it is an interpersonal relationship. (p. 3)

Deffenbacher (1985) stresses the kinds of things helpers do to develop and foster the relationship:

Good . . . therapists work to build rapport, lessen interpersonal anxiety in the relationship, increase trust, and build an interpersonal climate in which clients can openly discuss and work on their problems. Their clients need to perceive that they have a caring, positive, hopeful collaborator in understanding and making changes in their world. Good listening in an open, nondefensive manner, careful attention and tracking of client concerns, direct, honest feedback, and the like are not only important for assessment, but also create the context in which further exploration and [helping] strategies may be implemented. Clients . . . need to feel cared for, attended to, understood, and genuinely worked with if successful therapy is to continue. (p. 262)

Stressing the relationship itself is especially important when helping is seen as a *forum for social-emotional reeducation*. The kind of social-

emotional reeducation that takes place through the interactions between helpers and their clients is sometimes the most significant outcome of the helping process. Clients begin to care for themselves, trust themselves, and challenge themselves more because of what they learn through their interactions with helpers. For instance, a helper at the termination of the helping process might be able to say of her client, "Because I trusted him, he trusts himself more; because I cared for him, he is now more capable of caring for himself; because I invited him to challenge himself and because I took the risk of challenging him, he is now better able to challenge himself. Because of the way I related to him, he now relates better both to himself and to others. Because I respected his inner resources, he is now more likely to tap these resources."

The Relationship as a Means to an End

Others see the helping relationship primarily as a means to an end. A good relationship enables the counselor to collaborate with the client in the use of the helping model and the methods that make it work (Driscoll, 1984; Gelso & Carter, 1985). The relationship is subservient and instrumental to achieving the goals of the helping process.

I have trouble with those who imply that the importance of the relationship cannot be overstressed. Before long, "deep and mythical" things are being said about the relationship that, in my view, obscure the ultimate goal of helping: clients' managing their lives better. The goal won't be achieved if the relationship is poor, but if too much focus is placed on the relationship itself, both client and helper are distracted from the real work to be done.

Individual Differences

Furthermore, the idea of the one perfect kind of helping relationship is a myth. Different clients have different needs, and these needs are best met through different kinds of relationships. For instance, one client may work best with a helper who expresses a great deal of warmth, while another might work best with a helper who is more objective and businesslike. Some clients come to counseling with a fear of intimacy. If helpers, right from the beginning, communicate a great deal of empathy and warmth, these clients might be put off. Effective helpers use a mix of skills and techniques tailored to the kind of relationship that is best for each client.

One way of viewing the helping relationship is to focus on the values that should permeate it. And so we turn our attention to these values.

HUMANIZING THE HELPING PROCESS

What follows is my view of the values that should define and permeate the helping relationship. The focus is on the beliefs, assumptions, values, norms, and standards that serve as the philosophical and moral foundations of helping. To be fair to myself, many other helpers might well buy much of the package outlined here. However, values cannot be handed to prospective helpers on a platter. What is written here is meant to stimulate your thinking about values. In the final analysis, as you sit with your clients, only those values that you have made your own will make a difference.

You need to be proactive in your search for the beliefs, values, and norms that will govern your interactions with your clients. This does not mean that you will invent a set of values different from everyone else's. We all learn from the tradition of the profession and the wisdom of others. The set of values you come up with will certainly be influenced by the values of your clients, of the helping profession, and of society, together with whatever transcendent values you see governing interactions among people. Ultimately, however, you must commit yourself to your own "package."

Values are not just ideals. In the pragmatics of helping others, they are a set of criteria for making decisions. For instance, a helper might say to himself or herself, "The arrogant I'm-always-right attitude of this client needs to be challenged. How to challenge her is another story. Since I respect the client, I do not want to challenge her by putting her down. On the other hand, I value openness. Therefore, I can challenge her by describing the impact she has on me and do so without belittling her." Working values enable the helper to make decisions on how to proceed. Helpers without a set of working values are adrift.

A distinction can be made among beliefs, values, and norms. Consider the following example:

- *Belief*: I believe that people are free, that they can determine much of what they do.
- *Value*: I prize self-responsibility, both in myself and in my clients.
- *Norm*: I will not make decisions for clients; rather, I will do what I can to help them find their own solutions to their problems.

In practice, however, the term "value" is used to refer to all three. In these pages, values will often be cast in terms of norms, because norms point directly to behavior. In the final analysis, what helpers and clients *do* or *fail to do* determines the success or failure of the enterprise. Espoused values are "nice." Values-in-use make a difference.

Helpers, like other professionals, sometimes have problems wedding values to practice. In studying helpers' perceptions of good and poor prac-

tices in psychotherapy, Pope, Tabachnick, and Keith-Spiegel (1988) find a house in some disorder:

There is an absence of comprehensive, systematically gathered data about psychologists' beliefs about what constitutes good practice in regard to the wide range of possible behaviors associated with professional practice. We know relatively little about the degree to which such notions of good practice coincide with or diverge from professional behavior, formal ethical principles, legal standards, and assertions by professional committees, authors, and expert witnesses about those notions. (p. 551)

This chapter is a first step in helping you put your own house in order.

VALUES IN HELPING

Values that guide transactions between helpers and their clients can be packaged in a variety of ways. The five major sets I will address are pragmatism, competence, respect, genuineness, and client self-responsibility.

Pragmatism

Any kind of helping worth its salt is useful—right from the start. A humane pragmatism can be expressed in a variety of ways.

Keep the client's agenda in focus. We live in an era when customer service is getting a great deal of attention. Your clients are your customers, and they deserve the best you can give. In particular, helpers should pursue their clients' agendas, not their own. Paar (1988) recalled, painfully, an early attempt at helping. The client was a young man who was being beaten up by his lover. Paar, focusing more on the theories he had learned in graduate school than the client's pain, talked to the client about his "real" problem, the dynamics of his sexual orientation. Paar's elation over his success in pinpointing the dynamics correctly turned sour when the young man did not return. A customer focus means, in part, appealing to what matters to the client (see Driscoll, 1984).

Maintain a real-life focus. If clients are to make progress, they must "do better" in their day-to-day lives. The focus of helping, then, is not narrowly on the helping sessions and client-helper interactions themselves, but on clients' managing their day-to-day lives more effectively. A friend of mine, again in his early days as a helper, exulted in the "solid relationship" he was building with a client until in the third interview she stopped,

stared at him, and said, "You're really filled with yourself, aren't you?" He had become lost in the "solid relationship" he had been building.

Stay flexible. This book suggests a framework, principles, methods, and skills, but *no formulas*. As I have emphasized, the entire process of helping needs to be adapted to the status and needs of the client. This is not the same as saying that the client dictates the process. Often enough, as we will see later, the client needs to be challenged. The flexibility principle is: Do whatever is ethical and works. Howard, Nance, and Myers (1987) have adapted an approach called "situational leadership"—in which managers and supervisors adapt their style to the individual needs of the people being supervised—to the helping process. They demonstrate how helpers can "pitch" the helping process to the status of the client.

Develop a bias toward action. As we shall see in greater detail in the next chapter, a pragmatic bias toward acting—rather than merely talking about acting—is an important helping value. I am active with clients and see no particular value in mere listening and nodding. I engage clients in a dialogue. During that dialogue, I constantly ask myself, "What can I do to raise the probability that this client will act in her own behalf intelligently and prudently?" I know a man who years ago went "into therapy" (like into another world) because, among other things, he was indecisive. Recently he has become engaged several times. He has broken off each engagement. So much for decisiveness.

Do only what is necessary. 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, get to the point. Do not assume that you have a client for life. A colleague of mine experimented, quite successfully, with shortening the counseling "hour." I do not assume that the average helper will get to the point he did with his experimental subjects when he would begin by saying, "We have five minutes together. Let's see what we can get done." He was very respectful, and it was amazing how much he and his clients could get done in a short time. (On the other hand, a friend of mine knew a helper who said, as he glanced at his Mercedes, that he could not "afford" such an approach.) As we shall see, you need not drag each client kicking and screaming through every stage and step of the model described in the previous chapter. Do only what is necessary.

Avoid generating resistance. More will be said about managing client resistance later. However, as Driscoll (1984; see pp. 184–193) notes, clients tend to resist when they think they are being *coerced* in some way:

When resistance occurs, assess what you are doing which is seen by the client as coercive, and then alter or avoid it in order to maintain a cooperative relationship in which issues can be dealt with productively. (pp. 189–190).

This in no way means that good helpers are conflict-avoiding wimps. It does mean, as Dimond and his associates (1978) suggested, that helpers do whatever is necessary to "dissolve, to avoid, or to take advantage of, rather than to break down, resistance" (p. 245). As we have already seen, some clients come resisting because they have been coerced into coming.

Do not offer helping as a panacea. Part of pragmatism is realizing the limitations of your profession. For one thing, realize that clients can "get better" in a variety of ways, even without your help. For instance, some people get depressed during winter. This affliction, called "seasonal affective disorder" (SAD), is fairly prevalent in climates with short days and little sun. It has been discovered that exposure to two hours of bright, full-spectrum light each day helps many of these sufferers regain their zest for life (Hellekson, Kline, & Rosenthal, 1986) without any counseling. Stressed managers use a variety of strategies to cope—rest and sleep, exercise, time with family and friends, getting away from it all on weekends, and the like. In one study, only 6% resorted to counseling.

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 orientation. 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?" Then there is a great deal of retreating from the word "needs." That a person might well benefit from counseling is not the same thing as needing counseling.

Competence

In Chapter 1 we asked the question "Does helping really help?" As I noted then, studies show that competent helpers do help, while incompetent helpers are often not neutral. They actually do harm. Competence in helping is not a goal to be achieved; it is a lifelong pursuit.

Become good at helping. In the context of this book, this means becoming proficient in delivering the helping model described and illustrated here. Being able to deliver the goods to clients goes far beyond merely understanding models and having an intellectual understanding of what needs to be done. Helpers need plenty of supervised experience in real-life helping situations. Counselor training programs should, in my

opinion, be competency-based. Certificates and degrees should be awarded only if the helper can deliver the goods.

One way of becoming good is practice. The problem-solving model can be used every day in your own life. The best learners immerse themselves in it until it becomes second nature.

Continue to learn. I once gave a talk to a professional psychology club in a large city. Since most of the people there were professionals, I did not want to talk down to them. During the question period, however, it soon became apparent that many of them had not been keeping up with the profession. This does not automatically mean that they were incompetent. But look at it this way: How comfortable would you feel going to a doctor who had not read a medical journal for years? The curriculum outlined in Chapter 1 is not just for school but for life.

Use modeling. One way you can demonstrate your competence is to model the kinds of things you challenge clients to do. If you want them to be open, be open. If you want them to act, do not be afraid to be active in the helping sessions. One client told me that she was not going to go back to her counselor at the university counseling center: "He just sits there and nods. I can get anyone to do that." Effective helpers use the tools of their trade on their own problems. Some (see Berenson & Mitchell, 1974) say that only those helpers who are committed to living fully themselves deserve to help others.

Be assertive. If you are good at what you do, don't apologize for it. Do it. I find that one of the cardinal problems with many trainees in the helping professions is that they are afraid to assert themselves. Some want to settle for a caricature of "nondirective counseling" as a helping model, not necessarily because they espouse the theory underlying it but because their interpretation (or misinterpretation) of this approach is what they are most comfortable with. You will do little to help clients if all you do is sit there and say, "Uh-huh." Learn to do many things that can help clients, and then don't be afraid to do them. Most clients are less fragile than helpers make them out to be.

Find competence, not in behavior, but in outcomes. According to Gilbert (1978), competence does not lie principally in behaviors but in the accomplishments toward which these behaviors are directed. If Brenda comes to a helper with persistently high levels of free-floating anxiety, then "anxiety reduced" is one of the hoped-for accomplishments of the helping process. If a year later she is still as anxious as ever despite weekly visits to a professional helper, then that helper's competence—other things being equal, such as Brenda's commitment to change—is in question. Trust in a helper can evaporate quickly if little or nothing is accomplished through

the helping sessions. And yet, too often, it would seem, clients persist in trusting helpers even though they fail to demonstrate competence through verifiable accomplishments.

Respect

In a book on the social nature of humankind, Harre (1980) contends that the deepest human need is the need for respect. Respect is such a fundamental notion that, like most such notions, it eludes definition. The word comes from a Latin root that includes the notion of "seeing" or "viewing." Indeed, respect is a particular way of viewing oneself and others. Respect means prizing people simply because they are human.

Respect, if it is to make a difference, cannot remain just an attitude or a way of viewing others. As Mayeroff (1971) puts it, it is "more than good intentions and warm regards" (p. 69). In helping situations, respect is communicated principally by the ways in which helpers orient themselves toward and work with their clients.

Do no harm. This is the first rule of the physician and the first rule of the helper. Yet some helpers do harm either because they are unprincipled or because they are incompetent. There is no place for the "caring incompetent" in the helping professions. Helping is practically never a neutral process; it is for better or for worse.

In a world in which child abuse is much more common than we care to think, it is important to emphasize a nonmanipulative and nonexploitative approach to clients. Studies show that some instructors do exploit helpers in training sexually and that some helpers do the same with their clients. This behavior obviously breaches the codes of ethics espoused by all the helping professions.

Nor do I believe that clients should be manipulated into more effective living. In the late 1960s, helping communities sprang up where clients with certain problems such as drug addiction struggled to live more effectively. Very often these communities imposed very strict regimes. Strict regimes do not bother me. Failing to be transparent with clients about what they are getting into does. Duping clients into living more effectively is, from a values perspective, a contradiction in terms.

Treat clients as individuals. Respect means prizing the individuality of clients, supporting each client in his or her search for self, and personalizing the helping process to the needs, capabilities, and resources of this client. Effective helpers do not try to make clients over in their own image and likeness. On the other hand, respect does not mean encouraging clients to develop or maintain a kind of individualism that is either self-destructive or destructive of others.

Suspend critical judgment. You are there to help clients, not to judge them. Rogers (1961, 1967), following Standal (1954), calls this kind of respect "unconditional positive regard," meaning that "the therapist communicates to his client a deep and genuine caring for him as a person with potentialities, a caring uncontaminated by evaluations of his thoughts, feelings, or behaviors" (Rogers, 1967, p. 102). Consider the differences in the following counselors' remarks.

Client: I am really sexually promiscuous. I give in to sexual tendencies whenever they arise and whenever I can find a partner. This has been the story for the past three years at least.

Counselor A: Immature sex hasn't been the answer, has it? Ultimately it is just another way of making yourself miserable. These days, it's just asking for AIDS.

Counselor B: So, letting yourself go sexually is also part of the total picture.

Counselor B neither judges nor condones because *she is not there as a judge*. This does not mean that she is naive. She realizes that some of the client's experiences must be transcended and that some of his behaviors must change, but she respects the client as the subject of these experiences and behaviors. She gives the client room to move.

Driscoll (1984) goes a step further. He suggests that helpers can show clients that they are *already* acceptable in a variety of ways. Some of clients' problems are a misuse of strengths that are quite acceptable in themselves. A client's angry outbursts can manifest a willingness to stick up for his rights. The way he does it may need to be reformulated, but the basic instinct is healthy.

Be "for" the client. The counselor's manner indicates that he or she is "for" the client, that he or she cares in a down-to-earth, nonsentimental way. Being for the client is not the same as taking the client's side or acting as the client's advocate. Being for means taking clients' interests seriously enough to challenge them when they do things that are not in their own interest. Respect often involves placing demands on clients or helping them place demands on themselves. This "being for," then, can refer to clients' potential to be more than they are right now. Respect is both gracious and tough-minded. As Fisher and Ury (1981) suggest, "Be soft on the person, hard on the problem."

Be available. You should be able to say: "Working with this client is worth my time and energy." Effective helpers are ready to commit themselves to their clients and are available to them in reasonable ways. "Reasonable" seems to differ from helper to helper. I have talked to helpers who are more available than I would be and to helpers who are less available

than I would be. However, whenever you are with your clients, you should be all there, psychologically available. This often means putting your own concerns aside for the time being.

Understand and communicate understanding to clients. One of the best ways of showing respect is by working to understand clients—their experiences, their behavior, their feelings. People generally believe that people respect them if they spend time and effort trying to understand them. In a later chapter the skills needed both to understand and to communicate understanding to clients are discussed in some detail.

Assume the client's good will. Work on the assumption that clients want to work at living more effectively, at least until the assumption is proved false. The reluctance and resistance of involuntary clients is not necessarily evidence of ill will. Respect means entering the world of the clients in order to understand their reluctance and a willingness to help clients work through it. The best helpers ask themselves whether they are contributing in any way to the failure of the counseling relationship. Some counselors abandon "unmotivated" clients too easily. On the other hand, respect does not call for continuing a relationship that is going nowhere.

Be warm within reason. Research findings indicate that some clients expect a professional, and not an idealized, friendly relationship with the helper (Reisman, 1986). On the other hand, research also shows that clients are not looking for a cold, aloof, "objective" helper. Indeed, when helpers themselves seek help, they look for competence, experience, good reputation, and warmth in their counselors (Norcross, Strausser, & Faltus, 1988). Baekeland and Lundwall (1975) reported evidence that approximately half of those who attend an initial psychotherapy interview do not return. Dembo, Weyant, and Warner (1982) found that clients' initial perceptions of the therapist were significantly related to dropping out of treatment. Specifically, the degree to which the therapist in the first interview met the client's expectations that he or she would be warm and friendly versus businesslike was predictive of whether the client would return for treatment.

Gazda (1973) sees warmth as the physical expression of understanding and caring, which is ordinarily communicated through nonverbal media such as gestures, posture, tone of voice, touch, and facial expression. Warmth is only one way of showing respect. It is not necessarily the best way, and it can be misused. The helper can express initial warmth through friendliness, which is not the same as either "role" warmth (standard counselor warmth) or the warmth he or she would accord a good friend. The client is simply not a good friend. Warmth is not an end in itself, but a natural part of the relationship.

Individual clients differ in their expectations and needs with respect to warmth. Effective counselors, without being phony, gear their expressions of warmth to the needs of the client and not to their own need to either express or withhold warmth. Further, there are limits to warmth. Clements (1985) discusses the case of an internist in a small town who practiced humanistic theories that called for a loving, concerned doctor-patient relationship. Some patients got the wrong message, and one committed suicide.

Help clients utilize their own resources. The helper's basic attitude is that clients have the resources to manage their lives more effectively. These resources may be blocked in a variety of ways or simply unused. The counselor's job is to help clients free and cultivate these resources. They also help clients assess their resources realistically so that aspirations do not outstrip resources. Respect includes helping clients use their resources to participate as fully as possible in the helping process.

Client: There are a lot of things I find really hard to talk about. I would rather have you ask questions. That would be easier for me.

Counselor A: Okay. You mentioned that you got in trouble in school. What kind of trouble was it? How did it all start?

Counselor B: Well, let's talk about that for a moment. I feel that if I ask a lot of questions, I'll get a lot of information that I might think important, but I'm not convinced that it would be important for you. Putting yourself on the line like this is really new to you, and it seems you're finding it quite painful.

Counselor A responds immediately to the client's request. And, at this stage, that might not be a bad thing to do. Counselor B, on the other hand, assumes that the client does have the resources necessary to engage in self-exploration. She tries to help the client move beyond his reluctance to explore himself.

Driscoll (1984) affirms clients' strengths by showing them the sense they make:

There are ways in which clients are rational and make sense in what they do, and ways in which they are confused and mistaken. . . . There are important reasons to begin with and emphasize the ways our clients do make sense, and to use these as a foundation to troubleshoot and resolve the mistakes and errors. (pp. 98-99)

One client so loved his work that he spent most of his waking time either doing it or thinking about it. On weekends he would involve his wife in some work-related task. He could not understand why she resented the amount of time he spent at work and talked about work. Work, after all, was his passion. The counselor affirmed his work-as-cause philosophy and the many ways in which this helped him mobilize and use his resources. After all, why not? However, she then used this as a basis for

helping him develop some new perspectives. For instance, he believed that one of the best compliments he could pay his wife was to involve her in the business. He did not realize that she needed or wanted some attention *separate* from the business.

Help clients through the pain. Clients might well find the helping process or parts of it painful. Counselors show respect by helping clients through their pain, not by helping them find ways to avoid it. That is, respect includes an assumption on the part of the counselor that the client, right from the beginning, is willing to pay the price of living more effectively. Respect, then, places a demand on the client at the same time that it offers him or her help to fulfill the demand. For instance, let's assume that a voluntary client has been manifesting a great deal of reluctance to talk about substantial issues and even changes the topic when the helper gets too close. Finally, the helper says something like this:

Counselor: I'd like to share with you my perception of what's happening between you and me and get your reaction. The way I see it, you come close to discussing problems that are quite important for you, but then you draw back. It's almost as if you were saying, "I'm not sure whether I can share this part of my life here and now." My hunch is that exploring yourself and putting all the cards on the table can be quite painful. It's like writing a blank check; you don't know how high a figure is going to be written in.

This counselor's understanding is gently demanding. Respect and challenge are not enemies.

Genuineness

Like respect, genuineness, as it is discussed here, refers to both a set of attitudes and a set of counselor behaviors. Some writers call genuineness "congruence." Genuine people are at home with themselves and therefore can comfortably be themselves in all their interactions. Being genuine has both positive and negative implications; it means doing some things and not doing others.

Do not overemphasize the helping role. Genuine helpers do not take refuge in the role of counselor. Relating deeply to others and helping are part of their lifestyle, not roles they put on or take off at will. MacDevitt (1987) points out the negative effects of helpers' overemphasizing their role or being too rigid in the helping role. Gibb (1968, 1978) suggests ways of being "role-free." He says that helpers should learn how to

- express directly to another whatever they are presently experiencing,
- communicate without distorting their own messages,

- listen to others without distorting the messages they hear,
- reveal their true motivation in the process of communicating their messages,
- be spontaneous and free in their communications with others rather than use habitual and planned strategies,
- respond immediately to another's need or state instead of waiting for the "right" time or giving themselves enough time to come up with the "right" response,
- manifest their vulnerabilities and, in general, the "stuff" of their inner lives,
- live in and communicate about the here and now,
- strive for interdependence rather than dependence or counterdependence in their relationships with their clients,
- learn how to enjoy psychological closeness,
- be concrete in their communications, and
- be willing to commit themselves to others.

Gibb does not think that counselors should be "free spirits" who inflict themselves on others. Indeed, "free spirit" helpers can even be dangerous to their clients (see Lieberman, Yalom, & Miles, 1973, pp. 226–267). Being role-free is not license; freedom from role means that counselors should not use the role or facade of counselor to protect themselves, to substitute for competence, or to fool the client.

Be spontaneous. Many of the behaviors suggested by Gibb are ways of being spontaneous. Effective helpers, while being tactful as part of their respect for others, do not constantly weigh what they say to clients. They do not put a number of filters between their inner lives and what they express to others. On the other hand, Rogers (1957) notes that being genuine does not mean verbalizing every thought to the client. For instance, he suggests that helpers express negative feelings to clients only if these feelings persist or if they are interfering with their ability to move with the client through the helping process.

Avoid defensiveness. Genuine helpers are nondefensive. They know their own strengths and deficits and are presumably trying to live mature, meaningful lives. When clients express negative attitudes toward them, they examine the behavior that might cause the client to think negatively, try to understand the clients' points of view, and continue to work with them. Consider the following example:

Client: I don't think I'm really getting anything out of these sessions at all. I still feel drained all the time. Why should I waste my time coming here?

Counselor A: I think you are the one wasting time. You just don't want to do anything. Have you thought of that?

Counselor B: Well, that's your decision.

Counselor C: So from where you're sitting, there's no payoff for being here. Just a lot of dreary work and nothing to show for it.

Counselors A and B are both defensive. Counselor C centers on the experience of the client, with a view to helping the client explore his responsibility for making the helping process work. Since genuine helpers are at home with themselves, they can allow themselves to examine negative criticism honestly. Counselor C, for instance, would be the most likely of the three to ask himself or herself whether he or she is contributing to the apparent stalemate.

Be consistent. Genuine helpers are consistent. They do not think or feel one thing and say another—or at least they are able to identify any discrepancies that may arise, especially those affecting their ability to help others, and are willing to deal with them. Consider this example.

Client: Frankly, I don't think you like me. I think you're working hard with me, but I still don't think you like me.

Counselor A: I'm not sure what liking or not liking you has to do with what we're doing here. I'm here to help you. Liking you or not liking you is not the issue.

Counselor B: I'm not sure that makes any difference . . . (Pause) . . . Wait a minute. Let me catch myself here. Last session we talked about your being more assertive in our relationship. I think that right now you are being more assertive with me, and I'm brushing you aside. You seem to be saying that it's time that we take a look at how we're relating to each other here. My seeming not to like you even though I work hard with you bothers you.

Counselor A brushes aside the client's challenge as irrelevant. Counselor B catches herself in a discrepancy. She wants the client to be more assertive toward her and catches herself in the act of brushing this behavior aside.

Be open. Genuine helpers are capable of deeper levels of self-disclosure. They do not see self-disclosure as an end in itself, but they feel free to reveal themselves, even intimately, when and if it is appropriate. Being open also means that the helper has no hidden agendas: "What you see is what you get."

Work at becoming comfortable with behavior that helps clients. In my experience, clients become annoyed when counselors seem so relaxed that their ease can be interpreted as lack of interest. On the other hand, it is not helpful for clients to experience helpers as uptight. Ultimately, genuine helpers are comfortable with what they are doing because they are good at what they're doing. Over time many helpers need to become comfortable with behaviors that help clients but that are not a natural part of their style. In order to deliver the helping model described in this book,

you might well have to learn new behaviors. For instance, you might have to become more assertive. Don't say, "Gee, I'm just not warm or I'm just not assertive." Work on making these behaviors second nature if they are not first nature.

Client Self-Responsibility

Client self-responsibility is a core value of the helping process. It is assumed that, within limits, women and men are capable of making choices and, to some degree, controlling their destinies.

Freedom versus Determinism

For years many psychologists took a deterministic stance and considered the issue of freedom versus determinism a non-question. Harcum (1988) notes that the authors of introductory psychology texts "appear to have largely ignored the specific issue of free will and determinism; most merely adopt a deterministic viewpoint without verbalizing it" (p. 483). Howard and Conway (1986) see a bias against empirical research on volition in psychology despite the fact that concepts such as self-control and self-determination have a long history in Western thought.

There is no doubt that social, political, economic, and cultural forces can limit people's ability to exercise self-responsibility. We cannot pretend that helping takes place in an idealized society. It does not. Sometimes counseling others means helping them exercise self-responsibility in settings in which the odds are overwhelmingly against them. Sometimes counseling means challenging clients to develop a sense of self-responsibility in a society that unwittingly rewards dependency and helplessness. Helping those who have few incentives to exercise self-responsibility is not easy.

Nevertheless, Bandura (1986) finds strict determinism contrary to human experience:

Theories that seek to explain human behavior as solely the product of external rewards and punishments present a truncated image of human nature because people possess self-directive capabilities that enable them to exercise some control over their thoughts, feelings, and actions by the consequences they produce for themselves. (p. 335)

Murray's (1988) research shows that a whole range of thinkers from different ideological backgrounds, from Aristotle to Karl Marx, agree that happiness includes the self-respect that comes from accepting responsibility for one's own life and earning one's way in the world. Wise men and women agree that happiness flows from realizing one's innate capacities by doing productive work and overcoming obstacles. In this sense, no one can provide happiness for someone else. Like freedom, it cannot be conferred; it must be seized.

Currently there is a renewal of interest in psychology in human freedom (see Harcum, 1988; Kimble, 1984; Howard, DiGangi, & Johnson, 1988; Lazarick, Fishbein, Loiello, & Howard, 1988; Murray, 1988; Perloff, 1987; Pollio, 1982; Westcott, 1988). Whether the capacity in question is called free will or volition or self-determination or something else does not matter. Perloff, going one step further, proposes that personal responsibility, in the service of enlightened (rather than mean-spirited) *self-interest*, is an effective tool for enhancing both personal well-being and the public good. Driscoll (1984) translates theory into practice when he claims that an important task in counseling is helping clients pursue enlightened self-interest through self-control:

We must confirm the ways in which the client is not undirected, but misdirected; not weak, but inept in how he is using his strengths; not adrift in life, but paddling crosswise and backwards against the current. (p. 113)

If clients are not urged to explore and assume self-responsibility, they may not do the things needed to manage their lives better, or they may do things that aggravate the problems they have.

The Pragmatics of Self-Responsibility

Farrelly & Brandsma (1974) outlined a number of hypotheses about client self-responsibility that still ring true:

- Clients can change if they choose.
- Clients have more resources for managing problems in living and developing opportunities than they or most helpers assume.
- The psychological fragility of clients is overrated both by themselves and by others.
- Maladaptive and antisocial attitudes and behaviors of clients can be significantly altered no matter what the degree of severity or chronicity.
- Effective challenge can provoke in the client a self-annoyance that can lead to a decision to change.

Hines (1988a), in recalling a critical incident in his helping career from which he learned some invaluable lessons, describes how he was so "wiped out" by his failure to help a married couple work out their difficulties that he threw up. Luckily he found a supervisor ready to listen. The supervisor said that Hines was hogging responsibility to the point that his clients were left with little or none.

As I gained experience and continued to receive high quality supervision, I recognized a pattern of taking too much responsibility for my clients. The harder I worked, the less my clients worked. The more responsibility I took, the less I helped them take responsibility. . . . My clients and I now engage in the counseling process together, share responsibility, and work as a team to accomplish their goals. (p. 106)

Schmitt (1985) believes that understanding where clients are in terms of assumed self-responsibility enables helpers to tailor their responses to them. For instance, he says that early in therapy, when clients are anxious and confused about their behavior, they may need more support. However, as they come to see themselves as responsible for their behaviors, they may need to be challenged more.

Ultimately, if clients choose to live less effectively than they might, counselors, after helping them challenge such choices, can only respect their clients' right to determine their own fate. It may be that a client's values differ from those of the helper to the point that the helper finds it impossible to work with the client. If this is the case, the relationship should be terminated.

Ethics

Unethical behavior dogs the helping professions just as it does any other. The Ethics Committee of the American Psychological Association (1987) notes that the number of complaints against psychologists has risen 56% over the past few years.

It is important that all psychologists become active in APA's attempts to protect consumers from both unintentional and intentional unethical behavior. In part, this means maintaining awareness of the evolving ethical standards and sensitivity to the harm that can befall consumers when we psychologists engage in substandard practices. In part, this means making ethical concerns prominent in our day-to-day discussions with our colleagues. In two recent national studies psychologists indicated that colleagues were their most useful resource for information and guidance concerning ethical issues. In part, it means improving the formal mechanisms, such as ethics committees, by which we hold ourselves formally accountable for our behavior. (p. 564)

In particular, sexual misconduct with clients remains one of the profession's perplexing problems.

The focus of this chapter is on the values that need to permeate the helper/client relationship rather than on ethics. Ethics and ethical issues are too important to be treated in a summary way. It is assumed that, if helpers translate the values reviewed in this chapter into practice, they will be more than ethical. However, helpers' attempts to make their behavior legal, moral, ethical, and caring do not automatically empower them to deal with ethical dilemmas. Consider the following case posed by Lamb and his associates (1989).

Susan is a 29-year-old married woman who recently entered psychotherapy for assistance with a moderate depression related to the inability to become pregnant. She is distraught because she has learned that a man with whom she had an affair 3 years ago has just died of AIDS. They did not use [safe-sex] techniques, and she realizes that it is possible that

she has contracted the virus. She refuses to be tested, to inform her husband, or to discontinue active attempts to become pregnant. (p. 37)

Does the woman have a moral obligation to protect her husband or the child that might be conceived? Does the helper have an obligation to discuss these issues with her? At what point do obligations to others or to society take precedence over protecting a client?

Clearly, it is important for helpers to know the ethical standards of their profession and the principles needed to cope with such dilemmas. However, Eberlein (1987) claims that mere exposure to professional guidelines is inadequate. Learning ethics must be a practical exercise. He outlines a practical, problem-solving approach to learning ethical principles. Case studies can help flesh out the principles (American Psychological Association, 1987; see Corey, Corey, & Callanan, 1988).

Finally, since we live in a society addicted to litigation, helpers must understand not just their ethical and moral obligations but also their legal ones. In the United States, these may differ from state to state. An acquaintance told me recently that fighting a malpractice suit was the worst experience of his life, even though he won.

HELPING AS A SOCIAL-INFLUENCE PROCESS

It is assumed that helping is in part a process of social influence. Social influence in the helping professions has a long history. Many cultures have stories about how people suffering from a variety of emotional disturbances and a variety of physical ailments of psychogenic origin have been "cured" by their belief in the curing powers of a helper (Frank, 1973; Kottler, 1986). Very often such cures have taken place in religious contexts, but they have not been limited to such contexts. In the average case, people come to see a certain person as being a healer with great powers. This person might be a tribal shaman or a Western helper with a good reputation. Prospective clients hear that such healers have cured others with ailments similar to theirs. They generally see these healers as acting, not in their own interests, but in the interests of the afflicted who come to them. This belief enables the afflicted person to place a great deal of trust in the healer. Finally, in a ceremony that is often public and highly emotional, the healer in some way touches the afflicted person either physically or metaphorically, and the person is "healed." The tremendous need of the afflicted person, the reputation of the healer, and the afflicted person's trusting belief in the healer all heighten the person's belief that he or she will be cured. In fact, in cases where sufferers are not cured, the failure is often attributed to their lack of belief or to some other evil within them (for instance, possession by a demon or poor motivation). Then they not only remain with their afflictions but also lose face in the community, becoming outcasts or "crazies."

The dynamics of such "cures" are hard to explain empirically. It is obvious that elements of the healing process help marshal the emotional energies and other resources of the afflicted. For instance, sufferers experience hope and other positive emotions, which they perhaps have not experienced for years. The whole situation both mobilizes their resources and places a demand on them to be cured. It presents them with what the Greeks called *katros*—an opportune, acceptable, favorable, legitimate *moment in time* to leave their old way of life behind and take up a new one. The power of suggestion in such cases can be great, even overwhelming. Skilled helpers are aware of and have a deep respect for such "arational" factors in the helping process.

In developed societies, Kottler (1986) sees the magic in the person of the helper.

Lock a person, any person, in a room alone with Sigmund Freud, Carl Rogers, Fritz Perls, Albert Ellis, or any other formidable personality, and several hours later he will come out different. It is not what the therapist does that is important—whether she interprets, reflects, confronts, or role plays—but rather who she is. A therapist who is vibrant, inspirational, charismatic; who is sincere, loving, and nurturing; who is wise, confident, and self-disciplined will have a dramatic impact by the sheer force and power of her essence, regardless of her theoretical allegiances. (pp. 2–3)

Both Frank and Kottler are talking about dramatic forms of *social influence*. Most, if not all helping encounters, involve social influence, usually of a less dramatic kind.

Why study social influence? First of all, it is not possible for helpers to avoid influencing their clients (or being influenced by them), any more than it is possible to eliminate social influence as a part of everyday life. We are constantly influencing one another in many different ways. Driscoll (1984) puts it well:

The obvious objective of [helping] is not merely to understand, but to benefit troubled persons. The emphasis is thus on *influence*, and on the concepts, understanding, procedures, and competencies used to generate . . . changes. (p. 5)

Helping as a social-influence process is a practical concept calling for study beyond what is presented here. The following general remarks may serve to provide a framework for further exploration.

Current Views of Social Influence in Counseling and Psychotherapy

In 1968 Stanley Strong wrote what proved to be a landmark article on counseling as an interpersonal-influence process. I use the word "landmark" because the article has stimulated a great deal of writing and research that continues to this day (Dorn, 1984; Strong & Claiborn, 1982).

Corrigan and his associates (1980) outlined the main points of Strong's argument:

Strong postulated that the extent to which counselors are perceived as expert, attractive, and trustworthy would reduce the likelihood of their being discredited [by clients]. . . . From these hypotheses, Strong suggested a two-stage model of counseling. In the first stage, counselors enhance their perceived expertness, attractiveness, trustworthiness, and clients' involvement in counseling. In the second stage, counselors use their influence to precipitate opinion and/or behavior change in clients. (p. 396)

In this view, helpers establish a power base and then use this power to influence clients to do whatever is necessary to manage their lives more effectively. The strong personalities discussed by Frank and Kottler have precisely such a base. While subsequent research has shown that it is not quite as simple as this (Corrigan, Dell, Lewis, & Schmidt, 1980; Driscoll, 1984; Heppner & Dixon, 1981; Heppner & Heesacker, 1982; McNeill & Stoltenberg, 1988), few challenge the premise that helping is a social-influence process.

Goldstein (1980) describes the social-influence process in helping in a way that is complementary to Strong's. He calls behaviors by which helpers establish an interpersonal power base with their clients "relationship enhancers." In essence, these "enhancers" are the values we have just reviewed, put into practice. The "power base" of the helper, then, is what I have been calling a working alliance or relationship. In the Strong tradition, the power base of the helper is seen in terms of the attractiveness, trustworthiness, and competence of the helper, and much of the research that has been done relates to these three characteristics.

Reconciling Self-Responsibility and Social Influence

It is especially important for helpers to come to grips with helping as a process of social influence in view of the unilateral nature of helping.

It is . . . agreed, explicitly or implicitly, that the focus of the relationship and all its activities is on solving the problems of the client. In this respect, the change process is unlike most other interpersonal interactions. The personal problems, the private affairs, the worries, and the wishes of one person, the helper, are intentionally not focused upon. Treatment, therapy, or whatever the helping relationship may be called, is one-sided and concentrates exclusively on the client. (Goldstein, 1980, p. 2)

It goes without saying that the client is not there to help the helper. But this does not make the relationship itself lopsided. Here are ways, not of eliminating social influence, but of making it pay off for the client.

Imagine a continuum. At one end lies "telling clients what to do" and at the other "leaving clients to their own devices." Somewhere along that continuum is "helping clients make their own decisions and act on them."

Preventing a client from jumping off a bridge moves to the controlling end of the continuum, while accepting a client's decision to leave therapy even though he or she is "not ready" moves toward the other end. Most forms of helper influence will fall somewhere in between. As Hare-Mustin and Marceek (1986) note, there is a tension between the principle of autonomy, or the right of clients to determine their own interests, and the principle of beneficence, or the therapist's obligation to protect the client's welfare.

Use a participative rather than a directive model of helping. We have already discussed helping as a collaborative effort on the part of helper and client. Kanfer (1980) referred to a "participant model" of helping:

A participant model emphasizes the importance of client responsibility in treatment. It represents a shift from the provision of a protective treatment environment toward the offering of rehabilitative experiences in which the client accepts increasing responsibilities for his or her own behavior, for dealing with the environment, and for planning the future. The therapeutic environment is viewed as a transitory support system that prepares the client to handle common social and personal demands more effectively. (p. 334)

Social influence and client self-responsibility are by no means contradictory terms. Client collaboration is to be encouraged at every stage and step of the helping process.

Empower clients. Helping can be dangerous if it increases clients' feelings of powerlessness (Stensrud & Stensrud, 1981). In a classic work, Freire (1970) warns helpers against making helping itself just one more form of oppression for the already oppressed. However, if the values outlined earlier in this chapter permeate the helping process, clients will become empowered—capable of doing what they could not do, or thought they could not do, before. The notion of empowerment in human-service professions is a powerful one (Berger & Neuhaus, 1977; Egan & Cowan, 1979; Egan, 1984; Kanter, 1983; Rappaport, 1981). Rappaport notes, "Prevention suggests professional experts; empowerment suggests collaborators" (p. 24).

Accept helping as a natural, two-way influence process. Kottler's (1986) premise is that clients and therapists change one another in the helping process. Even a cursory glance at helping reveals that clients can affect helpers in many ways. Helpers find clients attractive or unattractive and must deal with both positive and negative feelings about them as well as manage their own behaviors. For instance, they may have to fight the tendency to be less demanding of attractive clients or not to listen carefully to unattractive clients. On the other hand, some clients trip over their own distorted views of their helpers. For instance, a young woman who has had

serious problems in her relationship with her mother might begin to have problems relating to a helper who is an older woman. Unskilled helpers can get caught up in both their own and their clients' games. Skilled helpers understand the "darker side" of the helping relationship and manage it.

The ways in which clients can influence helpers are endless. Furthermore, in these days of consumerism, many clients won't sit still for helpers who pretend to be omnipotent. Clients certainly expect competence from helpers, but they also expect give-and-take.

Become a consultant to clients. Helpers can be seen as consultants hired by clients to help them face problems in living more effectively.

The therapist serves as a consultant and expert who negotiates with the client in how to go about change and to what end. The interactions are future oriented in that they focus on the development of general repertoires for dealing with problem situations. (Kanter, 1980, p. 336)

Consultants in the business world adopt a variety of roles. They listen, observe, collect data, report observations, teach, train, coach, provide support, challenge, advise, offer suggestions, and even become advocates for certain positions. But the responsibility for running the business remains with those who hire the consultant. Therefore, even though some of the activities of the consultant can be seen as quite directive, the decisions are still made by managers. Consulting, then, is a social-influence process, but it is a collaborative one that does not rob managers of the responsibilities that belong to them. In this respect it is a useful analogy to helping.

Democratize the helping process. Tyler, Pargament, and Gatz (1983) move a step beyond consultancy in what they call the "resource collaborator role." Seeing both helper and client as people with defects, they focus on the give-and-take they believe should characterize the helping process. In their view, either client or helper can approach the other to originate the helping process. Both have equal status in defining the terms of the relationship, in originating actions within it, and in evaluating both outcomes and the relationship itself. In the best case, positive change occurs in both parties.

Focus on the client's enlightened self-interest. In one sense, the issue is not social influence but whether the communication between helper and client is meaningful to the client, whether it contributes to his or her enlightened self-interest (Perloff, 1987). McNeill & Stoltenberg's (1988) research suggests that clients are influenced by high-quality messages—messages that hit the mark (see Heesacker, 1986) and help them manage both themselves and problem situations better.

If social influence means pushing clients to accept the counselor's point of view, then clients will inevitably feel coerced and do what we all tend to do when coerced—resist actively or passively. Even worse, some clients might mindlessly accept what we say, even when it is not in their self-interest. Social influence at its best means that clients will listen to and *weigh* what helpers say to determine whether it will help them manage their lives better.

THE CLIENT-HELPER CONTRACT

Both implicit and explicit contracts govern the transactions that take place between people in a wide variety of situations, including marriage (where some but by no means all of the provisions of the contract are explicit) and friendship (where the provisions are usually implicit). Back in 1966, Goldstein, Heller, and Sechrest lamented the fact that many therapists fail to tell their clients much about the therapeutic process even though "ethical principles assert that therapists should inform clients about the purpose and nature of therapy and that clients have freedom of choice about their participation" (Hare-Mustin & others, 1979, p. 7). Goodyear and Bradley (1980) noted that, traditionally, virtually all counseling has been governed by *implicit* contracts that define both the treatment goals and procedures and the client-counselor relationship. In a sense, clients have been expected to buy a pig in a poke without much assurance that it will turn out to be a very succulent pig. Further, Wollersheim and her associates (1980) showed that contracts make clients more willing to enter counseling and help them develop a more accurate understanding of the requirements of treatment.

Today, implicit contracts are not enough. The helping professions are more mature, and clients are often more sophisticated (see Laungani, 1984). As Henig (1988) puts it:

In this age of consumerism, a patient may demand to know more about what is happening or should be happening in therapy, and [be] less willing to sit back and accept the ultimate wisdom of the doctor. People now seem most comfortable with a counselor who will answer questions easily, directly, and honestly, who will say up front what the definition of success will be, who will apply common sense and logic to a problem, along with the special therapeutic skill and knowledge that come with training and experience. (p. 34)

If helping is to be a collaborative venture, then both parties must understand what their responsibilities are. The helping process needs to be "owned" by helper and client alike, and both should share a basic understanding about the major goals to be pursued and the procedures to be

used in the helping process so that they both own the same thing. An explicit contract, whether verbal or written, can help achieve these goals.

The contract need not be too detailed, nor should it be rigid. It needs to provide structure for the relationship and the work to be done without frightening or overwhelming the client.

Written or at least explicit verbal contracts can do much to clarify mutual expectations as to goals and methods, but inflexibility and irrevocable commitment to initial goals need to be avoided. An optimal form of contracting would involve making explicit mutual expectations, while allowing for periodic reassessment and revision. (Coyne & Widiger, 1978, p. 707)

Ideally, the contract is an instrument that makes clients more informed about the process, more collaborative with their helpers, and more proactive in managing their problems. At its best, a contract can help client and helper develop realistic mutual expectations, give clients a flavor of the mechanics of the helping process, diminish initial client anxiety and reluctance, provide a sense of direction, and enhance clients' freedom of choice.

The Content of the Contract

To achieve the objectives just outlined, there are a number of things the contract might include.

- *An overview of the helping process, including some of the techniques to be used:* "I don't want you to buy a pig in a poke. Helping should not be a 'black box.' Here is a pamphlet that outlines what counseling is about and gives examples along the way. I'd like you to read it between now and the next session and then we can discuss it."

- *What a client-helper relationship is like:* "I'd like us to be partners. But counseling is not about our relationship so much as your managing your problems better. I'd like our relationship to help you do just that."

- *The responsibilities of the helper:* "I want to make sure that I understand your concerns. If I do that, then you will come to understand them better and be in a better position to do something about them."

- *The responsibilities of the client:* "In the end, counseling is not about talking, but about acting. If people are to manage their lives better, they usually have to act differently. I'd like to help you do that, but, of course, I can't do it for you."

- *Certain limits* (for instance, how free the client is to contact the helper between sessions): "Ordinarily my clients don't contact me between sessions, unless we prearrange it for a particular purpose. However, . . ."

- *The kind of influence the helper will exert:* "If I see you trying to avoid doing something that is for your own good, I will challenge you. Or

rather I will invite you to challenge yourself. But I will not force you to do anything."

• *An understanding of the flexibility of the helping process:* "I have outlined what the helping process might look like. But, in the end, everything we do here should help you manage your problems better. There are no rigid rules about the helping process. We can do anything that is ethical and useful."

Obviously, you may not use this specific list or these words. Different clients have different needs, and what you share with them should be geared to their ability to assimilate and use it. Some clients might be helped by a great deal of information up front. Others might appreciate getting information in stages. For them an outline up front is enough; they can learn the details as they go along. In sum, the contract between you and your clients needs to be explicit and clear, but there are many ways of accomplishing this.

Sharing the Helping Model with Clients as Part of the Contract

An explanation of the helping model itself can be the vehicle for establishing the contract. Some counselors are reluctant to let the client know what the process is all about. Others seem to "fly by the seat of their pants." They can't tell clients what it's all about simply because they don't know what it's all about. Still others seem to think that knowledge of helping processes is secret or sacred or dangerous and should not be communicated to the client.

In my opinion, clients should be told as much about the model as they can assimilate.

Psychotherapy need not be a secretive or esoteric procedure which is conducted on clients without their understanding. Indeed, clients are generally appreciative when we share with them the secrets of what we are attempting to accomplish, and are in a better position from there to collaborate and contribute. (Driscoll, 1984, p. 84)

Obviously, highly distressed clients should not be told to contain their anxiety until helpers teach them the helping model. But, like helpers, clients can use the model as a cognitive map to give themselves a sense of direction.

Explaining the counseling process does not lock the helper rigidly into a single way of doing things.

Explaining our rationales does not lock us to them or require that we never change our minds or never acknowledge misdirections. When we do change directions, we can explain whatever new considerations are operative so that the changes make sense, and such changes are generally ac-

cepted with few problems. Changing as we consider things further may itself improve our credibility because clients, like anyone else, have more respect for those who are flexible than for those who consider themselves infallible. (Driscoll, 1984, p. 84)

Flexibility at the service of the client is a value. Effective helpers are natural, and it is only natural to change things when they are not working: "If what we're doing together is not working, then we can change it. This is all about helping you manage your concerns better."

Beyond a discussion of the contract, some helpers use a variety of techniques to give clients the "flavor" of the helping process. Studies show that written contracts, books, and videotapes can help clients "hit the decks running" (see Heesacker, 1986). Books have been written to help clients understand and prepare for the helping process. For instance, three social workers (Bruckner-Gordon, Gangi, & Wallman, 1988) use a combination of explanation, exercises, and examples to explore the process of therapy from start to finish. Some helpers use the overview chapter (Chapter 2) of this book to orient some clients. Others write their own pamphlets tailored to the way they do counseling. Tinsley, Bowman, and Ray (1988) demonstrated that audiotaped and videotaped presentations on the nature of counseling helped clients more than verbal or written presentations. "Here it is in action" is their approach (see Thompson & Mountain, 1987; Zwick & Attkisson, 1985).

Whatever is used to orient clients to counseling should take into consideration the state of each client and his or her ability to assimilate the material. A client in crisis should not be asked to sit down and review a tape, and a highly anxious client might find a videotape even more anxiety-provoking. In short, in counseling common sense should never take a holiday.