

THE EFFECTIVENESS OF COUNSELING

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Abstract

This article discusses the effectiveness of counseling based on studies and research findings in the United States. To provide context for the discussion and to help demonstrate the need for this effectiveness study, this study begins by defining counseling, briefly describing the growth and development of counseling in the United States, and briefly discussing counseling in a Gulf State, namely Kuwait. It then reviews the literature to address three questions regarding the effectiveness of counseling: (1) how is “effective” defined? (2) is counseling effective? and (3) if so, what makes it effective?

The article defines “effective” as positive change in the client. From the literature, it is clear that counseling is effective and that various common factors across theoretical approaches account for the positive outcomes. These factors are placed into three categories: (1) counselor factors, (2) client factors, and (3) counseling process factors, and described briefly. All of these factors interact to make counseling effective.

Several decades ago, Eysenck (1952) concluded, based on his study of 8,000 clients, that counseling is ineffective and useless. This finding generated much controversy and challenged the counseling profession to demonstrate that it provides a valuable service. Since then, a considerable amount of research has been conducted on the effectiveness of counseling (e.g., Albert, 1997; Lambert & Bergin, 1994; Sexton & Whiston, 1991). This study reviews the American literature on the issue of whether counseling is effective and, if so, what makes it work. First, however, to provide context for the discussion of effectiveness and to help demonstrate the need for this effectiveness study, this study defines counseling, briefly describes the growth and development of counseling in the United States, and briefly discusses counseling in a Gulf state.

Counseling Defined

When counseling is viewed from a very broad perspective, one could say that “counseling” occurs almost anytime a person provides

advice, support, comfort, guidance, or help to another person; however, this study defines counseling from a more narrow perspective, focusing on what is commonly referred to as “professional counseling,” a process in which a trained professional helps a person function more effectively and improve his or her life by addressing problems in a preventative, developmental, or remedial way. This definition distinguishes counseling as a profession, which contains ethical standards, professional organizations, and training programs, from more informal forms of helping, such as family support and mentor relationships.

Counselors function in many different settings, including schools, universities, hospitals, government agencies, community organizations, and private practice (Kottler & Brown, 1996). The problems for which people seek counseling are numerous. They include, for example: (1) traumatic stress (e.g., post-invasion Kuwait), (2) health concerns (e.g., learning that one has a serious illness), (3) chemical abuse (e.g., alcoholism) (4) vocational planning (e.g., preparing a resume and practicing interviewing skills for a job search), (5) academic failure (e.g., poor grades, expulsion from school), (6) anxiety (e.g., fear of public speaking), (7) depression (e.g., social isolation), and (8) loss (e.g., end of a romantic relationship) (Kottler & Brown, 1996).

The Growth and Development of Counseling in the United States

Though people of all cultures have been helping one another work through problems for centuries, counseling as a profession (described above), is relatively new, having its origins in the work of Sigmund Freud about 100 years ago. Freud gave credibility to the “talking cure” (discussing problems as a way of solving them), and his ideas began to take root in the United States in the early 1900s (Kottler & Brown, 1996).

The profession has flourished in the United States in the last several decades. Consider, for example, the following facts: (1) fifty years ago, counselors worked mostly in schools; since then, they have moved into many other sectors of society, including business, government, colleges, and community agencies (Kottler & Brown, 1996); (2) applications to counseling degree programs in the United States are increasing, with many doctoral programs receiving 75 to 150 applica-

tions each year for five or six openings (American Psychological Association, 1993); (3) these degree programs graduate increasing numbers of students each year - typically several thousand (American Psychological Association, 1993); and (4) the American Psychological Association (APA), the American Counseling Association (ACA), and the American Mental Health Counselors Association (AMHCA) have all seen their memberships rise dramatically in the last fifty years. APA has increased from 10,000 to 120,000 members; ACA from 5,000 to 60,000; and AMHCA from 50 to 10,000 (American Psychological Association, 1995; Belkin, 1988; Hershenson & Power, 1987).

The growth and success of the field in the United States has many causes. First, due to social changes, technological advances, and new research on human behavior, American societal values about mental health have been slowly changing over the last several decades, with people increasingly acknowledging the importance of this aspect of well-being. As a result, more people now seek counseling services; more counselors, therefore, are needed to fill the demand. Second, as people begin to accept the existence of many problems that were previously given very little attention (e.g., alcoholism and domestic abuse), the stigma of discussing these issues with a counselor is eroding. Counseling, therefore, is increasingly viewed as an acceptable, legitimate, and respectable form of help (Hershenson & Power, 1987; Kottler & Brown, 1996). Finally, as researchers have learned more about the nature and origins of many problems, there has been increased recognition that not all problems have or require a medical cure. today, people struggling with personal problems are not viewed as mentally deficient or seriously ill, as they once were. Often, they need a supportive environment, not medicine or hospitalization, in which to work through their problems; (Belkin, 1988; Hershenson & Power, 1987).

The growth and development of the counseling profession in the United States over the last several decades highlight the need for studies, such as this one, on the effectiveness of counseling. People increasingly turn to counselors for support, and they demand high-quality services, thus putting counselors under pressure to demonstrate the effectiveness of their work. This demand for high-quality services, combined with technological advances, societal changes, and the ethical

obligations that counselors have to provide the best possible services, make it important for studies on the effectiveness of counseling to continue.

It should be noted that because the counseling profession, as described above, has largely developed in the United States, it is heavily based on American values. These values include: (1) emotional independence, individualism, and self-sufficiency, (2) achievement in a competitive environment; and (3) materialism and financial success. In addition, although family obligations and adult authority are important in the United States, they are not as dominant there as in other cultures, such as Asia and the Middle east. Thus, because of these values, American helping perspectives may not be appropriate for many groups of people. Counseling occurs in a cultural context, so counselors must consider the unique values, needs, and perspectives of the people they help. This study will now briefly examine counseling in the Gulf States.

Counseling in a Gulf State

The counseling profession, as described above, is not as well established in the Gulf States as it is in the United States. Other forms of help, besides professional counseling, have been more prominent in Arab cultures. For example, the family is a very important source of support; (Soliman, 1986a). Many personal problems and concerns are addressed and worked through by discussing them with family members. Seeking support from outside sources may be seen as disrespectful to the family. Another important form of support is mentor relationships, which are deeply rooted in Arab culture and provide a significant source of guidance; (Soliman, 1986b). Finally, one particular source of support that has a long history in Arab culture is the salon-like gathering known as “Al-Diwaniya” or “Al-Majlas,” where individuals meet on a regular basis to discuss public concerns and, sometimes, personal and family issues. These gatherings are similar to personal growth groups in the United States. The interaction between individuals is of major importance in both types of groups. The significance of this interaction can be seen in the emphasis on

respect for each individual and in the fact that the group members sit in a circle so all of them can face each other and participate; (Gladding, 1995).

Because family support, mentor relationships, and gatherings serve many of the helping needs of people in Arab cultures, the counseling profession has struggled somewhat to find a place in Arab countries. Moursi (1984) notes that many other factors as well have hindered the development of the counseling profession in the Middle East, including: (1) the stigma of seeking professional help for problems; (2) misuse and misunderstanding of the concepts and purposes of counseling; and (3) poor training for counseling professionals. Recently, however, counseling has become a more popular and needed form of help in some Gulf States and is being recognized as a supplement to many traditional forms of help. In Kuwait, in particular, the Iraqi invasion in 1990 has increased the need for counseling services as many individuals - the entire population of the country - have sought ways to cope with the tremendous emotional and psychological consequences of that traumatic event. For some people, talking to friends and family members may not be enough to help them through such a difficult experience.

As counseling becomes more popular in the Gulf States, counselor training becomes more important. Moursi (1984) asserts that improving counselor training will help to produce more competent, effective counselors and help to increase the respectability of counseling in the Gulf region. As of 1997, most universities in the Gulf States have not established counselor education and training programs; however, in March of 1997, the Department of Educational Psychology at Kuwait University held a symposium on school counseling and recommended that the University consider establishing a master's degree-level counseling program. Thus, there is interest in improving the quality of counselor education and training in some areas of the Middle East. Making such improvements would help counselors in the Gulf States more effectively address the needs of the people they counsel.

Studies on the effectiveness of counseling, such as this one, can be a valuable part of these counselor education and training programs. They help counselors identify and understand the most important aspects of

counseling. As counseling becomes more popular in Arab cultures, recent effectiveness studies may become increasingly important as counselors search for the best ways to help their clients.

The Effectiveness of Counseling

With counseling defined and the counseling profession briefly described, this study will now address the effectiveness of counseling. It is important to note that the purpose of this study is to share what American researchers have learned, through decades of research and experience, about the effectiveness of counseling. Thus, this study presents an American perspective on the issue of effectiveness, and the research should be viewed in light of its American origins. The research discussed below was conducted in the United States on American populations (mostly adults). The findings, therefore, may reflect American culture, values, needs, and perspectives. Individuals from other parts of the world will ultimately need to decide for themselves how well the findings transfer to their own unique cultures. It is hoped that this study will serve as an important source of information for all who are interested in the effectiveness of counseling.

In discussing the effectiveness of counseling, this study will review the literature on effectiveness to answer three questions: (1) how is “effective” defined? (2) is counseling effective? and (3) if so, what makes it effective?

How is “Effective” Defined?

Belkin (1988) notes that “effective” can have many possible definitions. First, it can refer to desirable change in the client caused by counseling. This definition raises the question: “Does ‘desirable change’ mean what is desirable to the individual or desirable to society?” - they may not be one in the same. Second, “effective” may mean a reduction of the problem that the client presents to the counselor, such as anxiety, depression, or anger. Third, “effective” may be defined as “efficiency” - accomplishing counseling goals in the shortest time possible.

Sexton and Whiston (1991) define “effective” as “the ability of an element of the counseling process [e.g., learning to relax, trusting the

counselor] to affect client change” (p. 333). Finally, one might simply define “effective” in a simple, straightforward manner: change that allows the client to feel better, understand better, and act better.

These definitions do not necessarily contradict one another. They represent different perspectives. In any case, a common, sometimes implicit, theme among them is that “effective” refers to improvement or positive client change - a positive result or outcome in the counseling process. Clients do not enter counseling to make their lives worse; thus, counseling works when clients leave better able to function and satisfy their needs in life.

Is Counseling Effective?

With “effective” defined, the question now becomes, “Is counseling effective?.” Although some researchers, such as Eysenck (1952), answer this question in the negative, the vast majority assert that counseling is effective (e.g., Albert, 1997; Lambert & Bergin, 1994; Seligman, 1995; Sexton & Whiston, 1991). Albert (1997), for example, observes:

Meta-analyses have found that, overall, more than two-thirds of all patients improve in the course of treatment. In fact, outcome figures indicate that practitioners of psychotherapy [counseling] may be more effective in treating the major mental illnesses than doctors of internal medicine are in treating comparable physical illnesses. (p. 36)

Consider these additional statements and findings from numerous studies. After discussing the results of several meta-analytic studies, which showed average effect sizes for counseling ranging from 0.42 to 1.22, Sexton and Whiston (1991) state: “The effect sizes due to counseling can be considered quite large” (p. 345). Lambert and Bergin (1994) reviewed the results of several meta-analytic studies and observed that:

The average effect size associated with psychological treatment approaches one standard deviation unit... [By contrast] in elementary schools the effect of nine months of instruction in

reading is about 0.67 standard deviation units. The increment in mathematics achievement resulting from the use of computer-based instruction is 0.40 standard deviation units. (p. 147)

In other words, according to these findings, counseling produces more change in clients than reading or math instruction produces in students.

Finally, a recent survey conducted by the American consumer magazine *Consumer Reports* (1995), and discussed in Seligman (1995), asked Americans who had received counseling to respond to questions about the experience (e.g., for what reason did you seek help, what kind of counselor did you go to, how long did you remain in counseling, how much did counseling help). This survey was one of the largest ever conducted on the effectiveness of counseling, and it produced the following results. First, treatment by a mental health professional usually worked, with about 90% of survey respondents saying they experienced improvement in their lives. Second, long-term counseling produced more improvement than short-term counseling. Third, psychologists, psychiatrists, and social workers did equally well in effectively counseling people. Fourth, family doctors did just as well as mental health professionals in the short term, but worse in the long term. Finally, no specific approach to counseling (e.g., cognitive-behavioral, psychoanalytic) worked better than another for any problem.

The improvements seen in clients in these studies are impressive, but do they reflect more change than the clients would experience without help from counselors, and are the changes maintained over time (Sexton & Whiston, 1991)? Research has shown that clients in counseling improve more and at a faster rate than those who are not, and they show greater gains in counseling than “placebo” controls (Sexton & Whiston, 1991). Also, based on follow-up research conducted several months or even years after counseling has ended, clients tend to maintain these gains over time. After counseling has terminated, some clients do relapse into ineffective or problematic behaviors, and a small percentage (6% to 11%) get worse (Sexton & Whiston, 1991); however, “many patients who undergo therapy achieve healthy adjustment for long periods of time. This is true despite the fact that they have had a long history of recurrent problems” (Lambert & Bergin, 1994: 152).

It is important to note that some of the research has been criticized for methodological problems, and many authors are cautious in their statements about the effectiveness of counseling. For example, Kottler and Brown (1996) state: "Although we are intuitively certain that counseling works, empirical evidence suggests that we can be reasonably optimistic but not sure that counseling is effective" (p. 316). It is encouraging, however, that recent methodologically-sound studies find that counseling has a consistently positive outcome effect. Improvements in research procedures, such as the use of meta-analytic techniques and the examination of clients in realistic settings instead of laboratories, have helped researchers assert more persuasively that counseling is effective; (Sexton & Whiston, 1991).

What Makes Counseling Effective?

Now that it can be asserted with relative confidence that counseling is effective, the important question to ask is, "What makes counseling effective?" Because research has consistently reported that no single approach to counseling works best (Albert, 1997; Lambert & Bergin, 1994; Seligman, 1995; Sexton & Whiston, 1991), researchers have focused their attention on common factors in the various approaches to identify what makes counseling effective (Lambert & Bergin, 1994; Sexton & Whiston, 1991). Lambert and Bergin (1994) state: "Based on our review of the evidence, it appears that what can be firmly stated is that factors common across treatments are accounting for a substantial amount of improvement found in psychotherapy patients" (p. 163).

If it can be asserted that common factors make counseling effective, then the next question is, "What are these common factors?" Researchers who seek to identify the factors do not always list the same ones, but many factors have been consistently discussed throughout the literature as vital for counseling to be effective; that is, they are important in facilitating positive client change. Based on a review of the literature, this study will now present these factors by grouping them into three categories: (1) counselor factors, (2) client factors, and (3) counseling process factors. Brief descriptions of each factor are provided.

Counselor Factors. Counselor factors include the characteristics,

attitudes, skills, and behaviors that counselors bring to the counseling process. Research on some of these characteristics, attitudes, skills, and behaviors has produced unclear results, but several of them seem to be critical for counseling to be effective. Many of them help the counselor develop a good working alliance with the client, who will not likely make positive changes without such a relationship. Presented below are important counselor characteristics, attitudes, skills, and behaviors.

First, the counselor needs to be skilled in demonstrating empathy, unconditional positive regard, and genuineness in order to build a good relationship and promote effective counseling. These three characteristics were first grouped and described by the American psychologist Carl Rogers in the 1950s and are often referred to as the “core conditions” of counseling (Hackney & Cormier, 1994). That is, regardless of the counselor’s theoretical approach, they are widely regarded as being essential characteristics in the development of a good counseling relationship. They are necessary for counseling to be effective.

Empathy refers to the counselor understanding the client’s feelings, thoughts, and experiences from the client’s viewpoint and then expressing this understanding to the client. It is perhaps the most important factor in counseling, and research shows that it is significantly related to positive change (Lambert & Bergin, 1994; Sexton & Whiston, 1991). Empathy is important because it establishes a connection between the counselor and the client and helps build a strong relationship, which is necessary for client change. Clients typically do not develop good relationships with counselors who seem unable to understand them or relate to their feelings and experiences.

Unconditional positive regard involves the counselor accepting and respecting the client without judgment or criticism. Unconditional positive regard does not mean that the counselor agrees or disagrees with the client, but rather values him or her as a unique person worthy of respect (Hackney & Cormier, 1994). This respect by the counselor helps to establish a safe environment for the client to explore problems. Criticism and judgment typically cause the client to feel shamed and,

thus, tend to inhibit change. As with empathy, the research shows unconditional positive regard to be significantly related to positive change in the client (Albert, 1997; Sexton & Whiston, 1991).

Genuineness is a difficult concept to define. It refers to the counselor demonstrating that he or she is “true” to him or herself - comfortable, open to new experiences, spontaneous, and congruent (what the counselor says corresponds to how he or she looks, feels, and acts). This characteristic helps the client see the counselor as an honest and trustworthy person. Of the three core conditions, genuineness has the weakest support in the research, showing an occasional but not consistently positive relationship to client change (Sexton & Whiston, 1991).

Second, several personal traits of the counselor have been identified as important for counseling to be effective. These traits affect how the counselor uses counseling skills and conducts counseling sessions; therefore, they can have a great impact on the outcome of the process. Though researchers have listed perhaps dozens of traits, some that tend to be cited frequently include: (1) curiosity about how other people experience life (2) openness to different viewpoints and perspectives; (3) self-respect; (4) self-awareness; (5) the ability to tolerate ambiguity and uncertainty; (6) honesty (e.g., high ethical standards); (7) a sense of humor; (8) enthusiasm and enjoyment of life; (9) flexibility (e.g., modifying treatment interventions and perspectives about the client as new information becomes available); (10) non-defensiveness (e.g., not arguing with the client when he or she becomes angry); and (11) self-confidence (Albert, 1997; Corey, 1996; Kottler & Brown, 1996). Overall, these traits help to model effective, functional behavior for the client, and they help to maximize the counselor’s interpersonal attractiveness. They also show that the counselor is a mentally healthy person, thereby increasing his or her credibility with the client. Although no counselor is a perfect representation of any or all of these traits, effective counselors tend to possess high levels of the ones listed above.

Third, the counselor’s active engagement in the counseling process helps make counseling effective. Active engagement refers to high

interest, vigor, and animation as opposed to a quieter, more passive, more stoic approach (Sexton & Whiston, 1991). Active engagement may be demonstrated by such behaviors as asking questions, giving feedback, and expressing emotions, among other things. These behaviors show that the counselor is listening and that he or she cares for the client. They also reflect confidence and competence. A passive approach, on the other hand, may involve asking too few questions, not speaking much, offering little feedback, or expressing little emotion. A client in such an environment may not feel challenged to change and may perceive the counselor as being indifferent or incompetent.

Fourth, competent use of skills and interventions (e.g., questions, interpretations, role playing) helps make counseling effective. As Sexton & Whiston (1991) state: "The most important aspect of counseling technique may be the skillfulness with which the intervention is used and implemented" (p. 342). Competent, skillful use has many aspects. First, the counselor must be trained (through course work, supervised practice, etc.) in using various techniques. Second, the techniques selected must be appropriate, relevant, and purposeful. That is, the counselor must learn to "read" the client to determine which techniques are most likely to succeed, and he or she needs to select ones that are related to the client's problems and goals in counseling. Finally, techniques must be well-timed. Ones that are premature can scare or offend the client and damage the counseling relationship.

Fifth, cultural knowledge (e.g., awareness of and respect for differences) when working with culturally diverse clients helps make counseling effective (Sue & Sue, 1990). A client's gender, race, religion, age, values, and personal experiences, among other characteristics, all affect the way he or she views the world. The counselor, therefore, cannot treat every client the same way. He or she must learn to appreciate differences and adapt counseling approaches accordingly.

Finally, when identifying counselor factors that help make counseling effective, it is information to examine the characteristics of expert counselors. Jennings (1996) conducted a study to identify the characteristics of "Master therapists" - those recognized by their professional peers as being exceptionally competent. These counselors possess all of

the characteristics, attitudes, skills, and behaviors discussed so far, and Jennings' research found that they also possess high levels of: (1) cognitive complexity - they understand very well the nature, complexity, and intricacies of the client's life and problems; (2) emotional maturity - they appropriately express a wide range of emotions; and (3) interpersonal skills - they are very skilled at relating to people and helping others feel comfortable around them. Overall, these counselors are very "psychologically healthy" and possess mature, well-developed personalities.

Client Factors. The counselor is not solely responsible for making counseling work. The client also plays a role, of course. Several client factors help to make counseling effective. Client factors refer to the characteristics, attitudes, skills, and behaviors that the client brings to counseling.

First, the client's intelligence is a factor related to effectiveness (Garfield, 1994; Sexton & Whiston, 1991). Intelligence may affect how well the client understands him or herself and processes what he or she learns in counseling. Because of the techniques employed, some forms of counseling (e.g., psychoanalytic) seem to require more intelligent clients than others (e.g., behavioral) for success (Garfield, 1994); however, it is unclear how much intelligence is needed for positive change to occur. Garfield (1994) concludes: "If psychotherapy is a learning process or involves learning, as many believe, then some minimum amount of intelligence would seem to be required. As yet, no precise estimate of this has been clearly agreed upon, no is such a minimum level likely" (p. 213).

Second, positive perceptions about the counseling process, the counseling relationship, and the counselor help make counseling effective (Garfield, 1994; Sexton & Whiston, 1991). Positive perceptions about the counseling relationship and the counseling process early in counseling (i.e., in the first several sessions) help to promote counseling effectiveness because such perceptions encourage the client to remain in counseling and to maintain motivation to change (Lambert & Bergin, 1994). Positive perceptions may include, for example, believing that counseling can help solve problems. When the client views the

counselor positively (interested, trustworthy, honest, competent, expert, understanding, and attractive as a person), he or she is more likely to stay in counseling and make positive changes (Sexton & Whiston, 1991). Premature termination of counseling often occurs when the client does not view the counselor positively (Garfield, 1994).

Third, greater initial anxiety (high anxiety upon entering counseling) tends to increase the chance that counseling will be effective (Sexton & Whiston, 1991). The reason for this finding may be that the supportive environment of counseling can help such a highly agitated person, the client, begin to relax. The process of addressing problems can help to calm him or her.

Fourth, positive, realistic expectations help make counseling effective. A client whose expectations about the nature of counseling (e.g., the counselor's role) are most congruent with how counseling actually works is more likely to remain in counseling than one who expected something different (Garfield, 1994). Also, when the client develops and maintains an expectation of positive change, he or she is more likely to make positive changes; (Sexton & Whiston, 1991).

Fifth, when the client demonstrates readiness to participate in counseling, counseling is more likely to be effective. the concept of readiness generally refers to the extent to which the client is aware of his or her problems and wants to work through them. A client who is ready for counseling may be more motivated to acknowledge problems and address them than one who is not ready. A client who is not ready may prematurely terminate and see very little benefit from the counseling process. Readiness can be conceptualized in terms of stages of change. Prochaska, DiClemente, and Norcross (1992) describe the five stages: (1) precontemplation (lack of awareness of problems), (2) contemplation (thinking about dealing with problems), (3) preparation (intention to take action soon), (4) action (modification of behavior), and (5) maintenance (continuing gains and preventing relapse). A client in the precontemplation stage may not be ready to benefit from counseling. When such a client seeks help, it is often under pressure from family members or upon an order from a court of law. He or she

may resist counseling and refuse to change. A client in a later stage of change may be more receptive to counseling and see greater benefits from the process.

Sixth, experiencing a wide range of emotions helps make counseling effective (Sexton & Whiston, 1991). Emotions are powerful, and clients often go to great lengths to avoid experiencing those they do not want to feel. Such repression may contribute to many of the problems that lead clients to seek counseling. A client who learns to recognize, express, and take responsibility for his or her feelings tends to develop more emotional maturity and is, therefore, more likely to make positive changes.

Finally, active involvement helps make counseling effective. Active involvement includes openly discussing problems with the counselor, taking responsibility for problems (e.g., not blaming problems on other people), developing a problem-solving orientation, setting goals, and engaging in mastering problem situations (Sexton & Whiston, 1991). Such behaviors help the client learn how to work through his or her problems and develop healthier, more functional attitudes and behaviors.

Counseling Process Factors. Several aspects of the counseling process are important for counseling to be effective. The counseling process refers to the nature and characteristics of the interaction between the counselor and the client and the manner in which the counselor and client conduct their counseling sessions.

First, the quality of the counseling relationship (also known as the working alliance) between the counselor and the client is widely regarded as highly related to the effectiveness of counseling (Beutler, et al., 1994; Bourgeois, et al., 1990; Krupnick, et al., 1996; Horvath & Symonds, 1991; Sexton & Whiston, 1991). The development of a relationship, of course, depends on both the counselor and the client. The ways in which their personal characteristics, attitudes, skills, and behaviors interact help to determine the quality of the relationship.

The research consistently shows that a positive, mutually interactive, collaborative relationship, rather than an authoritarian one, helps make counseling effective (Albert, 1997; Horvath & Symonds, 1991;

Sexton & Whiston, 1991. Indeed, when defining a good working alliance, researchers frequently describe the importance of the “collaborative bond,” “collaborative element,” or “positive collaboration” (Horvath & Symonds, 1991: 139; Krupnick, et al., 1996: 532). A collaborative relationship helps the client feel that he or she has an ally against the problems which led to counseling (Albert, 1997). It communicates respect and support, encourages the client to talk and express him or herself freely, and helps the client find solutions that fit his or her needs. An authoritarian style, on the other hand, may stifle open discussion and create an uncomfortable, condescending atmosphere where the counselor imposes solutions that may not fit for the client.

Second, a confidential relationship helps make counseling effective. Confidentiality means that what is said in counseling stays between the counselor and the client and is not shared with other people (Kottler & Brown, 1996). Clients discuss very personal, troubling, and sometimes embarrassing issues. They would not likely enter counseling in the first place if they knew that counselors would reveal the content of counseling sessions to other people. Once counseling has begun, revealing information can be a damaging violation of the client’s trust.

Third, a structured, goal-oriented process helps make counseling effective (Albert, 1997; Sexton & Whiston, 1994). Without structure and goals, counseling is a directionless, frustrating process that accomplishes very little. Thus, the counselor and the client need to work together to adopt and agree on counseling goals. Doing so helps to motivate the client by creating a plan for change, and it helps the counselor select treatment strategies.

Fourth, focusing on client strengths and assets, not just problematic behaviors and attitudes, helps make counseling effective (Albert, 1997). Such a focus emphasizes positive aspects of the client - what the client can do, not what is wrong with him or her. Client problems and ineffective attitudes and behaviors need to be addressed, of course, but it is also important for the counselor to reinforce the client’s abilities and sense of competence. Doing so helps the client feel hopeful and confident about change.

Finally, addressing the three dimensions of client functioning:

cognitive (thinking), affective (feeling), and behavioral (doing), helps make counseling effective (Doyle, 1992; Okun, 1997). Client problems tend to affect each of these dimensions, some more than others. For example, how a client thinks about something tends to affect how he or she feels and behaves as well. Thus, for counseling to be effective, the counselor must address the client's thoughts, feelings, and actions. Lazarus (1976) states: "Comprehensive treatment at the very least calls for the correction of irrational beliefs, deviant behaviors, [and] unpleasant feelings. to ignore any of these modalities is to practice a brand of therapy that is incomplete" (pp. 13-14). Through his or her repertoire of skills and interventions, the counselor addresses these three dimensions. In this way, the counselor treats the "whole person" (Hackney & Cormier, 1994: 141).

Summary and Concluding Remarks

This study addressed the effectiveness of counseling, based on American research. To provide context and to help demonstrate the need for this effectiveness study, this study began by defining counseling, briefly describing the growth and development of counseling in the United States, and briefly discussing counseling in the Gulf States. It then reviewed the literature on the effectiveness of counseling. It can be concluded from the research that counseling is effective (i.e., it results in positive client change) and that there are common factors across theoretical approaches that account for the positive change.

The counselor factors, client factors, and counseling process factors discussed all interact to make counseling effective. All are important in facilitating positive client change. One set of factors by itself (e.g., counselor factors) is not sufficient. In any given counseling relationship, some of the factors are more significant than others. The unique interaction between the counselor and the client helps to determine which are most important. It should be noted, however, that although the factors described above tend to promote positive change, they do not guarantee it. Even with a good relationship, a competent, empathic counselor, and an actively involved client, some problems may be very resistant to change.

It is important to note that while the research discussed above was

conducted in the United States and may, therefore, have limited applicability to other cultures, many of the factors that make counseling effective seem to apply across cultures. For example, empathy (understanding the client's world from his or her viewpoint and sharing that understanding) seems to be a basic component of effective helping relationships in virtually all cultures. Counselors cannot help people they do not understand. Kottler and Brown (1996) also assert: "Feelings of warmth and genuineness transcend all ethnic, religious, cultural, and physical barriers" (p. 280). Finally, regardless of the client's culture, the client must be ready to participate in counseling for the process to benefit him or her. Other factors discussed above may transcend cultural boundaries as well.

Researchers continue to study the factors that make counseling effective. As this work progresses, knowledge of the factors will be refined, and additional ones may emerge. For now, the factors identified above appear to be the ones most likely to promote positive change in clients.

Counseling as a profession is fairly new in Arab cultures and is gradually becoming more popular and needed. It is hoped that this study will serve as a useful source of information for Arab counselors and researchers to consider, along with Arab research on counseling, as they work to maximize the effectiveness of counseling. It is also hoped that this study will stimulate research in the Middle East on the effectiveness of counseling.

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فاعلية الإرشاد

توماس سكوف هولت

ديفيد ريفرز

عودة الرويعي

جامعة مينيسوتا - الولايات المتحدة الأمريكية

يناقش هذا المقال فاعلية الإرشاد وفقاً لنتائج الدراسات والبحوث التي تمت في الولايات المتحدة، ويبدأ بتعريف الإرشاد ووصف نشأته وتطوره في الولايات المتحدة بالإضافة إلى التطرق بإيجاز للإرشاد في دولة الكويت، ويناقش الدراسات السابقة للإجابة على ثلاثة أسئلة تتعلق بفاعلية الإرشاد:

(١) كيف تعرّف «الفاعلية»؟

(٢) هل الإرشاد فعال؟

(٣) وإذا الإرشاد فعال، فما الذي يجعله فعالاً؟

ويعرف المقال الفاعلية على أنها تغير حَسَن يطرأ على المسترشد وفقاً للدراسات السابقة، وأن الإرشاد عملية ذات فاعلية يمكن التحقق منها. وإن هناك كثيراً من العوامل المشتركة بين مختلف الاتجاهات النظرية تحسب على أنها مسؤولة لخلق نتائج إيجابية للإرشاد.

هذه العوامل قسمت ضمن ثلاث فئات:

(١) عوامل تتعلق بالمرشد.

(٢) عوامل تتعلق بالمسترشد.

(٣) عوامل تتعلق بعملية الإرشاد.

كل هذه العوامل تتفاعل مع بعضها لتحقيق الفاعلية للإرشاد.