

Comparison of Three Psychotherapeutic Models: Critique and Analysis

Mohammed M. Al-Garni*

Abstract: Since the last half of the twentieth century, there has been a tremendous growth in the attention being paid to brief therapy. This growth is reflected in the increasing number of brief therapy models. The socioeconomic demands that influence the foundation of these therapeutic models such as managed care system, social change in family systems, and health demands, play a crucial role in their foundations. Therapeutic practitioners have encountered little time to devote to every client whether due to the demand of third-party payer or due to the availability of clients is to be seen on a regular basis. Recently, therapy has shifted from being evolved around certain theories to being evolved around seeking change and solutions based on understanding and explanation. This shift is reflected by the growing social change in social, economic, and political systems. This study focuses on criticizing three psychotherapeutic models: Rational Emotive Behavioral Therapy (REBT), Social Learning therapy (SLT), and Solution-focused Brief Therapy (SFBT). The critique encompasses the view of human nature, philosophical assumptions, and the basic concepts. In addition, the similarities and differences between the three models are discussed.

Keywords: Rational emotive behavioral therapy, Social learning therapy, Solution-focused brief therapy.

Introduction

Since the last half of the twentieth century, there has been a tremendous growth in the attention being paid to brief therapy. This growth is reflected in the increasing number of brief therapy models.

* Dept of Social Work, Social Sciences College, Umm Al-Qura University, Saudi Arabia.

Although the socioeconomic demands that influence the foundation of these therapeutic models - such as managed care systems, social change in family systems, and health demands - play a crucial role in their foundations, the therapeutic practitioners have encountered little time to devote to every client. This is due to a two-fold reason: on the one hand, the demands of third-party payers, on the other hand, the availability of clients to be seen on a regular basis. In recent years, therapy has shifted from evolving around certain theories to encompass a wider range of methodologies seeking change and solutions based on understanding and explanation. This shift is attributed to growing change in social, economic, and political systems.

But the question that is raised is: What is theory? What is its role in social work? Do social workers need theory? Steffire and Grant (1972) have stated that what many definitions of theory have in common are the elements of reality and belief. Reality is the data or behavior, which we see and strive to explain. Belief, on the other hand, is the way that we try to make sense out of the data by relating what we see to conceivable explanations of it. Therefore, they conclude that theory is a map on which a few points are known, and the road between them is inferred.

In his book "Theories of Counseling and Psychotherapy" Patterson (1980) presents certain characteristics for a formal theory. **First**, it consists of a set of stated postulates or assumptions that are consistent. **Second**, there is a set of definitions of the terms or concepts in the theory, their main function is to relate the concepts to observational data. **Third**, the concepts bear certain relationships to each other. These relationships derive from a set of logical rules. **Fourth**, from these definitions, assumptions, and relationships hypotheses are constructed or deduced.

Although the above criteria are intrinsically essential for theory building, the evaluation of counseling theories depends on their ability to direct and organize practice. Counselors evaluate any theory according to its clarity, comprehensiveness, applicability, and rationality. Theory can not be evaluated as to its validity or correctness (Patterson, 1980). Therefore, theory is assessed on the basis of its functioning rather than its truthfulness or correctness. From the practice perspective, theory provides a basis for action and a rationale for practice as it serves as a map for prediction and explanation (Downing, 1975).

Psychotherapists, counselors, and social workers have faced difficulties of being hooked to one theory and accordingly one practice. Instead, they found themselves using and integrating more than one theoretical framework and some of them consider themselves eclectic. This paper presents three brief therapeutic models: Rational Emotive, Social Learning, and Solution-focused therapy. The rationale behind choosing these three approaches is founded on the researcher's belief that they provide comprehensive and logical understanding of human behavior, and they are applicable in different cultural settings. It compares, contrasts, and critiques the three models based on philosophical assumptions, basic concepts, explanations of human behavior and social reality, and how each one of them views problematic behavior. The focus of application concentrates on adolescents in school settings in one of the developing countries - Saudi Arabia. In addition, Solution-focused model is the model of choice, so it will be discussed in details and how it might be implemented in the Saudi society.

Objectives

The main purpose of this study is to compare the three psychotherapeutic models: rational emotive behavioral therapy, social learning therapy, and solution-focused therapy. Therefore, it intends to achieve the following objectives:

- 1 - How do the three psychotherapeutic models view human nature and social reality?
- 2 - What are the Philosophical assumptions underlying the three psychotherapeutic models?
- 3 - What are the basic assumptions of the three psychotherapeutic models?
- 4 - What are the similarities and differences between the three psychotherapeutic models?

Method

The study used the content analysis methodology to achieve its purpose. The method of content analysis is a research tool used to determine the presence of certain words or concepts within texts or sets of texts. It enables the researcher to include large amounts of textual information and systematically identify its properties. This technique is

suitable for study since the main purpose was aimed at analyzing and critiquing the three psychotherapeutic models. Data for the study was extracted from the available psychoanalytic literature related to the three psychotherapeutic models been discussed: rational emotive behavioral therapy, social learning therapy, and solution-focused therapy. This comparison between the three psychotherapeutic models would be limited to the available references the researcher found and the objectives of this study.

Rational-Emotive Model

Rational Emotive Behavior Therapy (REBT) departs radically from several theoretical framework such as psychoanalytic, person-centered, and gestalt approaches (Corey, 1996). Albert Ellis, the founder of this model, had announced it in the 1950s. Over the course of its development, it has been characterized as being highly rational, persuasive, interpretive, directive, and philosophical. It combines the three basic elements of personality, which are cognition, emotions, and behaviors. Therefore, REBT is a comprehensive approach to treatment and education. In addition to being influenced by the thinking of philosophers of the above mentioned framework, Ellis was also greatly influenced by the thinking of Alfred Adler, a neo-Freudian therapist. Adler believes that an individual's emotional reactions are correlated with one's basic ideas and beliefs and are therefore cognitively created (Gilliland et al., 1984). In addition to this influence, the stoic philosophers of the first century and their view that people are disturbed not by things but by what they think of those things have also impacted this therapeutic model (Baruth & Robinson, 1987).

From these roots Ellis bases the foundation of REBT on two major premises. First, cognitions are the most important determinants of human behavior and emotion. Second, dysfunctional emotional states and behavioral patterns result from dysfunctional thinking (Froegatt, 2005). Therefore, Ellis organized this therapeutic model on the premise that psychotherapy should be aimed at providing clients with the tools to restructure their philosophical and behavioral styles (Corey, 1996). Out of this conviction he began to persuade and encourage his clients to do things they were most afraid of doing.

In sum, this therapeutic model has developed from the cause-and-effect relationship where behavior, cognitions, and emotions are rationally integrated and melted together to enhance human functioning.

Human nature and social reality

Human nature has been viewed and grounded from the perspective of REBT on the notion that people have predispositions for self-preservation, happiness, thinking and verbalizing, loving, communion with others, and self-actualization. At the same time, they have prepositions for self-destruction, avoidance of thought, procrastination, endless repetition of mistakes, superstition, and self-blame. So, taking this notion, REBT attempts to help people accept themselves as creatures who will continue to make mistakes, while at the same time learn to live more at peace with themselves.

Ellis (1979) has concluded that humans are self-talking, self-evaluating, and self-sustaining. They develop emotional and behavioral difficulties when they take simple preferences and make the mistake of thinking of them as dire needs. He also affirms that humans have inborn tendencies toward growth and actualization, yet they often sabotage their movement toward growth as a result of their inborn tendency toward crooked thinking, and also the self-defeating patterns they have learned.

REBT is like most of the cognitive-behaviors models in that social reality is viewed as a cause and effect fashion. It assumes that cognitions mediate behavior and the relationship which exists between cognitions and emotions is arousal, so that the way in which a person labels or evaluates a situation affects that person's emotional and behavioral reactions (Zarb, 1992). So, social reality is explained through the extent of rational understanding of cognitions that is perceived by individuals. For example, an adolescent who has deviant behaviors (effect) may act so due to irrational cognitions (cause) which initiate deviance. However, what REBT added to the cause - effect model is the influence of perception which is the mediator that links them.

Philosophical assumptions

Muro and Dinkmeyer (1977) suggest eight major assumptions of REBT (in Baruth and Robinson, 1987):

1 - The individual has the potential to be rational or irrational. The extent to which the individual is irrational, self-destructive and perfectionistic will be reflected in the individual's lack of growth and ability to fully function.

2 - The individual has a tendency toward irrational thinking, which is influenced by culture and family experiences.

3 - The individual perceives, emotes, thinks, and acts simultaneously. All systems are interrelated.

4 - Emotional problems stem from irrational thinking or magical beliefs.

5 - The cause of the individual's emotional disturbance is the individual's thinking, not what has happened in life.

6 - There are three levels of insight that are important to the functioning of the individual: individual's insight about the antecedents, individual's insight about magical beliefs, and individual's insight about how to change irrational and magical beliefs.

7 - The individual's emotional disturbances associated with their irrational thinking are often the result of caring too much about what others think of them. Thus the individual can only accept itself to the extent that others are accepting of them.

8 - The individual's emotional difficulties are caused by their irrational beliefs. These beliefs are irrational because people magically insist that something in the world should or must be different from the way it is.

However, one of the fundamental tenets of REBT is that human problems stem not from external events or situations, but from the views or beliefs that people adopt about the events or situations around them (Gilliland et al., 1984). REBT starts with the assumption that people's emotions stem from their beliefs, evaluations, interpretations, and philosophies about what happens to them, not from the events themselves.

In this regard, REBT suggests that an individual's belief system may consist of both a set of rational beliefs and a set of irrational beliefs. The latter one, irrational beliefs, is the principal origin of emotional disturbance, and the main therapeutic goal of therapy is to change these

irrational beliefs (Baruth & Robinson, 1987; Corey, 1996; Gilliland et al., 1984).

Albert Ellis (1979) suggests that humans are born with an exceptionally strong tendency to want and to insist that everything happens for the best in their life and to roundly condemn themselves, others, and the world when they do not immediately get what they want. In this regard, REBT suggests that there is a biological base for human behavior. However, Ellis also acknowledges, along with Abraham Maslow and Carl Rogers, that humans also have powerful inborn tendencies to move toward growth and self-actualization (Gilliland et al., 1984).

According to REBT model, the way that thinking affects emotions is explained by the A-B-C theory. At point A, something occurs such as an event, a behavior, an attitude, etc. At point C, the behavioral and/or emotional consequences occur. So, people mistakenly relate activating event (A) with consequence (C). REBT asserts that B (one's belief about A) causes C. For example, if Mary does not receive presents on her birthday (A), she may react with an emotional consequence (C). She may tell herself that "I am depressed because no one remembered my birthday". This irrational belief (B) is the area where the therapist should deal with and this is the element named (D) in this model.

Therefore, the philosophical assumptions of REBT have been grounded on the premise that irrational beliefs and magical thinking are the source of behavioral and emotional disturbances the individuals will suffer from. These irrational beliefs do not only impede human interaction but also create dysfunctional patterns of sequences that limit human development. Unless one disputes these irrational beliefs, he or she will experience the disturbances.

Basic concepts

Ellis (1973) asserts that humans are born with the potential to behave in both rational and irrational ways and suggests that:

Human are biologically predisposed to think crookedly on many occasions, to defeat their own ends, to be over suggestible and over generalizing, to become both anxious and hostile with very little or no objective provocation, and to continue to reinfect themselves with

anxiety and hostility no matter what kind of society they have been reared in (Ellis, 1973).

He further proposes that people are first genetically predisposed to emotional disturbance and then are exposed to environmental situations or influences that help to actualize these predispositions.

Another concept REBT provides is the holistic view of looking at the therapeutic process. Ellis (1979) proposes that humans have four basic processes that are essential to survival and happiness: perceiving or sensing, feeling or emoting, moving or acting, and reasoning or thinking. He claims that these processes are functioning in an interrelated manner, so that none of them will act in isolation. Thus, humans function holistically. For example, when a person says, "I am thinking about this relationship", he or she is actually saying " I am perceiving, feeling, thinking, and acting about this relationship". In this regard, to understand human behavior, it is first crucial to understand how people perceive, think, emote, and act. Therefore, the four processes should be understood simultaneously.

Another concept REBT provides is appropriate vs. inappropriate emotions. It means feelings are necessary as well as important because, without them, people would not experience such positive emotions as creativity, joy, and love - the kind of feelings that help humans to survive happily. Also, some negative emotions are necessary and helpful because they are based on threats to one's basic needs and thus serve to keep the person motivated to avoid danger. Therefore, emotions that help people to achieve the goals of survival and happiness are labeled appropriate and those that hinder the realization of these goals are called inappropriate.

As it is mentioned earlier, the basic concept of REBT is rational vs. irrational thinking. The notion behind this concept is that rational thinking leads to appropriate emoting and is compatible with experiencing intense emotion. Only rational thinking and inappropriate emotionality are viewed as incompatible. Rational thinking leads to increased pleasurable feelings by reducing the disruptive feelings that interfere with pleasure (Ellis, 1973).

Self-defeating concept is also introduced by REBT. It is stated that the overall goal of therapy involves minimizing the client's central

defeating outlook and acquiring more realistic philosophy of life (Ellis, 1979). Under this concept there are two goals: 1) the reduction of the client's anxiety and hostility, and 2) teaching the client a method of self-observation and self-assessment that will ensure that improvement will continue (Ellis, 2001). To this extent, REBT is not only a therapeutic model that cares for treatment, but it also plays an educative role as a preventive approach.

Another concept that REBT presents is self-acceptance. It is distinguished from self-esteem and self-confidence in the way that self-esteem and self-confidence are built upon a person's accomplishments so that when an individual performs well, the result is increased self-esteem (Dryden, 2003). However, sometimes a person derives a sense of self-esteem from good performance, then that person suffers a loss of self-esteem upon failure. In this regard, Ellis (2001) endorses the concept of unconditional acceptance, which means that one accepts oneself without any requirements or conditions.

Social learning model

The history of social learning theory can not be understood without understanding the history of learning theory that is grounded on Behaviorism. The history of behaviorism returns to classical conditioning of Pavlov & John Watson in which the behavior can be learned through stimulus - response fashion, and to operant conditioning of Skinner in which the type of learning begins with a behavior that the child spontaneously produces (Miller, 1993). This behavior becomes conditioned when it comes under the control of a particular stimulus. In contrast to that, the classical conditioning begins with a reflex, which is an innate connection between a stimulus and a response.

Social learning theorists extend the learning process to encompass social context. They propose that personality is learned. They explored much territory in the 1940s and 1950s to include imitation, cross-cultural influences, and environmental influences. However, the major focus of early social learning theory was socialization, the process by which society attempts to teach children to behave like the ideal adults of the society (Miller, 1993).

In 1960s and 1970s Albert Bandura has given social learning theory a new theme by introducing the concept of observational learning

(Corey, 1996; Greene & Ephross, 1991; Rosenthal, Gurney, & Moore, 1981; Tighe, 1996). This concept views learning as a more general process of acquiring information from another person, verbally or visually. So, the process of learning is not only depicted in trial and error fashion, but it exceeds that to encompass cognition and information processing. As such, the theory is increasingly difficult to distinguish from cognitive theories of Piaget and Kohlberg. However, Bandura's theory relates the motives of learning to the perceptions of it. Thus it is intended to be focused on social cognitive theory of Albert Bandura by analyzing and critiquing its theoretical assumptions, the key concepts it relies on, and the application of it in clinical practice (Huitt, 2004).

The rationale behind choosing this theory returns to the need for studying an individual in his environment. The crucial and essential element this theory provides is person-in-environment perspective. It views the relationship between a human being and his/her environment as reciprocal and mutual. It asserts the need of understanding behavior in its social and perceptual contexts.

Human nature and social reality

Social learning theorists propose that there are important learned drives such as aggression and dependency. Learned drives are derived from primary biological drives. For example, a general tendency to imitate is learned because various imitative behaviors are reinforced.

Social learning theorists took interesting and important concepts such as the concepts of dependency, aggression, identification, conscience formation, and defense mechanisms from Freudian theory (Miller, 1993). However, they sought explanations for behavior in principles of S-R learning, which could be observed, rather than hydraulic models, which could not.

The cognitive social learning theory places an emphasis on what people think (cognition) and the resulting effect on behavior. Human behavior is explained in terms of a dynamic, reciprocal model in which behavior, personal factors, and environmental influences all interact (Bandura, 1977; Rotter, Chance, & Phares, 1972). Therefore, all three factors operate interactively as determinants of each other. The reciprocal determinism refers to the production of effects by certain factors.

Among the crucial factors that help to determine a person's behavior are the individual's capabilities to symbolize meanings of behavior, to anticipate the outcomes of certain behavior patterns, to learn from the observation of others, to self-determine or self-regulate behavior, and to reflect and analyze behavior(Bandura, 1986).

According to Bandura (1986), aggressive behavior is learned through observations and direct practice:

1 - Learning aggression through modeling: human behavior is to a large extent socially transmitted through behavioral examples. For instance, the child sees his father beat his mother. Therefore, he imitates this aggressive behavior and beats his sister. The aggressive modeled behavior he learned from observing his father beating his mother is transmitted to him visually. Then, modeled behaviors are stored, coded, reproduced, and reinforced to be used when they are needed. Modeling has three major effects on observers:

- Acquiring new patterns of behavior.
- Strengthening or weakening inhibitions of behavior that observers have previously learned. This happens through reward and punishment.
- The actions of others serve as social prompts that facilitate similar behavior in observers.

So, it is noted that aggressive behavior follows the same four processes mentioned above; attention, retention, motor reproduction, and motivational processes.

2 - Learning through practice: Bandura (1973, 1986) claims that people rarely teach social behaviors that are never exemplified by any one in their environment. This claim means that most of the aggressive behavior is learned through direct involvement in events. Although this premise relies on studies conducted on animals (Bandura, 1986), the generalizability of it is arbitrary. The findings clearly show that if aggression, however learned, is positively reinforced, it will become a preferred mode of response.

So, social learning theorists have a sort of consensus that aggressive behavior is transmitted through three avenues: 1) familial transmission of aggression; 2) sub cultural transmission of aggression; and 3) symbolic transmission of aggression. The children's exposure to one or more of

these fields leads to aggression (Bandura, 1973; Bandura, 1977; Bandura, 1986; Cotton et al., 1994; Rotter et al., 1972).

In short, in the social learning theory, human functioning relies on three regulatory systems: antecedents, response feedback influences, and cognitive processes that guide and regulate action. Human aggression, then, is a learned conduct that - like other forms of social behavior - is under stimulus, reinforcement, and cognitive control (Akers, 1998; Bandura, 1986) these three control systems explain, guide, and maintain aggressive behaviors through observation and direct practice.

Basic Assumptions

Social cognitive learning theory has brought to the field of psychology a new perspective stated on the assumption that conclusions are based on what has been observed rather than on personal beliefs (Corey, 1996). Therefore, the learning process goes beyond the scope of internal factors such as personal capacities to encompass external factors like personal experiences (Grusec, 1992). Social Learning theorists have broadened the notion of learning in two main ways. First, they were interested in social behavior and the social context of behavior. So, they broadened the content of learning by proposing that even social behaviors could be explained by principles of learning. Second, they, also, broadened the types of learning to be explained by stating that learning comes from observational learning and instruction rather than from overt, trial-and-error behavior (Bandura, 1973; Bandura, 1977; Grusec, 1992; Miller, 1993). Therefore, observational learning is especially important for acquiring behavior in areas where mistakes are costly or life threatening.

The social cognitive learning theory deals with the client's current problems and the factors influencing them. It is proposed that the behavior is the product of interaction between the individual and her/his environment (Rotter et al., 1972). Although many theories acknowledge that personal and environmental factors interact, the main contribution of Bandura's theory is that it recognizes that the individual's behavior affects and creates her/his environment. Thus, individuals act on the environment through their behavior and often change the environment in significant ways. Unlike earlier conceptions of learning, which viewed

people as passive, social theory views people as active agents in their environment.

Therefore, behavior causes certain experiences, which in turn affect how the child thinks and what he expects, which in turn affects behavior. For example, the child may become skilled at playing board games and discovers that this accomplishment earns the respect and admiration of others. He then begins to view himself as a good game player and comes to expect success and social reinforcement from this pastime (Miller, 1993). In Bandura's theory, the influence of the environment becomes cognitive as children symbolically represent the relationship among the situation, their behavior, and the outcome. This relationship among these three factors is learned by direct experience, by instruction from others, and by observing others.

Bandura's analysis of development maintains that cognition involves knowledge and the skills for acting on that knowledge. Bandura argues that social learning is best regarded as guided by specialized cognitive capacities that change over time as a function of maturation and experience. These capacities or skills involve a number of domains: attention, retention, production, and motivational processes. All of these social cognitive processes will be discussed later.

Social learning theorists consider the entire system of reinforcement in which a particular event is embedded. The set of reinforcements is organized in a pattern that increases the likelihood of the behavior occurrence. In addition, these patterns work as mechanisms that a child can experience behavior through. For example, a mother asks her son to clean his room, the child whines, and the mother intensifies her command, the child resists, and the conflict rapidly escalates. When the behavior of the child becomes unbearably aversive towards the mother, as when the child throws a temper tantrum, the mother gives up and the child stops his aversive behavior (Miller, 1993).

According to Bandura, this learning process is occurred based on learned models. Models mainly influence us by providing information rather than by eliciting matching behavior (Bandura, 1973; Bandura, 1977; Grusec, 1992). For example, watching another person solve a problem may provide a better overall idea of the nature of the problem, rather than being thoroughly immersed in it oneself. Thus, observational

learning can sometimes be more effective than learning by direct participation.

One of the challenging questions for any theory of socialization is to explain how control over behavior shifts from external sources to the individual. In his theory, Bandura proposed that people do not behave like weather vanes, constantly shifting their behavior in accord with momentary influences; rather, they hold on to ideological positions in spite of a changing situation. They can do this because they bring judgmental self-reactions into play whenever they perform an action. Actions that measure up to internal standards are judged positively, and those that fall short of these standards are judged negatively (Bandura, 1977). However, the source of self-regulative functions lies in modeling and in direct tuition. In this regard, it is proposed by Bandura that people do not passively absorb standards of behavior from whatever influences they experiences. Rather, they select from numerous evaluations that are prescribed and modeled by different individuals as well as by the same individual in differing circumstances. Subsequently, behavioral rules are generated and integrated.

Another assumption provided by the social cognitive learning theory is Self-efficacy. It is considered a major determinant of self-regulation. Bandura viewed this concept as the extent to which individuals' perceptions of their own feelings of effectiveness determined how easily changes in behavior and fear arousal were achieved and maintained (Grusec, 1992). Beliefs about self-efficacy arise from the individuals' history of achievement, from observation of what others are able to accomplish, from attempts of others to mold feelings of self-efficacy through persuasion, and from consideration of one's own physiological state during a task as a reflection of personal capabilities and limitations (Bandura, 1977; Grusec, 1992; Braswell & Seay, 1984).

According to the social learning view, people vary in what they teach, model, and reinforce with children of differing ages. A person's behavior, in fact, typically varies from situation to situation, depending on which eliciting stimuli and reinforcers are found in each situation. And in which of these situations the person's previous experiences have been. In Bandura's perspective, the person, his or her behavior, and the situation all exert an influence. In this regard the three components are interconnected and are in a reciprocal influence. Thus, human behavior is

best understood by tracing the impact of each one of these three components in affecting and shaping it.

Basic Concept

Julian Rotter, June Chance & E. Jerry Phares (1972) have stated four basic concepts that are utilized in the prediction of behavior:

1 - Behavior potential: is defined as the potentiality of any behavior occurring in any given situation or situations as calculated in relation to any single reinforcement or set of reinforcement (Rotter et al., 1972). For example, it is possible to say that in a specific situation the potentiality for occurrence of behavior X is greater than that for behavior Z. Although this concept seems logical and straightforward for behavior expectancy, the measurement of the frequency of behavior occurrence does not follow this pattern. The cognitive activity behind behavior occurrence is determined differently, depending on the principles and rules that govern it. However, social learning theorists claim that as the individual encounters new experiences, his experiences and reinforcement values are changed. As a result, behavior potential is altered.

2 - Expectancy: is defined as the probability held by the individual that a particular reinforcement will occur as a function of a specific behavior on his part in a specific situation or situations (Rotter et al., 1972). So, it simply refers to behavior-reinforcement sequences. It is subjective in its nature. In this regard, the expectancies for future occurrence of behavior-reinforcement sequences are dependent upon whether the individual perceives the relation to be necessary or accidental.

3 - Reinforcement value: is defined as the degree of the person's preference for specific reinforcement to occur if the possibilities of occurrence of all alternatives were equal. It is a relative term. Social learning theory distinguishes between internal and external reinforcements. While the former refers to the person's experience or perception that an event has occurred which has some value for him, the latter refers to occurrences of events or outcomes known to have predictable reinforcement value for a group or culture to which the person belongs. Although the impact of both internal and external reinforcements is crucial in determining the expectancy and the way behavior is learned,

the relationship between internal and external reinforcements is not always one to one. In addition, they vary from culture to culture.

4 - Psychological situation: this concept refers to the idea that behavior does not occur in a vacuum. A person is continuously reacting to aspects of his external and internal environment. Since the reaction depends on the person's experiences and on how aspects of his environment affect each other, the psychological situation is essential in determining the learning process. It is emphasized that behavior varies as the situation does.

In addition to the above concepts, Bandura (1977) has introduced some fundamental concepts in his theory that explain how children and adults operate cognitively on their social experiences and how these cognitive operations then come to influence their behavior and development.

1 - **Observational learning** : according to social learning theory, behavior is learned symbolically through central processing of response information before it is performed (Bandura, 1977). So, by observing a model of the desired behavior, an individual forms an idea of how response components must be combined and sequenced to produce the new behavior. In other words, people guide their actions by prior notions rather than by relying on outcomes to tell them what they must do. Bandura (1977) has linked overt responding and immediate reinforcement by asserting that learning is organized in new patterns based on the linkage between these two components. In this regard, behavior is learned observationally through modeling (this concept will be discussed later). From observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action.

2 - **Reciprocal determinism** : social cognitive theory acknowledges the interrelationship between the individual, the environment, and behavior (Bandura, 1973; Bandura, 1977; Grusec, 1992). In his formalization of triadic reciprocal determinism Bandura (1977) argues that behavior, the environment, and cognition as well as other personal factors operate as interacting determinants that have a bidirectional influence on each other. So, expectations, goals, self-perceptions, and physical structures direct behavior. Environmental events, on the other

hand, affect the person in the form of modeling and instruction. In addition, behavior determines aspects of the environment in which the individual is exposed to, and behavior is, in turn, modified by that environment. Bandura (1977) argues that people contribute to their own life course by selecting, influencing, and constructing their own circumstances.

We are all acquainted with problem-prone individuals who, through their obnoxious conduct, predictably breed negative social climates wherever they go. Others are equally skilled at bringing out the best in those with whom they interact (Bandura, 1977).

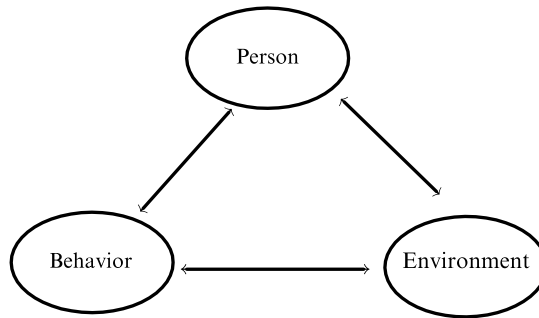


Figure 1 Social learning reciprocal conception of interaction

3 - **Vicarious Learning** : refers to the experience that comes from observing others' behaviors. In vicarious learning, events become evocative through association with emotions aroused in observers by the affective expression of others. For example, children who see a hard-working classmate praised by the teacher learn to try and copy that behavior. Therefore, observing that others are reinforced for a particular behavior may impart to children the information that the behavior is desirable in that situation and may encourage them to imitate that behavior (Miller, 1993). This process can go to the opposite when the observed behavior is discouraged.

4 - **Abstract modeling** : this concept refers to abstracting a general rule from observing specific behavior. By observing others, the child extracts general concepts and organizes general rules she/he can use later on. The child reproduces the behaviors she/he has seen and receives feedback regarding how closely their behavior matches that of the model (Bandura, 1973; Bandura, 1977). This process not only gives the child the

ability of matching but also serves as an incentive for the child to seek self-satisfaction, achievement, competence, or attention from others. In addition, modeling influences can create generative and innovative behavior. Through this process, observers derive the principles underlying specific performances for generating behavior that goes beyond what they have seen or heard. However, the moral judgments regarding the children's behaviors are governed by work as social decisions and serve to mitigate or to justify the inappropriateness of conduct.

The above theoretical concepts orient the social cognitive learning theory of Albert Bandura. It is grounded on the assumption that individuals are believed to abstract and integrate information that is encountered in a variety of social experiences, such as exposure to models, verbal discussions, and discipline encounters. Through this abstraction, they mentally represent their environments and themselves in terms of certain crucial classes of cognition that include response-outcome expectancies, perceptions of self-efficacy, and standards for evaluative self-reactions.

Solution-Focused Model

This model, which was impacted by strategic methods of interventions - most notably by the writings of the MIR group and Milton Erickson, offers theoretical frameworks to therapeutic interventions. Solution - Focused Brief therapy (SFBC) was originally conceptualized by de Shazer and his associates as a set of clinical assumptions and strategies focused mainly to respond to the question "What works in counseling?" (Mostert, Johnson, & Mostert, 1997). However, it extends Erickson's work by focusing on the future versus the past, solutions versus problems, and clients' strengths versus deficiencies (Murphy, 1997).

Although SFBC has rapidly progressed during the last two decades, the use of it in the educational settings is still under recognized (Kottler, 1997; Murphy, 1997). However, Murphy (1997) assures that SFBC is effective and workable in schools. He claimed that students' problems are considered less complicated problems, and focused mainly on behavioral dysfunction such as failing grades, school truancy, and miscommunication (Kottler, 1997; Murphy, 1997).

The philosophy of any counseling approach is based on some

theoretical assumptions which counselors need to realize before practicing. Focusing attention on these assumptions not only directs counselors through counseling process but also validates the process itself and evaluates its outcomes. Since SFBC is based on a here-and-now perspective, counselors articulate the assumptions inherent in this approach in their own way. However, there is a common consensus around some basic assumptions that SFBC is grounded in such as: a) the major task of counseling is to help the person to do something different in his or her situation; b) the focus of the problem is redirected toward solutions already existing; c) only small change is necessary because any change, no matter how small, creates the context for further change; and d) goals are framed in positive terms with an expectancy for change (Bonnington, 1993).

In addition, there are some supplemental concepts that provide a paving road for implementing this approach. First, focus on actions rather than insights. Since cognitive ability varies depending on the level of psychosocial development one has, the comprehensive understanding of problems is varied too (Metcalf, 1995). So, SFBC starts from what the clients brought to counseling (Rothwell, 2005). This includes their strengths and how these strengths are initiated rather than focusing on deficits. Second, every problem has identifiable exceptions that can be found and transformed into solutions. SFBC sees clients as always viewing the persistence of their problems and not recognizing the times when they are absent (de Shazer, 1982; de Shazer, 1988; de Shazer, 1991; DeJong & Berg, 1998; de Shazer, 1986). Third, SFBC stresses the importance of empowerment as a significant element of the counseling process (Kottler, 1997). It views clients empowered when they envision themselves accomplishing a measurable goal. Therefore, SFBC's counselors try to encourage clients to develop goals in positive terms because constructing a goal in a negative term is unproductive. Fourth, SFBC emphasizes wellness whereby individuals are seen as having the resources to solve their problems in a particular and immediate way, and that problems are not evidence of an underlying pathology (Mostert et al., 1997). This means that the clients are viewed as both means and ends. They are the source of desirable change as well as the builders of it. However, this emphasis on resources does not imply a passive role of counselors rather, it means utilizing clients' strengths and capacities to

the utmost level. Fifth, SFBC is a cooperative process where the client and the counselor work together in a mutual interaction (Bonnington, 1993; de Shazer, 1982; DeJong & Berg, 1998; Mostert et al., 1997). Counselors do not convince or persuade the client to work on issues important to the counselors. This makes the client recognizes his/her situation rather than depending on what the counselor says or does, for the aim of the counseling process is to look for solutions instead of looking for causes. For example, the client should work to identify well-formed goals that he/she views as workable and applicable. In a collaborative way, goals should be casting from the client and from his/her own perspective.

Generally speaking, we can conclude that SFBC is casting from the idea that there is neither a general client nor a general theory for treatment; it is time effective in which the counselors do not have to spend much time to figure out the origins and history of problems (Newsome, 2005). It focuses on the future in which clients are directed to imagine a problem-free future, rather than to describe how they resolved their problems. The emphasis is on small changes because what appears small can change the whole system. Besides, SFBC tries to utilize what the client brings to counseling. Utilizing clients' capacities not only enhances empowerment but also expands solution possibilities for clients instead of narrowing down treatment (Murphy, 1997).

Human nature and social reality

Solution-Focused Brief Therapy, as most brief therapy models, has been characterized by discussions about epistemology, which means theory of knowledge or how we know what we think. Inside this notion, constructivism has emerged as the view of reality. It refers to the perspective that what we know about the world and our experience of it is a product of our own mental processes, rather than representing something that actually exists (Durrant, 1995; Lee & Greene, 1999). Different things mean different things to different people. For example, what is considered deviant or normal in one culture may not be considered the same in another culture. So, it is not a matter of right or wrong, as much as a difference in the way of looking at things and making sense of them.

Therefore, there is no objective reality standing independently

outside the individual. People do not come to know the world passively in a stimulus-response fashion; rather, they are actively constructing their reality by understanding the world as they interact with it. This means that every one has a unique reality that is completely different than the others’.

Based on this perspective, Social reality emphasizes that our generation of knowledge and ideas of reality are sparked by social processes more than individual processes (Lee & Greene, 1999). For example, an individual constructs his reality on the basis of understanding and perceiving the interpersonal relationships she/he makes with others, such as family members, peers, or schoolmates.

From this perspective, social reality varies historically, culturally, and environmentally to the extent that every individual has a unique perception and experiences. Hence, any attempt to change behavior necessarily involves changing the meaning of that behavior (Durrant, 1995)

Basic Concepts

The concepts of SFT proceed from a non-pathological view of human problems, which is expressed in the assumption that solutions exist and are hidden in social systems (Fine & Carlson, 1992). It is grounded on the premise that therapy should be solution-oriented and goal-directed (Cade & O’Hanlon, 1993; de Shazer, 1986; DeJong & Berg, 1998; Durrant, 1995; O’Hanlon & Weiner-Davis, 1989). However, it is valuable to differentiate between concept and technique since most SFT literature has used these two words interchangeably. A concept is an abstraction representing an object, a property of an object, or a certain phenomenon. Concepts serve as the foundation of communication, a way of looking at empirical phenomena, means for classification and generalization, and as components of theories used for explanations and predictions (Frankfort-Nachmias & Nachmias, 1996). So, concepts refer to abstract thinking or conceptualization of a certain object or phenomenon, which guides and direct explanation and predication. Techniques, on the other hand, are viewed as systematic processes of interventions. They are used to induce desirable change in one’s system. In this regard techniques are tools used by specialists to manipulate problematic situations in such a way to meet desirable needs.

The essential concepts of SFT include the following:

1 - Human problems result from patterns of interaction within a system. This means that human problems do not initiate from a linear focus but they initiate from unsuccessful sequence of interactions (Fine & Carlson, 1992). In this regard, the acceptance of the system principle would challenge the thinking and actions in response to problems.

2 - One of the essential concepts of SFT is change. In other words, the difference that makes a difference (de Shazer, 1982). Primarily, information is a message about a difference. The hallmark of this concept is the use of distinction with any given set of variables, which makes further and continued transformation of differences possible. In SFT it is assumed that change in one's situation, no matter how it is small, is the desirable outcome.

3 - Exceptions: it is noted that using the miracle question in its essence is a way of looking for times when problems or difficulties disappear or greatly reduced. These times are considered as exceptions to the problem (de Shazer, 1986; de Shazer, 1988; DeJong & Berg, 1998; Murphy, 1997; O'Hanlon & Weiner-Davis, 1989). For example, the therapist may ask the client "Tell me about times during the last week when the problem occurred less often or not at all". By encouraging clients to identify exceptions, the therapist helps them to focus on what to do instead of what not to do in order to resolve the problem.

4 - Simple goal leads to small change: another contribution of the SFT that is well suited to the counseling process is the notion of "keep it simple." Steve de Shazer and his associates observed that sometimes all that clients need is a small change. When the client identifies simple goal and perceives it, she/he may work with it and initiate small change. This pragmatic, straightforward technique helps clients being empowered and active.

5 - Utilization: SFT recognizes that all clients have what it takes to resolve their difficulties. Although clients seem to be helpless when they come to therapy, they have strengths and resources that they can utilize to overcome their difficulties. SFT utilizes these strengths rather than focusing on deficits (Sklare, 1997). By exploring client's strengths, the roads are paved for success. Therefore, the clients are able to identify goals and work to attain them. This perspective is referred to as a

strength-based perspective in which the counseling process is concerned with potentials rather than limitations (Kiser, et al, 1993).

Table (1)
Comparison between REBT, SLT, and SFBT.

Criterion	REBT	SLT	SFBT
Assumptions	Human growth occurs through a life span The response follows cognitions Interrelation between thoughts, feelings, and behaviors	Conclusion is based on what is observed Person, behavior, and environment are related Learning through modeling	If it works do more, if not do something else Small change is enough Exceptions are there
Concepts	Human potentiality Holistic functioning Self-defeating	Reciprocal determinism Observational learning Modeling	Change Exception Utilization
Human nature and social reality	Irrational thinking Combination of cognition, feeling, and behavior Disturbance comes from irrationality	Social behavior is learned Modeled behavior is transmitted Deviance is learned	Disturbances come from unsuccessful attempted solutions Multiple reality

Discussion and Critique

The above three mentioned models have some similarities and differences in their philosophical assumptions, views of human nature, and explanations of problematic behaviors. Although they are considered educative, each one of them has its unique assumptions.

First, all of the three models- REBT, SLT, and SFT, emphasize the cognitive aspect of human development. This is noticed in the constructivist perspective they view human nature through. This perspective provides a philosophical context in which therapy is applied far more than prescribing a set of techniques. In the core of constructivism, people are viewed as active agents and able to derive meaning out of their experiential world (Corey, 1996). Therefore, the

three models believe in self-actualization, self-empowerment, and inborn strengths each one has.

However, the view of cognition on the practice level is different within the three models. For REBT, cognition is an independent factor in which the core of therapy is focused around irrational beliefs and thoughts and how they affect clients. This means that the cognitive aspect is the factor that influences the final product. For example, an adolescent with problematic behavior may have irrational beliefs that encapsulate his cognition and consequently cause deviance.

In contrast, social learning model views cognition as a dependent factor influenced by learned models an individual gets from direct observation. So, cognition is depicted by the content of learning and the way this content is learned. For example, in the above mentioned example, the adolescent may display problematic behavior because he has seen or experienced violence or deviance and learned that somewhere in his life. In this regard, the cognitive aspect here is a dependent factor that is determined by social and environmental processes (Zarb, 1992).

For Solution-focused model, cognition is a bridge for creating solutions. So, the focus is on actions rather than insights. Metcalf (1995) points out that “knowing why we are the way we are does not offer solutions. As individuals discover why they are sad, angry, or shy, they often use the information as a symptom and reason for not succeeding”. SFT contends that insight is not necessary for change to occur (Sklare, 1997). However, de-emphasizing insight does not mean SFT does not deal with cognition. Instead, SFT views cognition as an essential element to the extent that it generates stories where solutions can be stemmed from. For example, miracle question itself is a cognitive process which a client uses to discover changes. However, as mentioned earlier, cognition in SFT is not the ultimate goal the therapy cares about.

The explanation of problematic behavior varies from one model to another. While REBT views it as a product of irrational beliefs which consist of musts and shoulds statements the individual is detained by, the social learning model explains it as a learned model that accumulates through observations and experiences. In contrast, SFT does not emphasize problem description. It is a shift from a problem-focused to

a solution-focused perspective. SFT addresses what is working for clients instead of exploring the etiology of their problems.

Although REBT and SLT seek change and pay efforts to attain it, SFT may be the most effective model in tracing this change from the first session. It does so by focusing on what difference makes a difference.

It is worth-mentioning that all of the three therapeutic models appreciate clients' strengths and utilize them to reach desirable changes in their life. All the three models are directive in terms of addressing counseling process and handling problematic behavior. However, each one of them is unique in practice.

REBT counseling process consists of four steps: 1) the first step is to show clients that they have incorporated many irrational shoulds and musts. In other words, they have to develop awareness. Clients need to separate their rational beliefs from their irrational beliefs (Corey, 1996); 2) The therapist takes clients one step further by demonstrating to them that their emotional disturbances stem from illogical repetition of self-defeating meanings and philosophies; 3) The therapist then steps beyond mere cognition of irrational thoughts by helping clients modify their thinking and abandon their irrational ideas; and 4) the therapist challenges clients to develop a rational philosophy of life to overcome future disturbances. Although this counseling model is directive, it is also persuasive and challenging. The therapist takes the upper-hand role in directing and guiding outcomes. This model may be difficult when the target population is rebellious such as adolescents.

In SLT, the terms modeling, observational learning, and vicarious learning form the cornerstone of the counseling process. Bandura (1973) outlines three major effects of modeling, each of which has significant implications for clinical practice. The first effect is the acquisition of new responses or skills and the performance of them. This means integrating new patterns of behavior based on observing models. For example, an adolescent may acquire skills in sports by watching famous players.

The second effect of modeling is an inhibition of fear responses, which occurs when the observers' behavior is inhibited in some way. The models that perform inhibited fear response either do not suffer negative consequences or meet with positive consequences. For example, models

that strike and not lose their jobs may encourage fellow workers to follow suit.

Finally, modeling is a facilitation of response, in which a model provides cues for others to emulate. So, modeling increases the likelihood of occurrence of events. For example, models of teenagers who talk on television about jeans may influence others to follow the fad. As such, the Social Learning model is educative in its nature in which live and symbolic models are learned and transmitted from one generation to another.

According to Bandura's theory of social learning (1997), there are four components involved in the process of modeling. Each one of these components has a role in the acquisition of information as well as in the decision to put this information to use in guiding behavior. **First**, the observer must pay attention to events that are modeled. These events can be live or symbolic (Bandura, 1977; Grusec, 1992; Miller, 1993). The process of attention is restricted by several factors such as the power of attractiveness of the model and the environmental conditions under which behavior is viewed. So, attention refers to the observers' orienting and perceptual activities when they register overt events (Rosenthal & Zimmerman, 1978). For example, in the case of imitation, the observer must attend to and perceive a modeling episode before she/he can profit from its guidance. It is worth mentioning that mature perceptual capacities and an optimal level of arousal encourage attention to important aspects of the model's behavior. In addition, what the children expect to see, their cognitive ability to comprehend the event, and their preferences also influence which features are selected for processing (Miller, 1993).

Second, retention is defined by Bandura (1973) as the evidence that modeled behavior must be adequately discriminated and symbolically represented by the observer if he is to subsequently act successfully. The idea here returns to the ability of a person to code information and organize it in a form of framework that permits future retrieval. Therefore, even when the modeled behavior is attended to, it has little influence unless it is retained for future use when the model is no longer present. Hence, the event must be translated into symbols, integrated into the child's cognitive organization, and rehearsed. However, Bandura (1986) emphasizes that the representation of the model need not be

structurally similar to the model's behavior. It may be a conception, rule, or set of propositions that abstracts the underlying conceptual structure rather than the concrete event itself.

Third, symbolic representation must now be converted into appropriate actions similar to the originally modeled behavior. Bandura (1973) has called this process motor reproduction. It refers to the translation of information into actions. For instance, motoric reproduction of complex actions is much less likely to be successful than that of simple actions. This process is functional in its nature rather than being conceptual. It entails physical capabilities, availability of component responses, self-observation of reproduction, and accuracy feedback (figure 2).

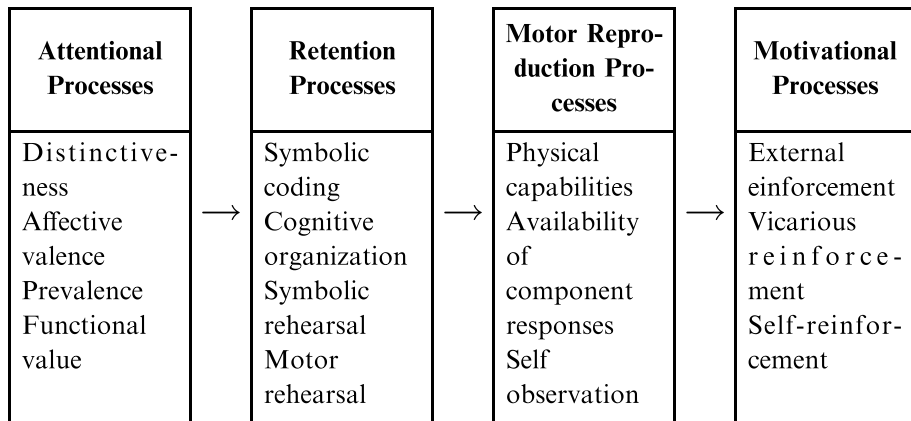


Figure 2: Sub-processes in the social learning view of observational learning (Rosenthal, 1978)

Fourth, the final process governing observational learning involves motivational variables. This process entails sufficient incentive to motivate the actual performance of modeled actions. So, incentive conditions often dictate the extent to which correct acquisition will be expressed in overt performance (Miller, 1993; Rosenthal & Zimmerman, 1978). In contrast to Piaget, who examines only the cognitive development underlying imitation, Bandura is also interested in why a child is motivated to imitate only certain actions of certain models at certain times and places.

The above discussion of abstract modeling of observational learning

has two points. First, external events are translated into a symbolic form and combined with other symbolically represented events or used as information to develop a more general rule. Second, a child's failure to imitate a model's behavior is due to one or more of the four components of the process: inadequately attending to behavior events, inadequately encoding and retaining these events, failing to perform because of physical limitations, and processing low motivation.

In SFT counseling, the practice starts with establishing well-developed goals (de Shazer, 1988; DeJong & Berg, 1998; Durrant, 1995; Sklare, 1997). Goals should be defined by clients, and should be positive, and applicable. Miracle question is the way where goals and solutions can stem from. Therapists have to utilize what clients brought to therapy (de Shazer, 1988; DeJong & Berg, 1998; Durrant, 1995; Lee, 1997; Murphy, 1997; Sklare, 1997). Then, SFT therapists help clients in discovering and constructing solutions. The assistance here evolves around discovering unrecognized solutions - solutions that clients do not recognize due to the psychosocial situation they suffer from.

In addition, the therapists use many techniques such as reframing which offers a different way of seeing the situation. This will open the possibility of different responses (Durrant, 1995). Also, scaling questions are used to determine and evaluate the progress has been made. It is noted that SFT pays tremendous efforts to create change no matter how small it is, because this small change will lead to another (de Shazer, 1986; de Shazer, 1988; de Shazer, 1991; DeJong & Berg, 1998; Durrant, 1995; Greene, 1996; Greene, Lee, Mentzer, Pinnell, & Niles, 1998; Kottler, 1997; Lee, 1997; Metcalf, 1995).

In short, although the three models share some philosophical assumptions regarding human nature, social reality, and clients' roles, they differ in how they handle problematic behaviors. Each one of them views the issues from different angles and offers practices accordingly. The social workers can integrate the three models in working with clients. For example, the social worker may use REBT to challenge client's thinking, the SLT to facilitate learned behaviors, and SFBT to establish alternatives.

References:

- Akers, R. (1998). *Social Learning and social structure: A general theory of crime and deviance*. Boston: Northeastern University Press.
- Bandura, A. (1973). *Aggression: A social learning analysis*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Bandura, A. (1986). *Social foundations of thoughts and action: A Social cognitive theory*. Englewood, NJ: Prentice-Hall.
- Baruth, L. G., & Robinson, I. E. (1987). *An introduction to the counseling profession*. New Jersey: Prentice - Hall, Inc.
- Bonnington, S. B. (1993). Solution-focused brief therapy: Helpful interventions for school counselors. *The School Counselor*, 41(November): 126-128.
- Braswell, M., & Seay, T. (1984). *Approaches to counseling and psychotherapy*. (2 Ed.). Prospect Heights, Illinois: Waveland Press, Inc.
- Cade, B., & O'Hanlon, W. H. (1993). *A brief guide to brief therapy*. New York: W. W. Norton & Company.
- Corey, G. (1996). *Theory and practice of counseling and psychotherapy*. New York: Brooks/Cole Publishing Company.
- Cotton, N. U., Resnick, J., Browne, D., Martin, S. L., McCarraher, D. R., & Woods, J. (1994). Aggression and fighting behavior among African-American adolescents: Individual and family factors. *American Journal of Public Health*, 84(4), 618-621.
- de Shazer, S. (1982). *Patterns of brief family therapy: An ecosystemic approach*. New York: The Guilford Press.
- de Shazer, S. (1986). Brief therapy: Focused - solution development. *Family Process*, 25(JUNE).
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York: W. W. Norton & Company.
- de Shazer, S. (1991). *Putting difference to work*. New York: W. W. Norton & Company.
- DeJong, P., & Berg, I. K. (1998). *Interviewing for solution*. New York: Brooks/Cole Publishing Company.
- Downing, L. N. (1975). *Counseling theories and techniques: Summarized and critiqued*. Chicago: Nelson - Hall.
- Dryden, W. (2003). *Rational emotive behavior therapy; Theoretical developments*: Brunner-Routledge, N.Y.
- Durrant, M. (1995). *Creative strategies for school problems: Solutions for psychologists and teachers*. New York: W. W. Norton & Company.
- Ellis, A. (1973). *Humanistic psychotherapy: The rational-emotive approach*. New York: Julian Press & McGraw-Hill.
- Ellis, A. (1979). Rational-emotive therapy. In R. Corsini (Ed.), *Current psychotherapies*. (2 Ed.,). Itasca, IL: F. E. Peacock.

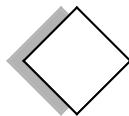
- Ellis, A. (2001) *Overcoming destructive beliefs, Feelings, and Behaviors: New directions for rational emotive behavior therapy*. Prometheus Books.
- Fine, M. J., & Carlson, C. (1992). *The Handbook of family-school intervention: A system perspective*. Boston: Allyn and Bacon.
- Frankfort-Nachmias, C., & Nachmias, D. (1996). *Research methods in the social science : Study guide to accompany*. (5 ed.). New York: St. martin's Press.
- Froggatt, Wayne. (2005). *A brief introduction to rational emotive behavior therapy*. Third Edition, New Zealand Centre for Cognitive Behaviour Therapy.
- Gilliland, B. E., James, R. K., Roberts, G. T., & Bowman, J. T. (1984). *Theories and Strategies in counseling and psychotherapy*. Englewood, New Jersey: Prentice-Hall, Inc.
- Greene, G. J. (1996). Communication theory and social work treatment. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches*. New York: The Free Press.
- Greene, G. J., Lee, M. Y., Mentzer, R. A., Pinnell, S. R., & Niles, D. (1998). Miracles, Dreams, and empowerment: A brief therapy practice note. *Families in Society*, 2(July-August), 395-399.
- Greene, R. R., & Ephross, P. H. (1991). *Human behavior theory and social work practice*. New York: Aldine De Gruyter.
- Grusec, J. E. (1992). Social learning theory and developmental psychology: the legacies of Robert Sears and Albert Bandura. *Developmental Psychology*, 28(5), 776-786.
- Huitt, W. (2004). *Observational (social) learning : An overview*. Educational psychology interactive. Valdosta, GA: Valdosta State University.
- Kiser, D. J., Piercy, P. P., & Lipchik, E. (1993). The integration of emotion in Solution-focused therapy. *Journal of Marital and Family Therapy*, 19(3), 233-242.
- Kottler, J. (1997). *Brief counseling that works: A solution-focused approach for school counselors*. Thousand Oaks, California: Corwin Press, inc.
- Lee, M. Y. (1997). A Study of Solution-focused brief family therapy: Outcomes and issues. *The American Journal of Family Therapy*, 25(1): 3-17.
- Lee, M. Y., & Greene, G. J. (1999). A social constructivist framework for integrating cross-cultural issues in teaching clinical social work. *Journal of Social Work Education*, 35(1): 21-37.
- Metcalf, L. (1995). *Counseling toward solutions: A practical solution-focused program for working with students, Teachers, and parents*. New York: Prentice-Hall.
- Miller, P. H. (1993). *Theories of developmental psychology*. (3 ed.). New York: W. H. Freeman and Company.
- Mostert, D. L., Johnson, E., & Mostert, M. (1997). The utility of solution-focused, Brief counseling in schools: Potential from an initial study. *Professional School Counseling*(October): 21-24.
- Murphy, J. (1997). *Solution-focused counseling in middle and high schools*. Alexandria, VA: American Counseling Association.

Comparison of Three Psychotherapeutic Models: Critique and Analysis_____

- Newsome, W. (2005). The impact of solution-focused brief therapy with At-risk Junior High school students. *Children & Schools*, 27: 83-90.
- O'Hanlon, W. H., & Weiner-Davis, M. (1989). *In search of solutions: A new direction in psychotherapy*. New York: W. W. Norton & Company.
- Patterson, C. H. (1980). *Theories of counseling and psychotherapy*. (3rd ed.). New York: Harper & Row, Publishers.
- Rosenthal, D. A., Gurney, R. M., & Moore, S. M. (1981). From trust to intimacy: A new inventory for examining erikson's stages of psychosocial Development. *Journal of Youth and Adolescence*, 10(6): 525-537.
- Rosenthal, T. L., & Zimmerman, B. J. (1978). *Social learning and cognition*. New York: Academic Press.
- Rothwell, N. (2005). How brief is solution focused brief therapy? A Comparatives Study. *Clinical Psychology and Psychotherapy*. 12: 402-405.
- Rotter, J. B., Chance, J. E., & Phares, E. J. (1972). *Applications of social learning theory of personality*. New York: Holt, Rinehart and Winston, Inc.
- Sklare, G. B. (1997). *Brief counseling that works: A solution-focused approach for school counselors*. Thousand Oaks, CA: Crown press, Inc.
- Steffire, B., & Grant, W. H. (1972). *Theories of counseling*. (2 Ed.). New York: McGraw-Hill Book Company.
- Tighe, M. B. (1996). Use of social learning theory to predict interpersonal violent behaviors among adolescents. Unpublished Masters, The Ohio State University, Columbus, Ohio.
- Zarb, J. M. (1992). *Cognitive-behavioral assessment and theory with adolescents*. New York: Brunner/Mazel, Publishers.

Submitted: May, 2006

Approved: Nobember, 2006



مقارنة نقدية تحليلية لثلاثة نماذج علاجية نفسية

محمد مسفر القرني*

نما الاهتمام بالعلاج المختصر بصورة ملحوظة منذ النصف الثاني من القرن العشرين. وتجلى ذلك في ازدياد نماذجه. وتؤدي مختلف العوامل الاجتماعية والاقتصادية أدواراً مهمة في صياغة أسس هذه النماذج العلاجية مثل إدارة تقديم الرعاية، والتغير الاجتماعي في المجال الأسري والمتطلبات الصحية. غير أن الممارسين المعالجين يواجهون بعدم توافر الوقت الكافي للتعامل مع كل عميل على حدة، إما بسبب شروط جهات التمويل أو عدم وجود العملاء بصورة منتظمة. وفي الآونة الأخيرة تحولت الممارسة العلاجية من التمحور حول نظريات محددة إلى السعي وراء الحلول القائمة على الفهم والتفسير. ويرجع هذا التحول إلى التغير المتنامي في النظم الاجتماعية والاقتصادية والسياسية. وتركز هذه الدراسة على تناول التحليلي الناقد لثلاثة نماذج علاجية نفسية: العلاج السلوكي العقلاني الانفعالي، والعلاج عن طريق التعلم الاجتماعي، والعلاج المختصر المتمركز حول الحل. ويتضمن تناول في هذه الدراسة اعتبارات الطبيعة الإنسانية والافتراضات الفلسفية والمفاهيم الأساسية، إضافة إلى مناقشة أوجه التشابه والاختلاف بين النماذج الثلاثة.

المصطلحات الأساسية: العلاج السلوكي العقلاني الانفعالي، العلاج عن طريق التعلم الاجتماعي، العلاج المختصر المتمركز حول الحل.

* قسم الخدمة الاجتماعية، كلية العلوم الاجتماعية، جامعة أم القرى، المملكة العربية السعودية.