## *A Brief Primer of Three Major Counseling Theories for Use by School-Based Personnel*

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### *Abstract*

Childhood psychopathology is a large and concerning problem within the school setting. High prevalence rates of childhood psychopathology and resulting poor student outcomes reiterates the need for school service personnel to possess a basic understanding of the major therapeutic approaches to mollifying the difficulties presented by students. Three of these approaches are psychoanalysis, person-centered, and cognitive-behavioral therapy. This article provides teachers and varied school personnel with a working understanding of the theoretical foundations of each these therapies, as well as how each of these approaches conceptualizes childhood mental health disorders. Further, personnel are provided with an introduction to simple methods of addressing student psychological distress derived from each of the theories. These methods of redress include fostering student-teacher attachment, providing students with unconditional positive regard, and challenging cognitive distortions.

*Keywords*: psychopathology; psychoanalysis; person-centered; cognitive-behavioral therapy

*A Brief Primer of Three Major Counseling Theories for Use by School-Based Personnel*

This article will discuss three divergent theories of child psychopathology that are frequently utilized within the K-12 school setting. A thorough understanding of the dominant approaches to childhood psychopathology is paramount to the successful remediation of child mental health disorders. Prevalence rates of childhood mental health have estimated that approximately 13% of school-aged children show clinical levels of some form of psychopathological symptomology (Anderson, Howarth, Vainre, Jones, & Humphrey, 2017; Marsh, 2016). Further, students who experience mental health disorders are at an increased risk for special education enrollment, poor academic attainment, increased rates of incarceration, and substance abuse (Chemore, Ou, & Reynolds, 2016). Due to the high prevalence rates of childhood mental health disorders and the related deleterious outcomes, school personnel have become de facto mental health providers.

Many theories have been posited to provide children with effective psychotherapy. These therapies are built on unique paradigms for understanding human nature, psychopathology, and the process of therapeutic change. Individuals who provide counseling services often lean towards one underlying theory through which they frame their understanding of the difficulties experienced by the students with which they work. Due to this, it is important for professionals to introspectively examine the theoretical base that underpins their administration of psychotherapeutic services. A person's theoretical lens influences her or his overall understanding of student behavior, regardless of whether or not they provide direct counseling services to students. In order to help school professionals, both direct service providers and teachers, clarify their understanding of student behavior the following sections will provide a survey of three major theoretical understandings of student psychopathology (psychoanalysis, person-centered, and cognitive-behavioral theories) frequently implemented in the school setting.

## *Psychoanalysis*

Sigmund Freud developed psychoanalysis in the 19th century. The following sections will provide a sketch of the theory's founder, the theory's conceptualization of personality and psychopathology, and the major components of the therapeutic process. Consideration will also be given to the practicalities of implementing psychoanalysis in the school setting and the theory's criticisms.

### Biographical Sketch of Freud

Freud received his initial training as a physician and was introduced to neurology in the late 1800s. He met a fellow neurologist and also a practicing hypnotist by the name of Jean Charcot (Seligman, 2006). Freud's observations of Charcot's use of hypnosis to treat psychological disorders led him to consider the importance of unconscious processes in the development of personality and psychopathology (Seligman, 2006). Freud borrowed liberally from varied disciplines and the synthesis of this borrowed information formed the foundation of his theory. For instance, during the early developmental period of psychoanalysis, Freud's adoption of free association was, in part, influenced by the political satirist Ludwig Borne (Seligman, 2006). Later in his career, he began to consider the importance of parent-infant relationships, as well as the internal drive of sexuality across the stages of life (Seligman, 2006).

### Foundations and Development

Freud's conceptualization of the development of personality and psychopathology was revolutionary. When people are born they enter the world wholly uncivilized unbounded by inherited behavior patterns (Gillespie, 2014). He posited that innate forces compel humans to seek pleasure and avoid pain. This tendency was termed Drive Theory (Gillespie, 2014). Drive theory holds that human personality is comprised of three primary mental structures.

The first structure is the unconscious Id. The Id is directed by the individual's drives, namely sexual impulse, and seeks to obtain pleasure above all else while avoiding threat or fear (Cheyne, 2016). This is known as the pleasure principle. The second structure is the conscious Ego. The Ego develops around two to three years of age. The Ego's purpose is to exercise control over her or his Id. The third structure is the Superego. The Superego represents the internalization of societal values and standards. The Superego is developed around five years of age, which corresponds roughly to the age at which Freud believed an individual's personality is crystallized.

Throughout childhood development, the Id focuses the acquisition of pleasure on specific areas of the body (Gillespie, 2016). From this assumption, Freud developed his psychosexual stages of development with each stage corresponding to the area of the body from which pleasure is derived. Individuals move from the Oral stage through the Anal stage to the Phallic stage within the first five years of life (Seligman, 2006). Development then enters a Latency period before arriving at the Genital stage during sexual maturity. Throughout this process the Id, Ego, and Superego are constantly conflicting with one another, which results in psychological distress (André, 2015; Saketopoulou, 2014). In order to reign in the Id and alleviate any psychic distress, the Ego develops defense mechanisms (Seligman, 2006). There are numerous different forms of defense mechanisms (Sharf, 2012 [Table 1]). These mechanisms are the manifestation of a

psychic trauma during one of the previously mentioned psychosexual stages. They help to mitigate the negative impact of rigid, extreme, or disordered interpersonal interactions. Freud's theory was important as it posited that human development moved through stages, emphasized personal histories, and placed importance on discrete events within individuals' developmental history.

Table 1
*Defense mechanisms*

| Mechanism | Description |
|---|---|
| Repression | Removal of adverse experiences from consciousness |
| Denial | Not acknowledging adverse experiences, thoughts, or feelings |
| Reaction Formation | Executing a response diametric to an undesirable impulse |
| Projection | Attributing disturbing drives to others |
| Displacement | Misdirection of response on others who are deemed "safe" |
| Sublimation | Modification of an undesirable drive into something socially acceptable |
| Rationalization | Excuse making |
| Regression | Reverting to a more immature stage of development |
| Identification | Taking on characteristics of idealized others |
| Intellectualization | Logical analysis of emotional occurrences |

A derivative concept that was developed by Neo-Freudian psychoanalytic theorists is attachment. Babies observe how their parents or guardians react to them and integrate this information into their understanding of themselves and others (Feinman, 1982). This integration will later affect their specific temperamental styles, intrapsychic processes, interactions with others, and their functioning within social systems such as schools or classrooms (Seligman, 2006). Poor attachment can manifest as future difficulties with emotional regulation and poor interpersonal interactions (Ainsworth, 1985; Lewis, Feiring, & Rosenthal, 2000).

Adult-student interactions in the classroom are imperative to both behavioral and academic functioning. Thus, maladaptive student functioning cannot be fully understood without an understanding of the reciprocal nature of attachment. Student actions lead to teacher reactions in a circular fashion (Seligman, 2006). Students who engage in more pro-social behaviors tend to receive more positive feedback from their teachers (Thornton, 2008). An unhealthy student-teacher attachment may amplify the occurrence of pre-existing behavioral problems (Borders, Bock, Whitley, & Probst, 2017).

**Therapeutic Process**

The first stage of the therapeutic process involves raising the patient's consciousness. During this stage, the service provider attempts to bring into consciousness the issues that caused the student's stage fixation. Once the problem is identified, several analytical techniques are applied. The first is free association. Within free association, students are encouraged to state out loud

any thought that comes to their consciousness. These associations are assumed to be representative of the underlying concerns being targeted within the therapeutic setting (Gillespie, 2016). Another technique is dream analysis. The service provider analyzes the manifest content, or what is actually remembered from a student's dreams, for the latent or unconscious meaning of the dream (Sharf, 2012). Throughout this process the therapeutic relationship is characterized by transference. Transference is the assumption that the student will relive the maladaptive interpersonal relationship with the service provider (Sharf, 2012).

**Practicalities and Criticisms**

Freud provided one of the first comprehensive theories of human psychological functioning. His theory imparted several important factors that have greatly influenced the field such as the consideration of personal histories and a staged developmental framework. The concept of transference and the Neo-Freudian emphasis on attachment may be offer practical value in the school setting. Despite these contributions, the application of psychoanalysis in the school setting has been purported to be of questionable practicality.

Both counselors and teacher may benefit from the understanding and application of transference, especially in the context of teacher/student relationships. The teacher may become a proxy representation of the student's caregiver or parent. Maladaptive behaviors exhibited by the student directed towards the teacher may be representative of the unhealthy relationship experience by the student with her or his attachment figure outside of the school. By understanding this dynamic, adults can glean insight concerning what may be the etiology of a student's maladaptive functioning and use this information to teach the student a new more pro-social relational style.

Attachment may also be an important consideration for school-based personnel to consider in light of student relationships. Considering students' attachment to their teachers cannot only indicate etiological factors, but can also directly inform areas for intervention. The inclusion of interventions addressing student-teacher interactions can help to repair these important relationships (Miklowitz, 2004). Attachment can be improved by teaching and ensuring that teachers, service-providers, and students use reflective listening, show respect, and use emotionally encouraging language (Borders et al., 2017; Madill, Gest, & Rodkin, 2014).

Despite these possible applications, the use of psychoanalysis in the school setting has faced numerous criticisms. The first is that the theory may not be developmentally appropriate for younger students given the emphasis on sexuality. Also, students, especially those with cognitive or intellectual disabilities, may not possess the necessary introspective abilities to fully participate in the therapeutic process.

The second criticism is that psychoanalysis can be a very involved process that requires guidance from an expert. This may limit the generalizability of the therapy's effects to settings outside of that in which the student receives the services. Intensive time requirements may also delay addressing the issues causing the student's pathology (Piper, McCallum, Joyce, Azim, & Ogrodniczuk, 1999). Studies attempting to examine the effectiveness of short-term psychoanalysis have shown equivocal results (Piper et al., 1999). This is pertinent to the school

setting as it may be difficult to schedule adequate amounts of time needed to execute the psychoanalytic processes.

Traditional psychoanalysis is also lacking empirical support, as Freud developed his theory based on individual case studies. Furthermore, many of the concepts foundational to psychoanalysis can be very difficult to operationalize (Lazarus, 2005). The move towards evidence-based practice requirements in education (United States Department of Education, 2016) may disavow the use of psychoanalysis within the school setting.

### *Person-Centered*

Carl Rogers developed the person-centered therapeutic framework in the 1940s. This theory falls under the umbrella of the Humanistic approaches. The Humanistic approaches were developed in response to the perceived weaknesses of both the psychoanalytic and behavioral philosophies of development and psychopathology. The person-centered theory holds that people are not bound by our internal drives, or by the contingencies present in their environments.

**Biographical Sketch of Rogers**

Carl Rogers was raised within a devoutly religious family. During his childhood, he had little to no contact with other children. He began his academic career as an agriculturalist, but as a graduate student he shifted his interest towards clinical psychology. He gravitated towards pastoral counseling, but eventually received his PhD from Columbia University in psychology (Sharf, 2012). Mr. Rogers was nominated for a Nobel Peace Prize. He believed until his death that personal experience was the bedrock of truth in existence.

**Foundations and Development**

The foundational principle within the person-centered approach is that all human beings have worth simply because they exist and, in turn, every human being should be treated with dignity. The person-centered approach focuses on the students' interpretation of their life (Sharf, 2012). Rogers held that children should be granted freedom of choice towards their individual goals (Sharf, 2012).

The self is seen as malleable and the goal of development is to maximize individual potential (Rogers, 2007). Personality is viewed as the sum of a student's interpersonal interactions with those who are important to her or him. In order to become a fully adjusted individual, the student must be involved in positive interactions in which she or he receives unconditional positive regard (Rogers, 2007). Expressions of love and worth that are not dependent on compliance to or the meeting of adult imposed conditions characterizes unconditional positive regard (Scharf, 2012). The hallmarks of full adjustment are openness to new experiences, having internal meaning, and possession of trusting relationships. Pathology tends to be manifested as internalizing disorders. It is seen as being the result of an individual experiencing conditionality (the exact opposite of unconditional positive regard) or possessing incongruence (Rogers, 2007). Incongruence occurs when there is a discrepancy between what one wants to be (ideal self) and what one actually is (real self). The larger the discrepancy is between these two forms of self, the more severe the pathology (Rogers, 2007). The core concepts of Rogers' theory are summarized in Table 2.

Table 2
*Core concepts of the person-centered approach*

| Concept | Description |
|---|---|
| Unconditional Positive Regard | Displays of love, caring, and respect directed to student |
| Conditionality | Feelings of worth dictated by meeting others standards |
| Ideal Self | How a student views her or his self |
| Real Self | How others view the student |
| Congruence | Synchronicity between the ideal and real self |
| Incongruence | Discrepancy between the ideal and real self |

**Therapeutic Process**

The therapeutic focus disregards traumatic events of the past in order to move the student forward in a positive manner. The person-centered approach involves creating a warm and supportive environment that is conducive to self-exploration and personal growth. This is done through providing unconditional positive regard, facilitating congruence, and displaying empathy to the student (Rogers, 1975; Rogers, 2007). The person-centered approach is largely built on autonomy and disavows the hierarchical nature of other psychotherapeutic theories where the direction of therapy is driven by the therapist (Schmid, 2012). It is also important to affirm the student's power to change her or his life. The school-based therapist seeks to create a positive relationship with the student, informs the therapy sessions, and helps the student create and realize personal goals.

**Practicalities and Criticisms**

The person-centered approach seems to have practical value for students in nearly all therapeutic settings. It is well suited for individuals who are lucid, experience internalizing disorders (Stiles, Barkham, Mellor-Clark, & Connell, 2008) and already have semi-adequate emotional resources. The components of positive regard, empathy, and congruence can be applied across settings, ethnicities/races (Huey & Polo, 2008), and ages (Daniunaite, Cooper, & Forster, 2015). The person-centered approach could act as a valuable compensatory measure, and be easily incorporated into the counseling process in singularity or as an additive measure to other approaches (Daniunaite, Cooper, & Forster, 2015).

Several criticisms have been leveled at Rogers' approach. First, its focus on the individual may not be appropriate for those students who highly value their community (Seligman, 2006) or are more concerned with attaining the goals of the social group to which they ascribe (Holdstock, 2011; Poyrazil, 2003). Also, much like the psychoanalytic approach, it seems best suited for older students due to the level of introspection required. The student must also have adequate

cognitive and language abilities in order to be the originator of her or his learning (Gatongi, 2007).

Critics also state the theory does not provide any standardized professional techniques for applied use (Gatongi, 2007). This is related to the fact that there are no pre-established therapeutic goals or standardized and systematic treatment outcomes linked to the person-centered approach. Much like the psychoanalytic theory, it is difficult to examine the efficacy of Rogers' approach since there is a of lack empirical evidence supporting the use of the person-centered approach as a stand-alone therapeutic process.

Finally, it may be difficult to implement within the school setting because it can require an extended amount of time to attain congruence (Sharf, 2012). This can significantly hinder the rate of therapeutic movement towards facilitative change. Furthermore, both planned and unplanned turnover of school personnel can significantly hinder the development of a therapeutic alliance between students and service providers, which may result in deleterious treatment outcomes (Zirkelback & Reese, 2010).

## *Cognitive-Behavioral Therapies*

Cognitive-behavioral therapies are thought-focused systems of treatment. Much like earlier psychotherapeutic theories, they were developed in response to the shortcomings of previous theories of the time. Albert Ellis and Aaron Beck are frequently referred to as the foundational thinkers of cognitive-behavioral therapies. This form of therapy views cognitions as both a basis and interactional factor of emotions and behavior.

### Biographical Sketch of Ellis and Beck

Albert Ellis was the primary developer of Rational Emotive Behavior Therapy. As a child, Ellis was extremely ill and raised in a cold family system (Sharf, 2012). Famously, as a young man Ellis was reticent to speak to women. In order to overcome this fear, he challenged himself to ask 100 women out on a date. He was rejected 100 times, but came to realize that the rejection events held no intrinsic impact on his life, rather how he thought about the rejections is what shaped how he was impacted by them (Sharf, 2012). This exercise foreshadowed the key components of his form of cognitive-behavioral therapy.

Aaron Beck was trained as a medical doctor and practiced psychiatry. Initially, he exercised a psychoanalytic approach to treatment. He developed the concept of automatic thoughts (thoughts clients were not aware they were thinking) through his clinical practice as a psychoanalytic therapist (Sharf, 2012). He expanded on this initial idea to focusing on how clients constructed understandings of their experiences and how these understandings impacted their thoughts, affect, and behavior (Sharf, 2012).

### Foundations and Development

The cognitive-behavioral approaches posit that pathology is the result of errors in students' beliefs and thinking. Students' reality distortions manifest as exaggerated negative evaluations of reality, which result in faulty self-appraisals (Sharf, 2012). Further, students may attribute poor outcomes to a behavior prior the behavior being enacted. These expectations can lead to over-

controlled behavior (anxiety or fear) or result in inaccurate attributions of others' intentions (Ellis, 1974).

In light of these assumptions, both of the theories hold that to address a student's pathology service providers must dispute and change the student's faulty thoughts that distort her or his perception of reality (Ellis, 1974). To address these maladaptive thoughts, the cognitive-behavioral theories teach individuals several skills. Through the structured and directive use of the Socratic Method, school-based personnel can teach individuals to accept and deal with the highs and lows of life. In order to address an individual's distorted cognitions, cognitive-behavioral therapists seek to teach more adaptive thought processes to students through the use of inductive reasoning and student homework. If school-based personnel are successful, their students will exercise healthier forms of thinking, and these results may present themselves in a little as 10 to 16 weeks. With this information as the basis for understanding, some specific components of cognitive-behavioral therapies will be discussed below.

**Therapeutic Process**

The cognitive-behavioral approaches have been applied to a range of childhood disorders (Reinecke, Dattilio, Freeman, 2003). Regardless of presenting problem, there are some shared generalities between the cognitive-behavioral approaches. Rapport is established with the student and the service provider asks probing question to reveal automatic maladaptive thoughts and negative self-evaluations (Gonzalez, Nelson, Gutkin, Saunders, Galloway, & Shwery, 2004; Sharf, 2012; Weisz & Gray, 2007). These maladaptive thoughts and negative self-evaluations are signaled by the presentation of dogmatic beliefs in the form of "musts," "shoulds," and "oughts" (Ellis, 1974). The information gathered from these questions is used to develop individualized treatment goals targeting varied cognitive distortions. Table three provides a listing of some common thought types that lead to inaccurate or ineffective information processing.

Table 3
*Common cognitive distortions*

| **Distortion** | **Example** |
|---|---|
| Catastrophizing | "If I fail this test my life is over." |
| Minimizing | "I only passed this test cause I got lucky." |
| All or none thinking | "If I fail this math test then I must just be terrible at math." |
| Fortune telling | "I just know I'm going to fail this test." |
| Labeling | "I'm stupid, that's why I failed the test." |
| Overgeneralization | "I failed this test, so I'll probably fail every other test." |
| Fallacies of external control | "I failed the test not because I didn't study, but because the teacher made the test too hard." |

Service providers then provide students with psychoeducation regarding the genesis and course of the presenting disorder (Weisz & Gray, 2007). Compensatory strategies are identified to address and challenge the student's automatic maladaptive thoughts and negative self-evaluations. These strategies typically consist of self-monitoring, positive self-speech, problem-solving practice, and exercises to address associated physiological and psychological stress (Gonzalez, Nelson, Gutkin, Saunders, Galloway, & Shwery, 2004; Reinecke, Dattilio, Freeman, 2003; Sharf, 2012; Weisz & Gray, 2007). Commonly taught exercises include diaphragmatic breathing, progressive muscle relaxation, and/or guided mental imagery (Gonzalez, Nelson, Gutkin, Saunders, Galloway, & Shwery, 2004; Reinecke, Dattilio, Freeman, 2003; Sharf, 2012; Weisz & Gray, 2007).

**Practicalities and Criticisms**

The cognitive-behavioral treatments have a well-established research base supporting their efficacy for a host of childhood psychopathologies. They have extensive evidence supporting their use for depression, anxiety, conduct disorder, ADHD, poor academic achievement, and low self-esteem (Gonzalez, Nelson, Gutkin, Saunders, Galloway, & Shwery, 2004; Reinecke, Dattilio, Freeman, 2003; Sharf, 2012; Weisz & Gray, 2007; Zirkelback & Reese, 2010).

While treatment goals are individualized, cognitive-behavioral approaches are highly amenable to treatment protocol standardization. This is to the benefit of students as it allows individuals with less expertise to deliver potentially beneficial psychotherapeutic interventions (Gonzalez, Nelson, Gutkin, Saunders, Galloway, & Shwery, 2004). This characteristic of cognitive-behavioral theories helps to create a shared responsibility for student mental health in schools and expands the role of service provider to all school based professionals (Gonzalez, Nelson, Gutkin, Saunders, Galloway, & Shwery, 2004).

Critics of the cognitive-behavioral theories have claimed that these psychotherapeutic approaches are unnecessarily focused on altering students' cognitions. This claim has been supported by research indicating that treatment approaches not specifically targeting the alteration of students' cognitions have previously shown efficacy results paralleling those of the cognitive-behavioral based treatments (Weisz, McCarty, & Valeri, 2006).

## *Conclusion*

Childhood psychopathology affects a large proportion of the school age population. Untreated childhood psychological disturbances are frequently accompanied by deleterious outcomes for both the individual and the society in which the individuals live. Due to compulsory education, schools have morphed into de facto mental health providers. This fact has necessitated that school-based personnel familiarize themselves with varied theoretical orientations to the treatment of psychological disturbances presented by students. Psychoanalytical, person-centered, and cognitive-behavioral therapies are three major approaches to psychotherapy frequently utilized within the school setting. Psychoanalytical, person-centered, and cognitive-behavioral therapies were all by-products of the unique histories of their respective founders. Despite this fact, these theories differ in many respects. All three vary in regards to the duration,

directiveness, focus, origin of pathology, and goal of treatment. Table four summarizes each of these characteristics as they pertain to each theory.

Table 4
*Comparison of the characteristics of the theories of psychoanalysis, person-centered, and cognitive-behavioral approaches*

| | **Counseling Theory** | | |
|---|---|---|---|
| **Characteristic** | Psychoanalysis | Person-Centered | Cognitive-Behavioral |
| Duration | Lengthy | Client Dictated | Brief |
| Directiveness | Unstructured | Less Structured | Structured |
| Focus | Unconscious | Congruence | Thoughts |
| Pathology | Unresolved conflicts | Conflict between ideal and real self | Irrational thinking |
| Goal | Resolving fixation | Aligning the selves | Improving thought processes |

School personnel will benefit from understanding the basic components of each theory. A strong understanding of the underpinnings of each theory allows service providers to enact treatment protocols tailored specifically for each student's unique presentation of psychopathology. With that said, a final recommendation is that school personnel should not rigidly adhere to a particular orientation, but rather seek to utilize specific theoretical approaches for specific presenting issues or integrate applicable treatment components from two or all three of these theories in a transtheoretical treatment paradigm to remediate students' presenting problems.

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