Recycling Carkhuff's Helping Model

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Abstract

This article expands on Robert R. Carkhuff's helping model by proposing an additional phase between his personalizing and initiating components. While optional, this added phase treats clients who earlier in their lives have experienced trauma, which has blocked their ability to move from the understanding to the acting phases of the model. The article describes new treatment methods from the energy psychology field for healing trauma, and empowering clients to act more constructively.

Keywords

Helping model, R.R. Carkhuff, Trauma, Energy psychology

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Robert Carkhuff's helping model is the most researched method for training a wide range of helpers in interpersonal skills: counselors, psychotherapists, teachers, nurses, hospital attendants, police, prison guards, dormitory counselors, managers, supervisors, and other paraprofessionals (Carkhuff, 2009). I have used the helping model to train masters and doctoral level counselors for over 40 years and have evaluated its effectiveness (Roffers, Cooper, & Sultanoff, 1988, see also Baumgarten & Roffers, 2003; Roffers, 1989).

As a practitioner, however, I began to notice that a certain percentage of my clients were not able to fully respond, even though I scrupulous followed the helping model's skill steps. I puzzled for many years why such an effective way of training counselors to bring about positive growth in such a wide range of clients sometimes failed to prove fully effective for a few of my clients. I believe I have finally found an answer.

The Current Helping Model

Those readers familiar with Carkhuff's helping model may wish to skip this summary, although it sets the stage for what I propose as an *optional* additional component.

Figure 1 illustrates the four phases of Interpersonal and Intrapersonal processing in the helping model (Carkhuff, p. 235, 2009).

Figure 1

Attending: Involving The Client

Carkhuff identifies the first phase as *attending* to facilitate *involving* clients in the helping process. He breaks down the attending skills into four sub-skills: (a) Preparing for attending, (b) Attending, (c) Observing, and (d) Listening.

Preparing for attending includes preparing clients to engage in the helping process by formally greeting clients, establishing the purpose of the contact, informing clients about what to expect from the helping process, and encouraging clients to become fully involved.

Carkhuff also delineates how counselors can arrange the environment to facilitate the interaction by optimally arranging the interviewing space and furniture to establish a safe and comfortable setting. He includes how counselors can prepare by reviewing background information on clients, reviewing clients' goals, and relaxing before the session.

Carkuff continues to outline the attending skills by training counselors in their non-verbal attending skills: facing clients fully, leaning toward clients, making eye contact, observing clients' appearance, posture, body build, grooming, facial expressions, and body movements in order to more accurately infer clients' energy level, feelings, and readiness to receive help. He particularly wants counselors to identify any discrepancies or inconsistencies between clients' behaviors and appearance in order to respond more effectively.

Finally, Carkhuff trains counselors to listen to clients' words to understand the content, tone of voice to accurately infer their feelings, and their manner of verbal

presentation to infer their energy level. He encourages counselors to suspend their personal values, attitudes, judgments, and refrain from offering premature solutions. He also encourages helpers to resist distracting sounds, sights, and interruptions while exclusively focusing on clients' words and non-verbal behaviors.

Carkhuff thoroughly delineates all the skills and sub-skills necessary for fully attending to clients in order to respond to them accurately and effectively.

Responding: Facilitating Exploring

Carkhuff labels the second phase *responding* to facilitate clients' *exploring*. He breaks down the responding skills into three sub-skills: (a) Responding to content, (b) Responding to feelings, and (c) Responding to meaning.

Responding to content entails responding to the 5WH: the who, what, where, when, why, and how of clients' experience and situation.

Paraphrasing the content of what clients are saying leads to counselors responding to how clients are feeling about that content by asking themselves: "If I were the client saying and doing these things, how would I feel?" Answering that question leads counselors to incorporate their listening and observing skills to infer the general feeling category (e.g. happy, sad, angry, scared) and the level of intensity within each category.

Responding to meaning involves putting clients' content and feeling together by creating an interchangeable empathic response to both clients' feelings and the reason for those feelings. For example, "You feel sad because your best friend just moved out of town." Creating interchangeable responses serve to facilitate clients' exploration of how they feel about their issue and why they feel that way.

Personalizing: Facilitating Understanding

Carkhuff labels the third phase *personalizing* to facilitate clients' *understanding* of where they are in relation to where they want or need to be. He breaks down the personalizing skills into six sub-skills: (a) Building an interchangeable base, (b) Personalizing meaning, (c) Personalizing problems, (d) Personalizing goals, (e) Personalizing feelings, and (f) Decision-making.

Building the interchangeable base involves the counselor gradually establishing a pattern of demonstrating an accurate understanding of clients' content, feelings and reasons for their feelings (the meaning) before being *additive* (i.e. responding from the counselor's frame of reference in a leading or interpretive manner). The responding format becomes: "You feel ____ because _____."

Personalizing meaning involves counselors adding to clients' understanding of the meaning of where they are in relation to where they want or need to be. Counselors accomplish this by identifying and responding to clients' most intense and recurring themes; by responding additively to the personal implications of the situation for clients; and to clients' personal assumptions and beliefs that cause them to feel the way they do about their problem. It is also important for counselors to identify and respond to clients' changing feelings based on their personalized meanings. The responding format: "You feel _____ because *you* _____. For example: "You feel upset because you miss your friend very much."

Personalizing problems has three components: conceptualizing, internalizing, and specifying clients' deficits. Conceptualizing deficits entails asking: "What has the client missed or failed to do that contributes to the problem?" Internalizing deficits entails asking: "How is the client responsible for the problem? Specifying deficits entails the

responding format: "You feel ____ because you cannot _____. Responding to clients' changing feelings as they take responsibility for their problem and deficits involve the format: "You feel _____ *about yourself* because you cannot. For example: You feel unsure of yourself because you don't know how to make new friends."

Personalizing goals involves establishing where clients want to be in relation to where they currently are and consists of three sub-steps: conceptualizing, internalizing, and specifying assets. Conceptualizing assets entail asking: "What might contribute to resolving the problem?" Internalizing assets entail asking "What is it that the client needs to do to solve the problem?" Specifying assets entails the responding format: "You feel _____ because you cannot _____ *and you want to* (the goal or asset). For example: "You feel upset with yourself because you can't make new friends and you want to learn the social skills needed to make new friends."

Responding to the changing feelings about identifying clients' assets and goals entails the format: "You feel ____ because *you're are going to* _____. For example: "You feel encouraged because you're going to join a social skills group at school." With each new level of personalized responding the clients' feelings will likely change.

Personalized problems (and goals) categorize into physical, emotional, and intellectual deficits (or assets) and the levels of functioning in each: detractor, observer, participant, contributor, and leader. This structure can assist counselors in fleshing out the deficits and assets for clients in a comprehensive manner.

Sometimes clients' goals involve deciding between alternative courses of action. Questions such as "Who might be involved?" "What program of action might best reach the goal?" "How might we reconfigure people and resources to best reach the goal?" can

prove helpful. Helping the client become aware of their important living, learning, and working values can help them choose the best course of action by asking the question: "How does each course of action impact each of my values?" Developing a decision-making grid assists clients in seeing how all the options relate to what they consider important in making the final decision.

Initiating: Facilitating Acting

The fourth phase of Carkhuff's helping model involves counselors *initiating* to facilitate clients' *acting* to achieve the goals they developed in the personalizing phase. Initiating involves five sub-skills: (a) Defining goals, (b) Delineating action programs, (c) Creating time schedules, (d) Establishing reinforcements, (e) Preparing to Implement action steps, and (f) Planning check-steps.

Defining goals entails establishing all the ingredients necessary to achieve the goals by delineating who and what is involved, when, where, and why it will be done (the 5WH). In addition, counselors need to establish how the achievement of the goals will be observed and measured. The responding format should be: "You want to _____ (5WH) as indicated by _____ (the measurable standards)." For example: "You want to attend the social skills group each Friday at 4 PM in the lounge so you can improve the way you relate to others as indicated by attending each week and initiating a conversation with a new classmate at least once between each group meeting."

Developing action programs entails outlining step-by-step procedures to achieve the goals. This involves four components: developing the initial step, developing intermediary steps, and developing sub-steps. Developing the initial step involves creating the very first thing clients need to do in order to accomplish the goal. The next

step is to fill in all the necessary intermediary steps to accomplish the goal. These intermediary steps need to be planned so that there are no gaps in the action program that will prevent clients from reaching the goal. Most importantly, counselors need to assist clients in developing any sub-steps within each action step if the steps involve multiple behaviors similar to the way this helping model has been developed.

Developing schedules establishes a starting time and a completion time for each action step. Developing reinforcements involves self-administrating a positive reinforcement after the completion of each action step and not administering the reinforcement until the step is accomplished.

Preparing to implement action steps involves reviewing, rehearsing, and revising the action steps. Reviewing looks over the goals, action steps, sub-steps, schedule, and reinforcements to make sure they are realistic and doable. Rehearsing uses a preliminary practice session before the actual event. Revising involves adapting and modifying the action program based on the rehearsal and ultimately on actually implementing the action steps.

Planning check-steps monitors things clients need to think about before, during, and after doing each action step. Before check-steps guide clients to make sure the appropriate resources are available to accomplish the step. During check-step assures that each step goes forward effectively. After check-steps evaluates whether the results or benefits were achieved.

Recycling The Helping Process

When clients receive feedback on their new behaviors they recycle the phases of learning by involving themselves more attentively, exploring more deeply, understanding their deficits and assets more thoroughly, and acting more efficiently.

When counselors receive feedback on the effectiveness of their helping skills they learn to attend more fully, respond more accurately, personalize more deeply, and initiate more effectively. This recycling continues to empower clients to become increasingly more effective in their living, learning, and working environments.

Recycling The Helping Model

In the spirit of Carkhuff's commitment to recycling the learning phases of exploring, understanding, and acting, I propose an *optional* expansion of the helping model itself. After using the model to train helpers since I was trained by Carkhuff and his colleagues in New Orleans in April 1974, and using it to guide my own counseling and therapy as a practitioner, I have come to the conclusion that while the model works beautifully for training counselors and most clients, some clients need something more in order to transition from the understanding to acting phases of the model.

I emphasize that not all clients need something more. Many can move from the personalized goal to implementing the action-steps successfully, making this added component unnecessary. I began to notice, however, that certain clients were blocked in initiating their action steps, even with the most carefully crafted personalized goals and action steps. No matter how carefully we recycled the exploring, understanding, and acting phases of the model, some clients remained blocked in their efforts to move from the understanding to the acting phase.

I determined that most of these clients had disabling experiences early in life. They came from broken homes, physical and emotional abuse from one or both parents, birth traumas, early infant and childhood developmental traumas, recurring traumas from teachers, coaches, religious leaders, peer group rejections, and other traumatic experiences. No matter how clearly the action steps were laid out, no matter how genuinely clients took responsibility for their behavioral, learning, and attitudinal deficits, and no matter how intense their motivation was to improve their lives, they could not make the transition to constructive action.

I realized that these early life experiences, which I broadly define as traumas, remained so pervasive, persistent, and powerful that some clients could not consciously overcome them. They needed relief from these traumas before they could act in constructive ways

After experimenting with various treatment methods emanating from the new field of energy psychology I eventually found a method that got to this deeper healing level that some clients needed. Once I began to recycle Carkhuff's helping model to incorporate this healing trauma phase I was able to achieve more positive results with this group of clients. Figure 2 illustrates the expanded helping model.

Figure 2

I have placed this optional phase of the helping model between the personalizing and initiating phases and have labeled the counselor skills *treating* and the client phase *healing*. Some clients need to heal earlier life traumas before they can act effectively.

Feinstein (2012) has published a review of the research literature demonstrating the effectiveness of some of these new methods coming from the field of energy psychology.

Treating: Facilitating Healing

The *treating* phase involves five sub-skills: (a) Reversals, (b) Originating traumas, (c) Connecting traumas, (d) Feelings and physical sensations, and (e) Beliefs.

Reversals: Roger Callahan discovered the phenomenon of reversals in the 1990's when he developed Thought Field Therapy. A pioneer in the field of energy psychology, he estimated that once he discovered "psychological reversals" it increased his success rate by as much as 40% (Callahan & Callahan, 2000)). While many found this hard to believe, experience in my own practice convinces me it is a major discovery for counseling and psychotherapy as well as any healing modality.

Psychological reversal exists when an otherwise effective treatment procedure does not work. It is hypothesized that the movement of energy through the meridians becomes blocked, or travels in the wrong direction, rendering clients unable to benefit from an otherwise effective treatment. Reversals can also cause clients to engage in self-sabotaging thoughts and behaviors. What causes this reversal remains under investigation, but some researchers hypothesize that toxic chemicals, heavy metals, sugar, smoking, allergens, trauma, and other disturbing events, can precipitate it.

Reversals can be temporarily repaired energetically by contacting specific lymphatic and acupressure points, or more permanently repaired by detoxifying the body of toxins, intolerances, and allergens. Repairing reversals proves important because

proceeding with any kind of treatment with reversed clients will at best be like driving with the brakes on; and at worst, like driving with the emergency brake on.

Originating traumas. Identifying and treating clients' early traumas becomes a priority for those clients blocked from acting after the counselor has exhausted the personalizing and initiating phases in the helping model.

Clinton (2015), the developer of Advanced Integrative Therapy (AIT), defines trauma as:

Any occurrence which, when it is happening, when we think back to it, or when it is triggered by some present event, evokes painful emotions and/or physical symptoms, sensations, or illnesses, gives rise to negative beliefs, desires, fantasies, compulsions, obsessions, addictions, dissociation, passivity, negativity, primitive defenses, depression, anxiety, delusions, and/or hallucinations, blocks the development of maturity and life enhancing qualities, destroys or limits spiritual connection, and fractures human wholeness (Glossary, p. 5).

Traumas, when experienced early in life, can have a profound impact on clients for decades. In addition, clients tend to project onto others in their current life their own treatment as children and adolescents. Most conventional counseling methods can assist clients in gaining insight into these traumatic experiences but they seldom fully heal them to the point that the emotional charge around the memory of the trauma is cleared. By contacting energy centers (*chakras*) in the body that hold these traumatic experiences, clients can be guided through simple but effective procedures to actually remove the energetic disruptions that exist whenever the trauma is remembered or when it is triggered by current life experiences.

A related skill called *muscle testing* is used in treating originating traumas. This skill was developed by George Goodheart and has been successfully used by chiropractors, physicians, therapists, and other health practitioners for decades (Frost & Goodheart, 2013). The method uses a muscle group in the arm to test the status of the autonomic nervous system. By applying pressure on a muscle, counselors can determine if the autonomic nervous system is functioning normally, and if so, that muscle can be used to determine whether a trauma needs treatment or not.

Connecting traumas. Traumas can create classically conditioned responses. Anything related to a traumatic experience can become conditioned to evoke emotional reactions similar to the originating trauma. The closer the current situation is to the earlier traumatic experience, the stronger the emotional reaction. The closer the current situation is to the original trauma, the more likely it will block clients from behaving in a constructive manner in their current situation, which I finally realized when I could not facilitate action on the part of some clients. They not only needed the originating traumas to be healed, but they needed the conditioned responses to be healed. Using the energy centers in the body provides a gentle yet powerfully effective way of counter conditioning these conditioned responses.

Feelings and physical sensations. The feelings and physical sensations that often accompany the originating traumas and connecting traumas often need to be treated using the energy centers to bring full healing to clients. The treatment procedure is similar to that described above. While the memory of the trauma remains the negative emotional and physical charge that usually accompany the memory is reduced and often eliminated. Experiencing and witnessing this transformation proves quite powerful.

Beliefs. Traumas are often at the origin of clients' distorted beliefs and assumptions. Projections are a form of inaccurate beliefs that get transferred onto someone that reminds the client of a person or situation that created the original trauma. The method of contacting the energy centers can effectively release these beliefs and projections. After practicing a form of cognitive behavioral therapy for over twenty years I have been amazed at how expediently these beliefs can be transformed in a way that holds. I hypothesize that by first treating the originating traumas and the connecting traumas underlying the dysfunctional belief, the energetic treatment of the belief becomes more effective.

Implications

Counselors trained in a conventional manner may doubt the claims made above. Had I not experienced the results of energy treatments as a client and as a counselor I probably would not believe them either. In my experience it has not helped to give case studies or to describe in detail the actual muscle testing and energy treatment procedures to convince other professionals of its efficacy. The only way to grasp the efficacy of the energy treatment techniques described above one must either experience the procedures as a client or be directly trained in the procedures while participating in both the client and counselor roles.

In summary, Carkhuff's helping model is unparalleled in its effectiveness as a way to train counselors and for most clients it proves all you need to be effective. If, however, clients cannot act in more effective ways *after* the counselor has built a solid interchangeable empathic base, personalized the appropriate problems and goals,

exhausted all the steps in the initiating phase, and still remain blocked in accomplishing what they want to do, they may need this optional healing component.

If counselors wish to improve their effectiveness and counselor educators desire to improve their training, they may wish to incorporate these optional treatment skills in this expanded helping model. For further information about Advanced Integrative Therapy go to www.aitherapy.org.

Suggestions for further research

This expanded helping model should be subjected to further research by comparing a group of counselors who have been trained in this added component with a group of counselors who have not had this training. Counselors in both groups should be well versed in the standard helping model with comparably demonstrated skill levels and experience. Subjects could be selected from a population of veterans with a PTSD diagnosis or children who have experienced physical or sexual abuse and randomized into each group. The outcome measures could include clients of all groups reporting their ability to act on their pretreatment goals along with other relevant behavioral outcome measures.

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