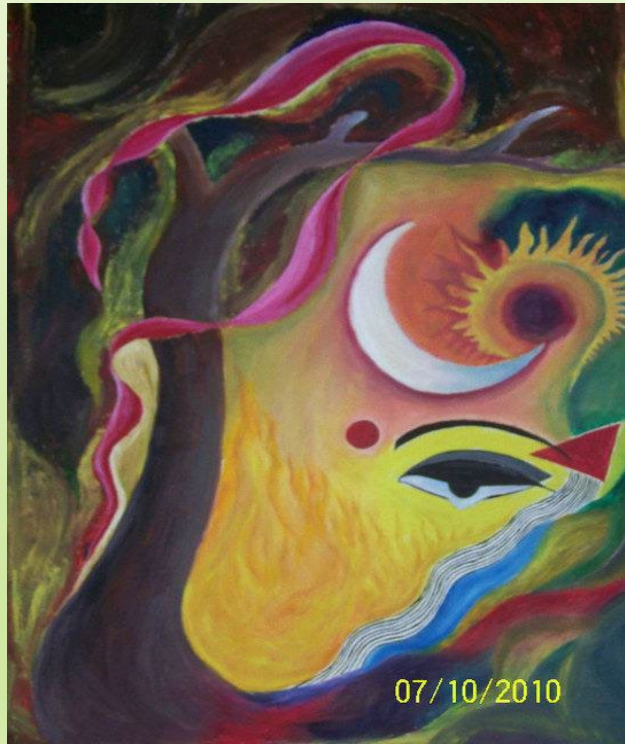




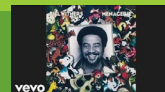
# Back to Basics: 11 UNIVERSAL THEMES in COUNSELING



Tanya Hanner, LPC/MHSP



Diego Manuel  
Jerri Cross, LPC/MHSP



Thank you for joining us today!

~about **tanya**~

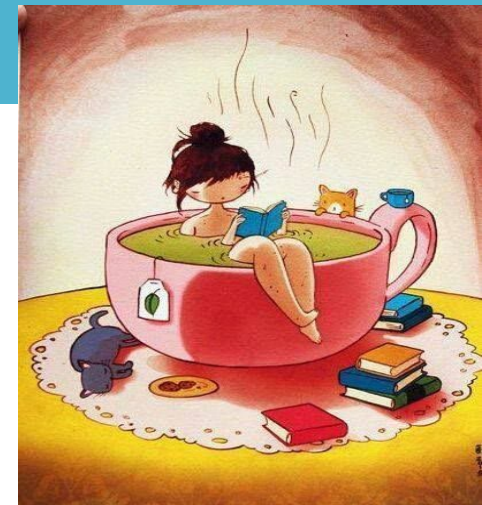




~about jerri~



Jerri is a member of TLPCA and American Assoc. of Christian Counselors (AACC), is Board-Certified by NBCC, & is a Certified Prevention Specialist II. She has been working in the Upper Cumberland of TN area for 25+ years. Jerri lives in Rickman, TN and enjoys spending quality time with her husband, children, grandson, family members, friends, and pets! She is an avid reader and enjoys a sunny afternoon curled up with a great book!



# What is *Case Conceptualization*?

“is a method and clinical strategy:

~ for obtaining and organizing information about a client

~ understanding and explaining the client’s situation and maladaptive patterns

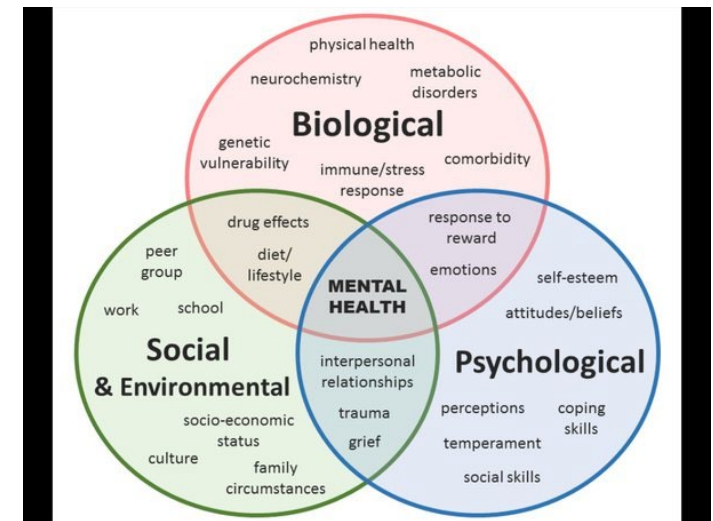
~ guiding and focusing treatment

~ anticipating challenges and roadblocks

~ preparing for successful termination”

(Sperry & Sperry, 2020, p4).

Examples: cultural, theory-specific, biopsychosocial, diagnostic, etc.



# Myths re: Case Conceptualizations

(Sperry & Sperry, 2020)

- ~it's just a long case summary
- ~it's not a clinically useful, no pay off
- ~it's too difficult to understand and too time consuming to complete
- ~all conceptualizations are basically the same



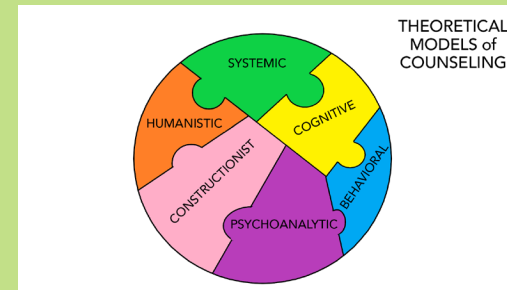
# Typical struggles for new counselors/supervisees:



~believe that being integrative means all-inclusive interventions



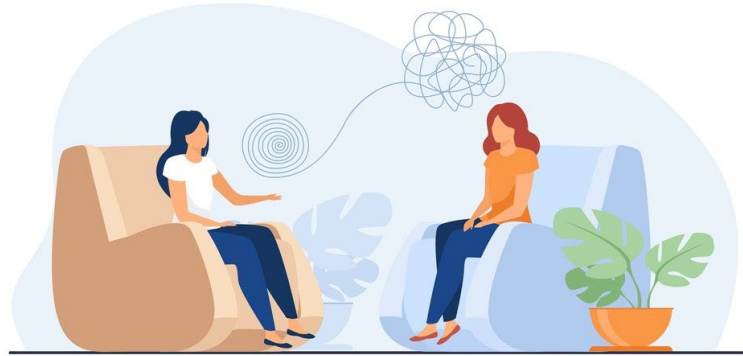
~are not theoretically confident or competent



~view clients solely through the lens of the medical model



## Typical struggles for new counselors/ supervisees (cont):



so...new counselors may often:

- ~rush through the therapeutic alliance phase
- ~give advice as a treatment intervention
- ~miss themes & patterns present in the client's experience/narrative
- ~focus solely on coping mechanisms with minimal emphasis on client's unique individuality
- ~feel overwhelmed by symptom-talk and diagnoses
- ~create ambiguous or broad treatment plans
- ~get frustrated with poor treatment efficacy
- ~experience countertransference
- ~seek a "way out" via termination and referral options

## \*key take-a-ways for this session\*



Having a method for conceptualizing your client's experience allows the therapist:

~ to listen more acutely to capture the *underlying messages* that the client may be unable to overtly express (d/t: communication, fears, blockages, trust, etc),

~ to feel less burdened by *complicated diagnostic features* and/or clients who are over-pathologized,

~to identify *cultural puzzle pieces* that might be generally misunderstood if client is culturally diverse,

~to create *treatment interventions that are tailored* to the presenting theme



## Case study – “Becky”

Becky is a 60 yr old Caucasian female whose husband of 35 years passed away following almost 10 years of suffering with a neurological disorder that led to his cognitive impairment and her need to be his caregiver for the last decade of his life. Following his passing, Becky began seeking companionship via online dating websites, and met a 55-yr-old man named Frankie, who lives in Madrid. They chatted, texted, and eventually spoke by phone, and he “swept her off her feet”. She indicated “feeling like a teenager again”. Frankie relayed a narrative of being “stuck” in Madrid due to his business and not being able to access his banking here in US. Having concern for his well-being and wanting to meet him in person, Becky offered to financially assist him, which he accepted. Over several months, Becky sent Frankie over \$125,000; however, Frankie “was not able to come to the US”. Becky has 2 adult sons who discovered frequent money transfers to Madrid, after Becky had begun drinking alcohol “in excess” at home and at local restaurants in her small town. One Saturday evening, Becky received a DUI. Her sons then discovered that she had lost over 100K of her retirement and had little funds left. Becky states that that her sons “are horrified” and “will hardly speak to me anymore” due to her legal & financial circumstances. Her sons coerced her to enroll in an SUD IOP for treatment. She has frequent absences. She is seeking financial and legal guidance for how to get her money returned, if possible, how to handle the DUI consequences, and how to view her retirement plan on limited savings although she believes that Frankie “loves me, and he WILL pay me back”.

**How might you conceptualize Becky’s case? Which themes are in play here? If you were treating her in an outpatient setting, which treatment approaches would you utilize?**



# trust



“The toughest thing about the power of trust is that it's very difficult to build and very easy to destroy.” - Thomas J. Watson

## What are the core issues for *trust*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:



trust



How much do we know and understand about the concept of and assumptions around trust?

How does trust develop?

If trust is lost, how is it re-gained?

What does it mean, personally, to be trustworthy?

What are the myths associated with having and losing trust? Such as “once trust is lost, it’s lost forever” ....

Is trust a “black or white” concept or are there areas of grey, ie., “degrees of trust”?

Is “self-trust” important to recognize and to develop?

How does one’s family-of-origin influence the development of a trusting or trustworthy stance?

What is the therapist’s role in helping to repair the client’s ability to trust?

What are smart goals or interventions around trust in various settings?

## PRO-tip on “*trust*” for clients & their worldview of it

**"Trust is built  
one marble at  
a time."**

**Brene Brown**



Brene' Brown, a social worker, American professor, and author offers ideas for working with clients to help understand, conceptualize, and activate trust in their lives:

1. she borrows the definition: “trust is choosing to make something important to you vulnerable to the actions of someone else” (by Charles Feltman)
2. start with yourself, “cannot give what you do not have”
3. “trust is not built in big sweeping moments, but in tiny moments every day”
4. she created the acronym of B.R.A.V.I.N.G., ie., “because when we trust, we are braving connection with someone.”

## *Teaching “trust”:*

~as with a child, find metaphors and stories to help clients understand the concept of trust and its value in their everyday lives

5.



<https://www.youtube.com/watch?v=6442YcvEUH8&t=16s>



trust



## B.R.A.V.I.N.G.

the 7 elements of trust

**B** ... boundaries

**R** ... reliability

**A** ... accountability

**V** ... vault

**I** ... integrity

**N** ... non-judgment

**G** ... generosity

@ppiascienceofhappiness

## The Braving Model

**Boundaries** – Don't overcommit. It's okay to say "no."

**Reliability** – Do what you say you'll do, follow through

**Accountability** – Take ownership and avoid blaming others

**Vault** – Only share what's yours to share

**Integrity** – Have open, honest conversations

**Nonjudgment** – Be humble and ask others for help, respect that others have something to offer

**Generosity** – Assume best intentions

From "Dare to Lead" by Brene Brown

# \*back to basics\*

## therapeutic alliance and trust

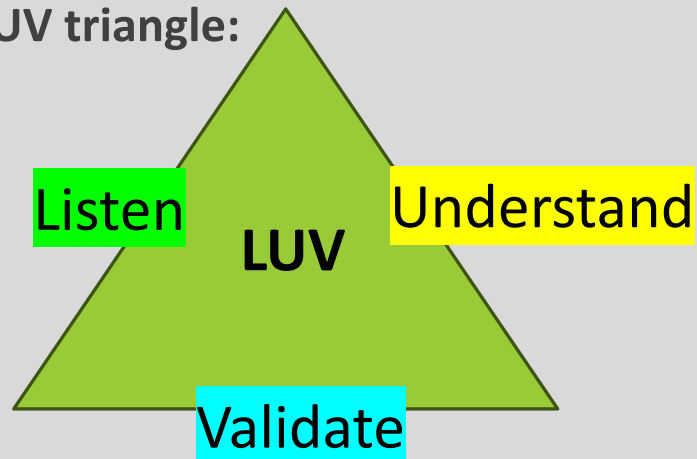
### ESTABLISHING TRUST:

~congruence is key

~stigma of MH & counseling remain in the social & cultural realms

~transference/countertransference

~rely on the LUV triangle:



### CONSIDERATIONS:

- How do you respond to clients' mistrust as they begin the process of therapy? Do you talk about it with clients? How do you notice/stay aware of their trust issues?
- In your clinical training, what kinds of support or input did you receive with regard to dealing with clients' trust issues?
- Are there times when a client's distrust is hard for you? What response gets triggered in you?
- Do you remember times when you personally struggled with learning to trust in new ways? What was most helpful in finding your way through that?

<https://www.psychologytoday.com/us/blog/the-therapeutic-relationship/202304/establishing-trust>



# inertia



“Our default response in life is not to experience meaning or happiness. Our default response is to experience inertia.” – Marshall Goldman

## What are the core issues for *inertia*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:



# inertia

“Our default response in life is not to experience meaning or happiness. Our default response is to experience inertia.” – Marshall Goldman

## Pro-TIP on “inertia”: what distinctly motivates your client toward movement?

### YOUR QUALITY WORLD:

- How do you define quality?
- What is in your quality world?
- Who is in your quality world?
- What kind of experiences do you want to have in your life?
- What do you want to have/own?
- What kind of beliefs do you live by?
- When you think of your quality world, what kind of pictures pop into your head?

### Characteristics of Quality World:

1. Fulfills one or more of our Basic Human Needs
2. Specific
3. Diverse
4. May be blurred
5. Unique to each
6. Often in conflict with each other
7. According to priority
8. Vary in levels of intensity
9. Vary in levels of attainability
10. Realistic at times, unrealistic at others)

#### Our Quality World

QUALITY WORLD

Love and Belonging


Power and Self-Worth

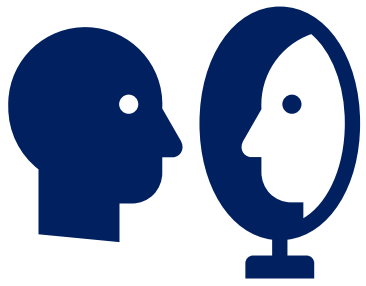

Freedom to Move & Choose


Fun, Learning, Playing

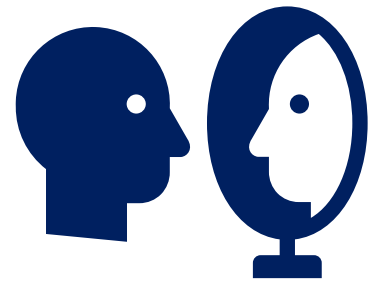

Physical Survival




(borrowed from: [joyleng.wordpress.com](http://joyleng.wordpress.com))



# identity



“Knowing yourself is the beginning of all wisdom.” – Aristotle

What are the core issues for *identity*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

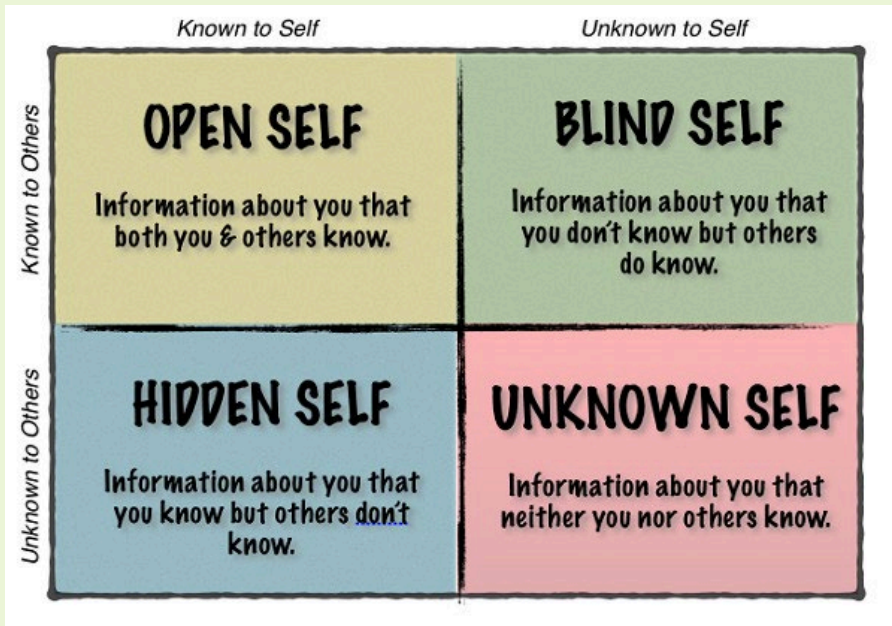
Ethical concerns:

Treatment strategies:

# identity

“Knowing yourself is the beginning of all wisdom.” – Aristotle

Pro-tip on “*identity*”:  
Who Are You?



6 questions to get to know you:

1. Who are you?
2. What do you stand for?
3. What will you ask your (him, her, them, etc) to do? (pick one - like mom or boss or spouse)
4. What will you NOT ask your (him, her, them, etc) to do?
5. What will you do FOR or WITH your (him/her/them)?
6. What will you NOT do FOR or WITH your (him/her/them)?





# acceptance



“The first step toward change is awareness. The second step is acceptance.” — Nathaniel Branden

## What are the core issues for *acceptance*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:

# acceptance

“The first step toward change is awareness. The second step is acceptance.” — Nathaniel Branden

## Pro-tip on “*acceptance*”: practicing mindfulness & radical acceptance

### MINDFUL COFFEE BREAK

- bring all your senses to your coffee
- notice how the cup feels in your hands
- notice how your coffee looks
- notice different shades of black & brown
- notice how your coffee smells
- notice the temperature
- notice the taste(s)
- notice the texture of the milk foam
- notice any sounds



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**Radical Acceptance** is based on the thought process that reality should be accepted rather than fought against.

### CHARACTERISTICS OF RADICAL ACCEPTANCE



Understand you cannot control things



Being kind towards yourself



Know that things will pass soon



Being non-judgmental of situation



Accepting things as they are

### HOW TO PRACTICE RADICAL ACCEPTANCE?



Find out pattern of negative thinking



Practice Non-attachment & Gratitude



Acceptance & Commitment Therapy to meet true selves



Use Dialectical Behavioral Therapy (DBT)

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The Pleasant Mind



# purpose



“The purpose of life is a life of purpose.” – Robert Byrne

## What are the core issues for *purpose*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:



“Life is never made unbearable by circumstances, but only by lack of meaning and purpose.”

— **Victor Frankl**



“The purpose of life is a life of purpose.” – Robert Byrne

“Those who have a 'why' to live, can bear with almost any 'how'.”

— **Viktor E. Frankl**,

[Man's Search for Meaning](#)



### Pro- tip on “purpose”:

#### Ways to find purpose in life ~

- 1). Identify the things you care about
- 2). Reflect on what matters the most
- 3). Recognize your strengths and talents
- 4). Try Volunteering
- 5). Imagine your best possible self
- 6). Cultivate positive emotions like gratitude and awe
- 7). Look to people you admire

(Borrowed from *“Finding Purpose Across the Lifespan,”* supported by the John Templeton Foundation.)

“The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart”

— **Helen Keller**



Valued Living Questionnaire:

<https://www.div12.org/wp-content/uploads/2015/06/Valued-Living-Questionnaire.pdf>



# purpose



Spirituality is recognizing and celebrating that we are all inextricably connected to each other by a power greater than all of us, and that our connection to that power and to one another is grounded in love and compassion. Practicing spirituality brings a sense of perspective, meaning and purpose to our lives.

Brené Brown



“Purpose is an essential element of you. It is the reason you are on the planet at this particular time in history. Your very existence is wrapped up in the things you are here to fulfill. Whatever you choose for a career path, remember, the struggles along the way are only meant to shape you for your purpose.” ~ Brené Brown





# pain



“Pain is inevitable; suffering is optional.” — Buddhist proverb

## What are the core issues for *pain*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:

**Physical pain** - physical suffering or discomfort caused by illness or injury – Webster Dictionary



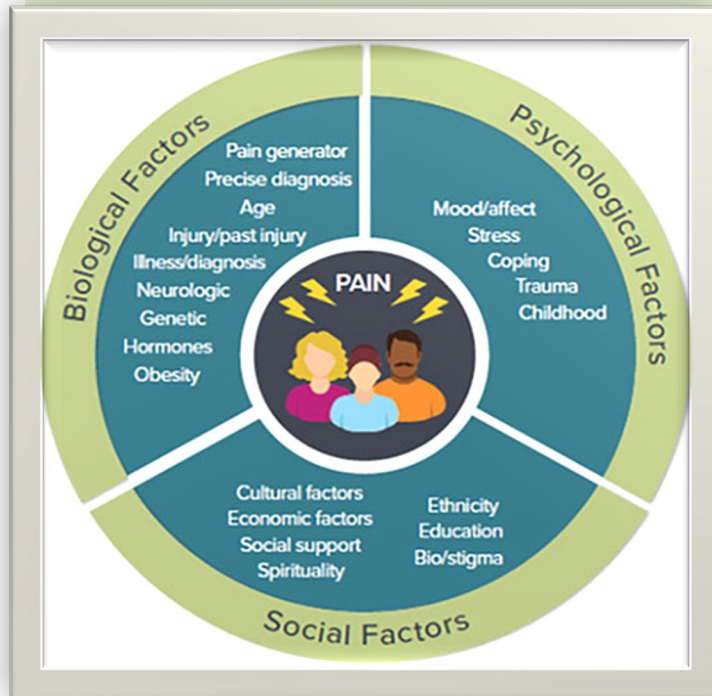
**Psychological pain / anguish** - a high degree of emotional pain, distress, torment, or suffering – Webster Dictionary

“Pain is inevitable; suffering is optional.” — Buddhist proverb

**Pro-tip on “pain”:** when you feel you cannot do one more thing – do the next thing – as simple as the next thing is. Walk to the mailbox, wash the dishes, take a shower, read, pray – do the next mundane thing

“In some ways suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of a sacrifice.”

— Viktor E. Frankl, Man’s Search for Meaning



“But there was no need to be ashamed of tears, for tears bore witness that a man had the greatest of courage, the courage to suffer.”

— Viktor E. Frankl, Man’s Search for Meaning



# pain ~ trauma

“What we once enjoyed and deeply loved we can never lose, For all that we love deeply becomes a part of us.”

— Helen Keller

## PSYCHOLOGICAL PAIN

Causes

### PSYCHOLOGICAL PAIN

What is Psychological Pain?

Psychological Pain is the emotional distress caused by various factors such as trauma, loss, rejection, or isolation. It can manifest as feelings of sadness, anxiety, guilt, shame, or despair and can impact one's mental health, behavior, and relationships. It is also referred to as mental pain or emotional pain. There are many ways psychological pain is referred to, and using a different word usually reflects an emphasis on a particular aspect of mind life.





# forgiveness



“Forgiveness is just another name for freedom.” – Byron Katie

## What are the core issues for “forgiveness”?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:



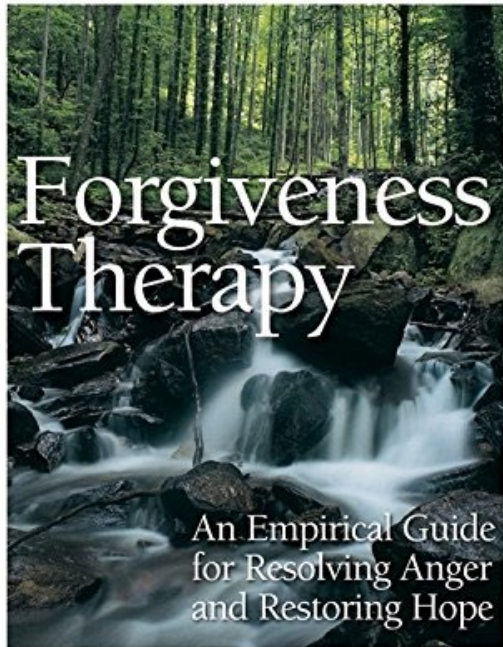
# forgiveness



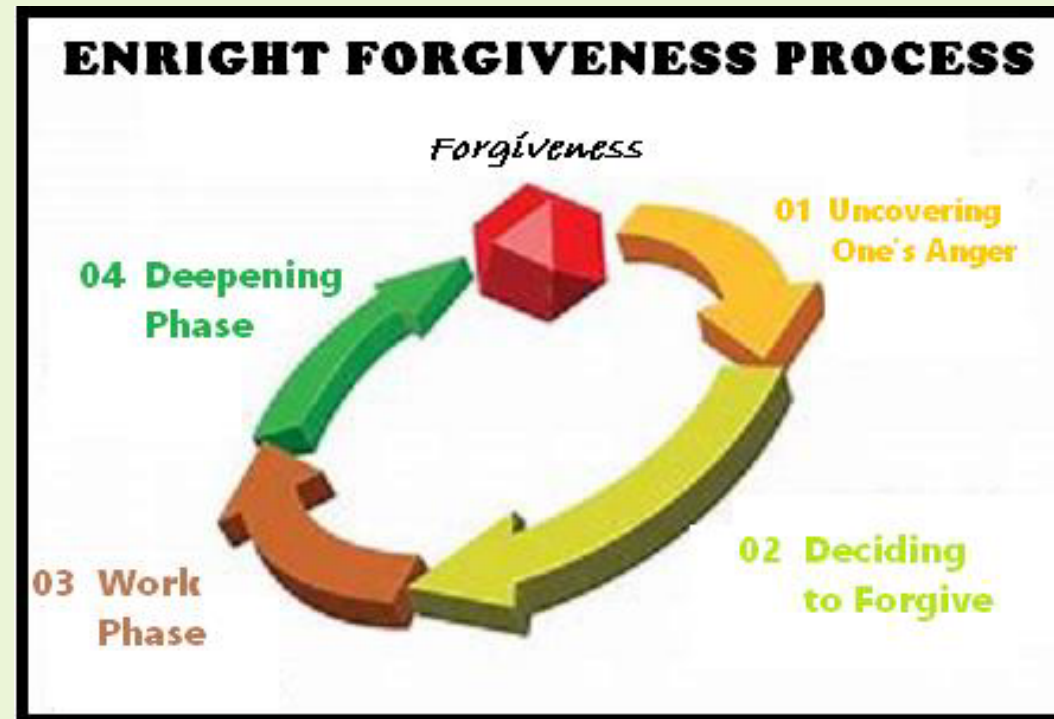
“Forgiveness is just another name for freedom.” – Byron Katie

**PRO-tip on “forgiveness”:**

<https://internationalforgiveness.com/>



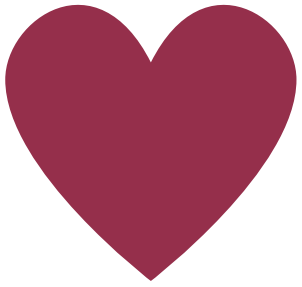
Robert D. Enright and Richard P. Fitzgibbons



# Helping Clients Forgive

An Empirical Guide for Resolving Anger and Restoring Hope

Robert D. Enright and Richard P. Fitzgibbons



love



“Love makes your soul crawl out from its hiding place.” — Zora Neale Hurston

## What are the core issues for *love*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:

# ♥ love ♥

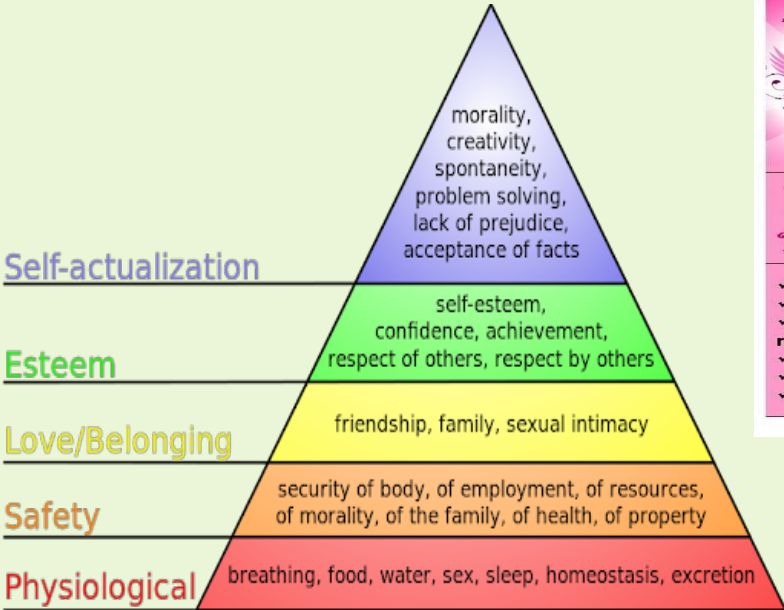
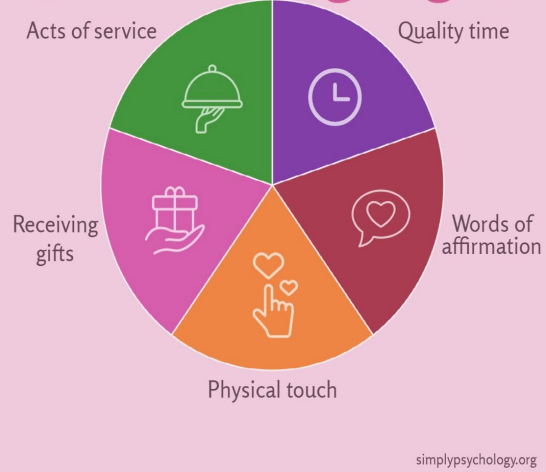
“Love makes your soul crawl out from its hiding place.” — Zora Neale Hurston

Pro-tip on “love”: It’s a basic need.

### Dr William Glasser’s *Basic Needs*

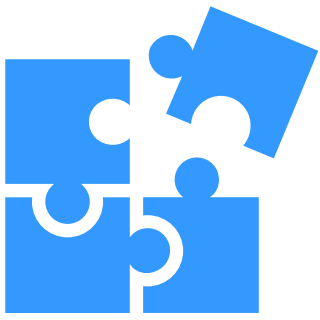
				
<b>Love &amp; Belonging</b>	<b>Power</b>	<b>FUN</b>	<b>Survival</b>	<b>Freedom</b>
<ul style="list-style-type: none"> <li>✓ belonging</li> <li>✓ being loved</li> <li>✓ being respected</li> <li>✓ friendship</li> <li>✓ sharing</li> <li>✓ cooperation</li> </ul>	<ul style="list-style-type: none"> <li>✓ recognition</li> <li>✓ success</li> <li>✓ importance</li> <li>✓ achievement</li> <li>✓ skills</li> </ul>	<ul style="list-style-type: none"> <li>✓ enjoyment</li> <li>✓ laughter</li> <li>✓ learning</li> <li>✓ change</li> </ul>	<ul style="list-style-type: none"> <li>✓ health</li> <li>✓ relaxation</li> <li>✓ sexual activity</li> <li>✓ food</li> <li>✓ warmth</li> </ul>	<ul style="list-style-type: none"> <li>✓ choices</li> <li>✓ independence</li> <li>✓ freedom from</li> <li>✓ freedom to</li> </ul>

### 5 Love Languages

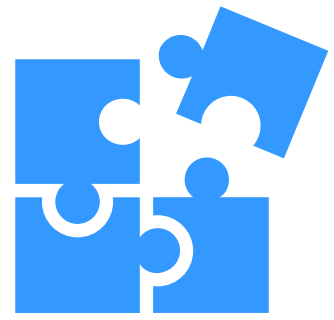


THE MOST BASIC NEED A SOUL HAS IS TO EXPERIENCE UNCONDITIONAL LOVE AND ACCEPTANCE.

#AULB



# loneliness



“Lonely is not being alone, it's the feeling that no one cares.” - Unknown

## What are the core issues for *loneliness*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:





# loneliness



“Lonely is not being alone, it's the feeling that no one cares.” - Unknown

”

The greatest healing  
therapy is friendship  
and love.

— Hubert H. Humphrey

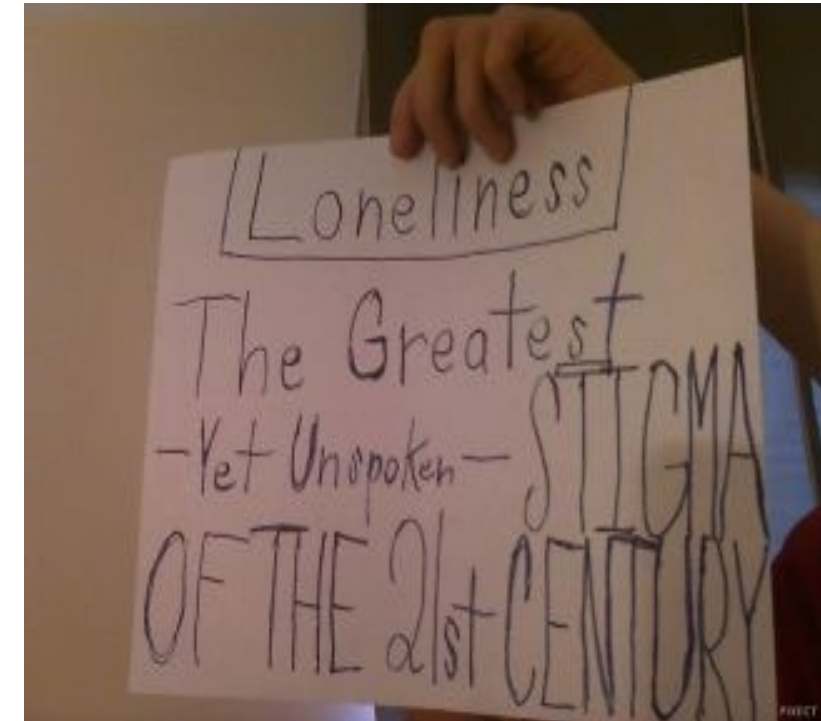
@cherandoreibez

## Pro-tip on “loneliness”:

according to research, counselors  
should listen deeply for & attend to -

1. references of *darkness, emptiness & aloneness*
2. suicidality/parasuicidality
3. environmental stressors  
(social/familial/occupational/etc)
4. negative self-perceptions
5. hopelessness that “nothing will work”

(Verity et al., 2022)





# shame



"I will never understand why it is more shameful to be raped than to be a rapist." — Anonymous

## What are the core issues for *shame*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

Ethical concerns:

Treatment strategies:

# shame

"I will never understand why it is more shameful to be raped than to be a rapist." — Anonymous

**Pro-tip on “shame”:** fight, flight, freeze, fawn responses

Shame and self-criticism are typically central to the struggles of our most chronic, interpersonally difficult, and stuck clients

## Symptoms of Trauma That We See

- Nightmares
- Flashbacks
- Insomnia
- Anger Outbursts
- Withdrawing from people
- Hypervigilance
- Difficulties connecting to people
- Self-harm
- Avoidance
- Fatigue / Lethargy
- Panic Attacks
- Mood fluctuations

## Symptoms of Trauma That We Don't See

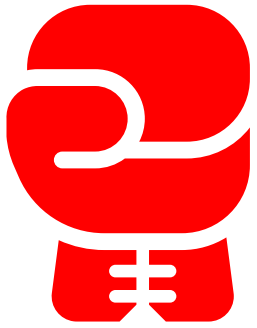
- Thoughts that no one can be trusted
- Thoughts that everyone will hurt you
- Thoughts that everyone cheats or is dishonest
- Thoughts that sharing your feelings will result in losing people
- The belief that you are not/ will never be safe
- Intense fears of loss & abandonment
- Shame

**Guilt is a feeling often experienced when we act against our values.**

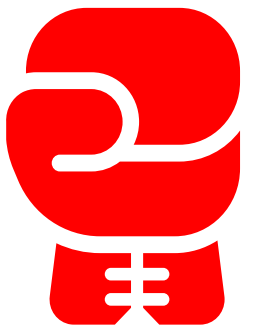
**Shame is a deeply held belief about our unworthiness as a person.**



www.CourageToCaregivers.org



# control



“What lies in our power to do, lies in our power not to do.” - *Aristotle*

## What are the core issues for *control*?

Child (under 10) –

Adolescent (11-17) –

Adult –

Couple –

Family –

Group –

Therapist/Client relationship -

Diagnostic features:

Cultural considerations:

Protective and/or Risk factors:

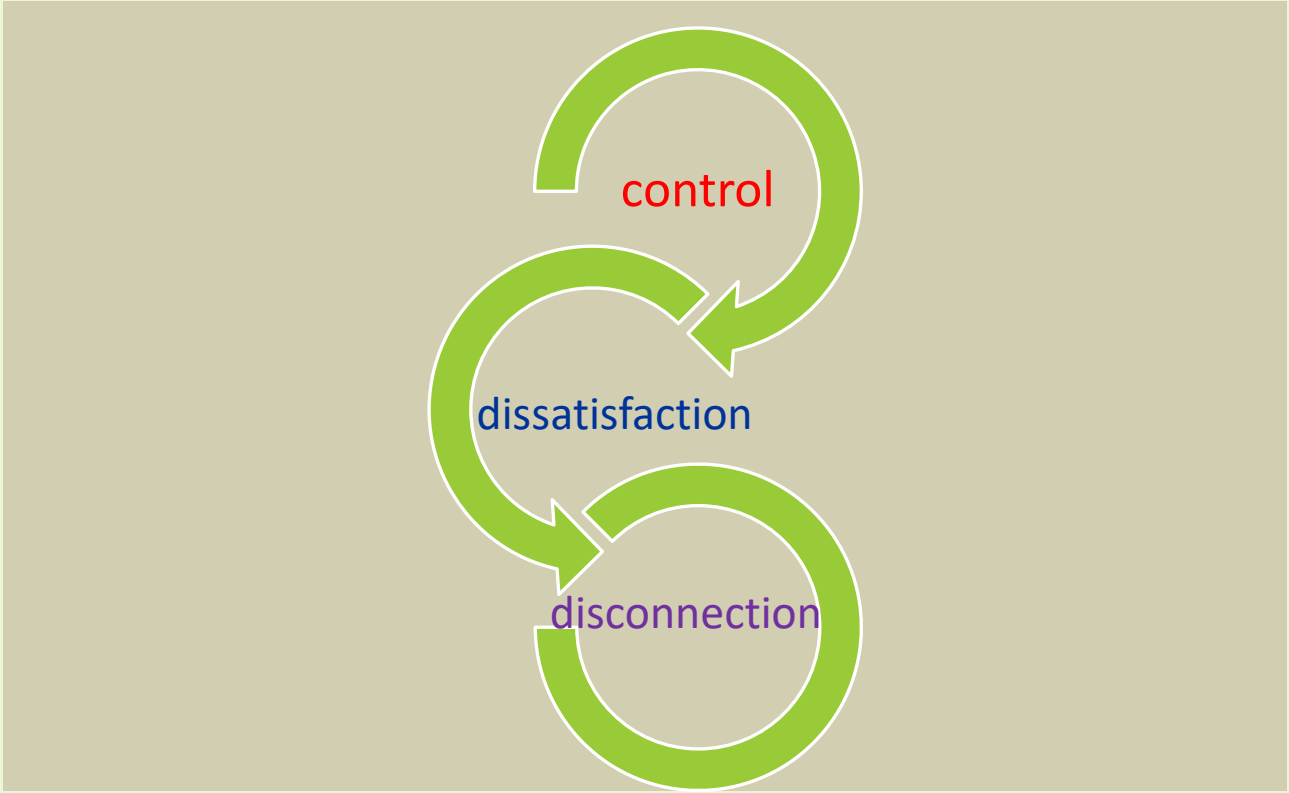
Ethical concerns:

Treatment strategies:

# control

“What lies in our power to do, lies in our power not to do.” - *Aristotle*

**“control”**: asserting one’s desires onto or over another; can easily become a habitual pattern



# control

“What lies in our power to do, lies in our power not to do.” - Aristotle

**Pro-tip on “control”:** when you give up control, you gain control



~these behaviors do not encourage open dialog  
~ avoid using them with important people in your life



**7 DEADLY/DISCONNECTING HABITS**

one relationship  
is different,  
however....

we can assume, then,  
that:

~humans KNOW how NOT  
to use disconnecting habits  
with friends

~humans CHOOSE to use  
disconnecting habits with  
other most important  
relationships

**WHY?**



control

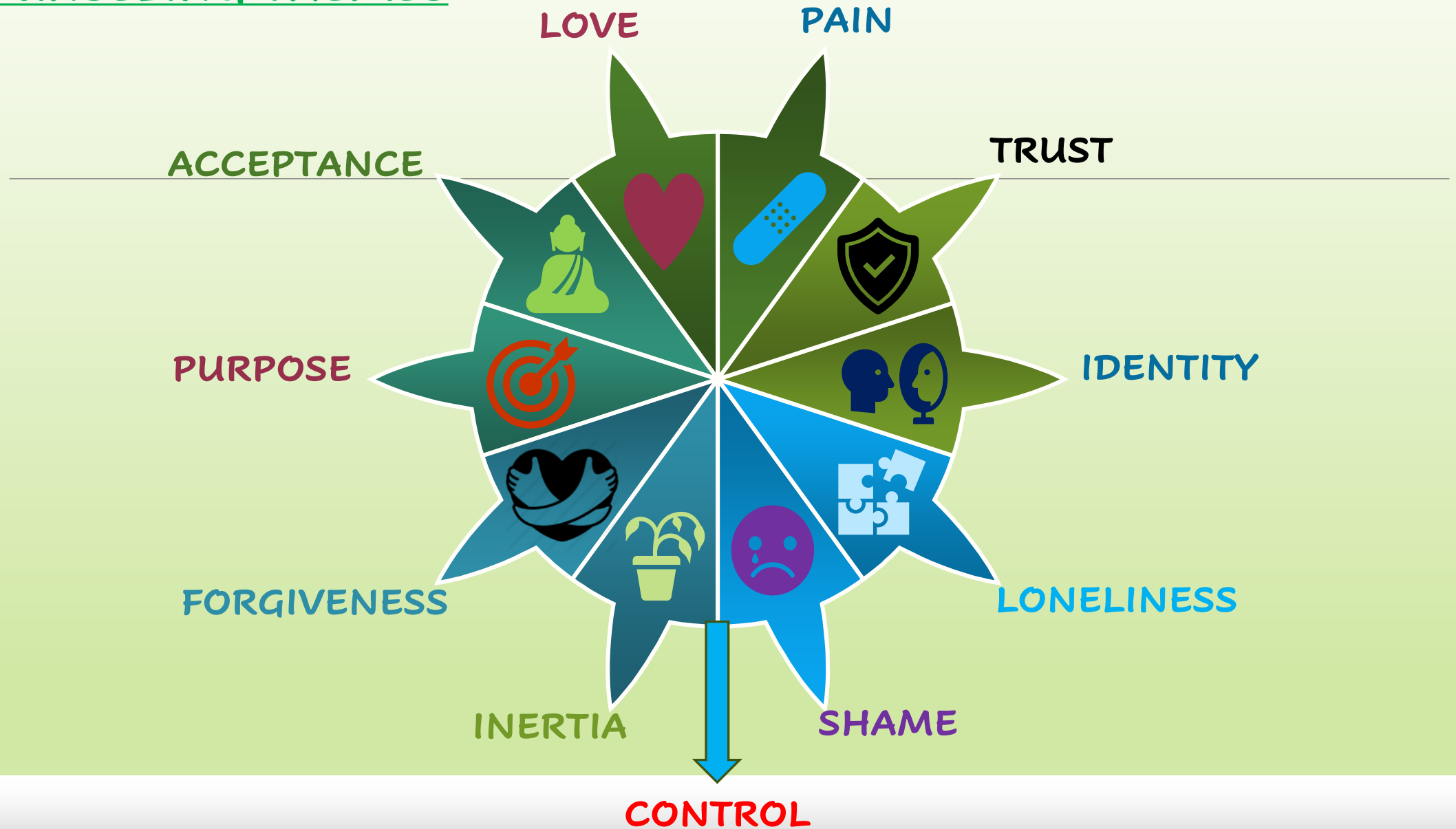


Life is better  
with friends :)



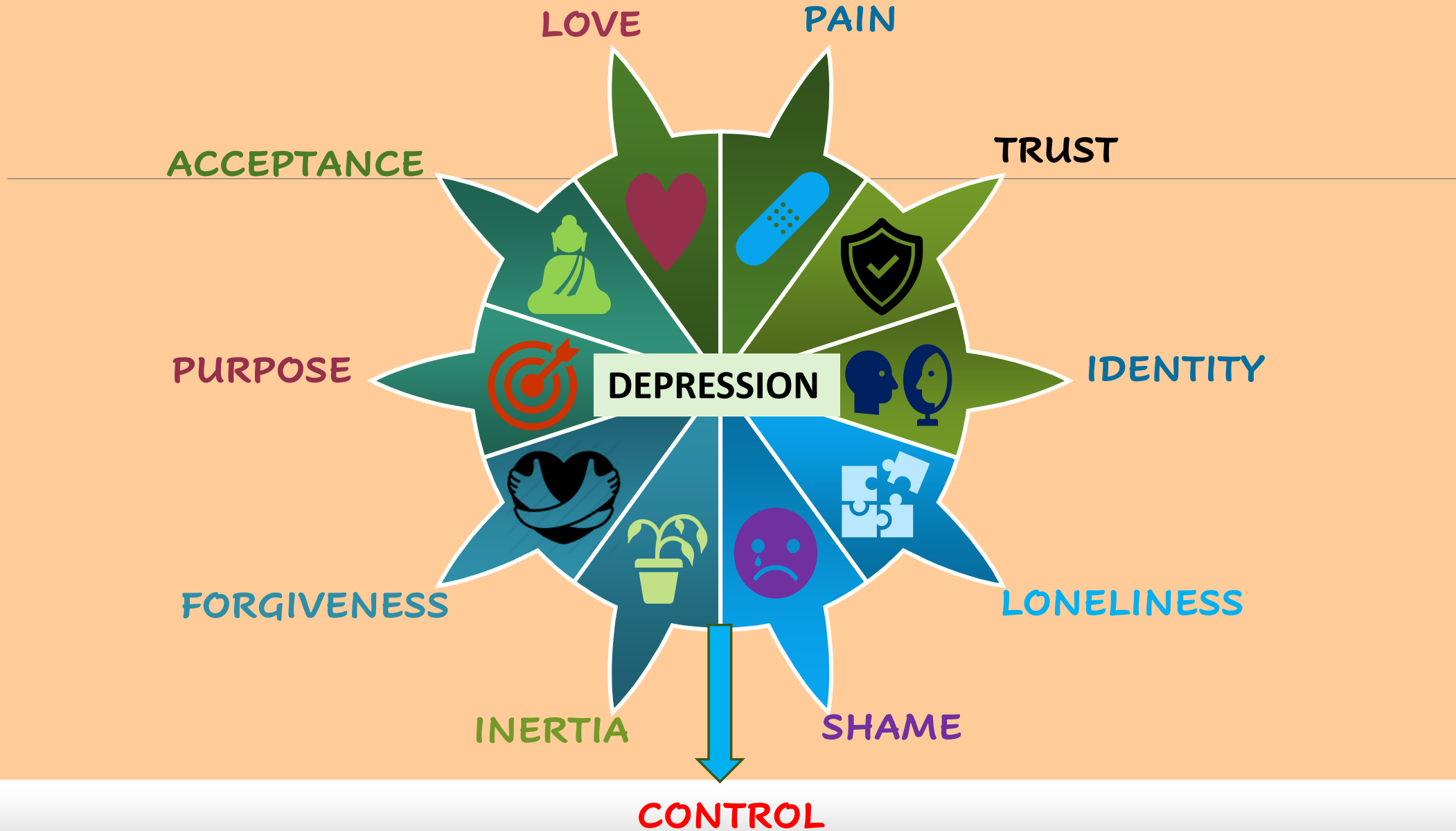


# 11 COUNSELING THEMES

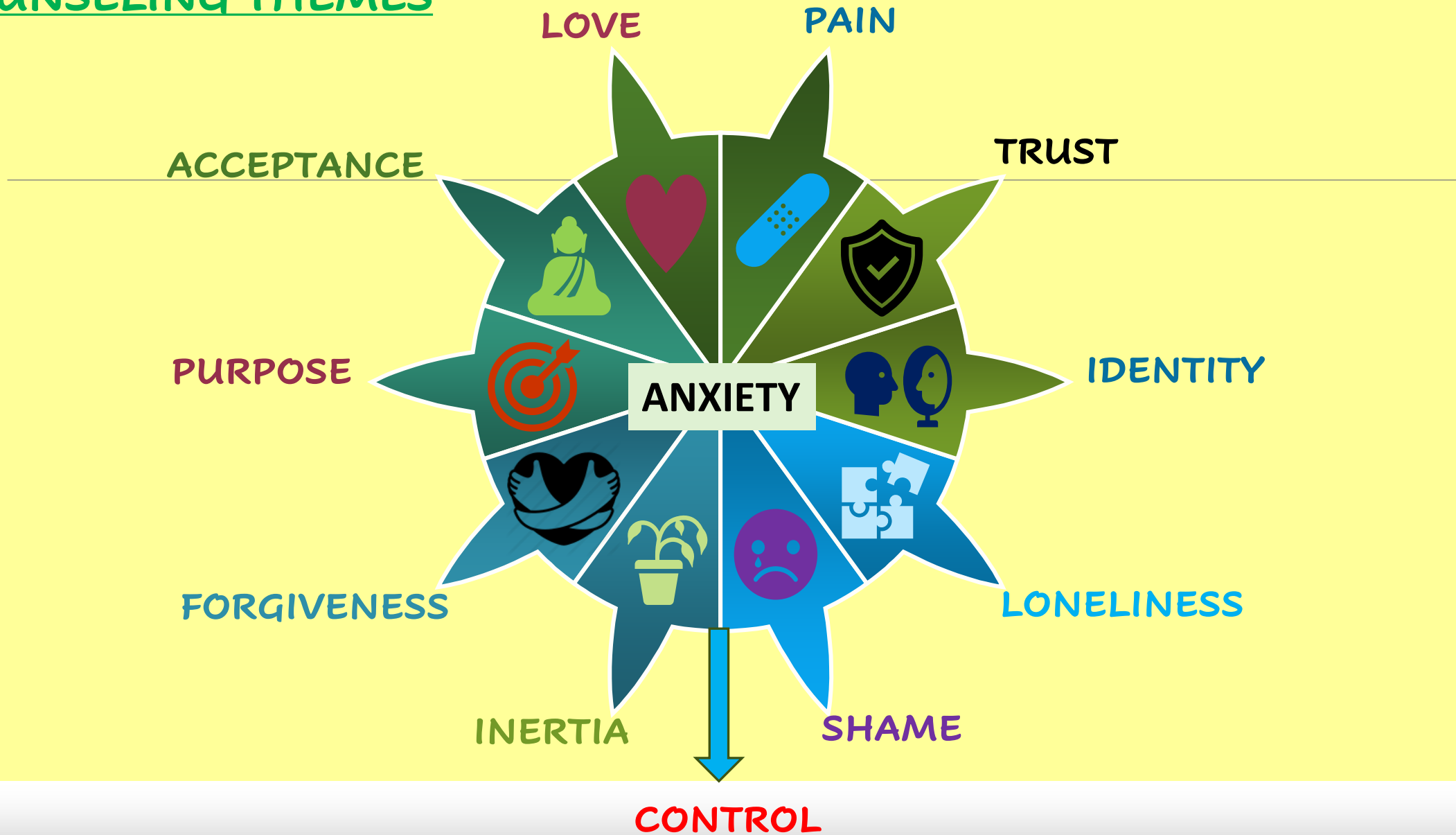




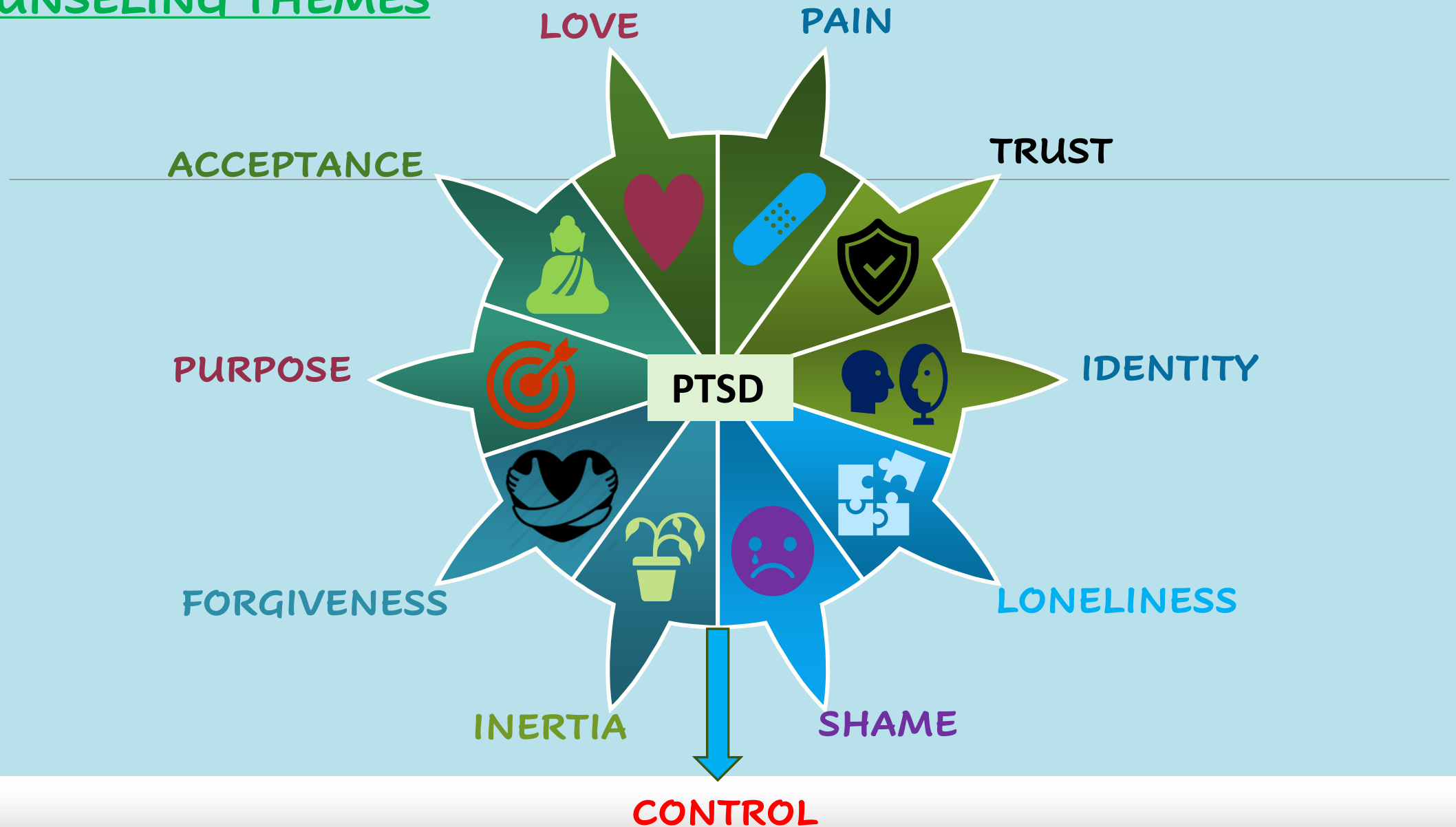
# 11 COUNSELING THEMES



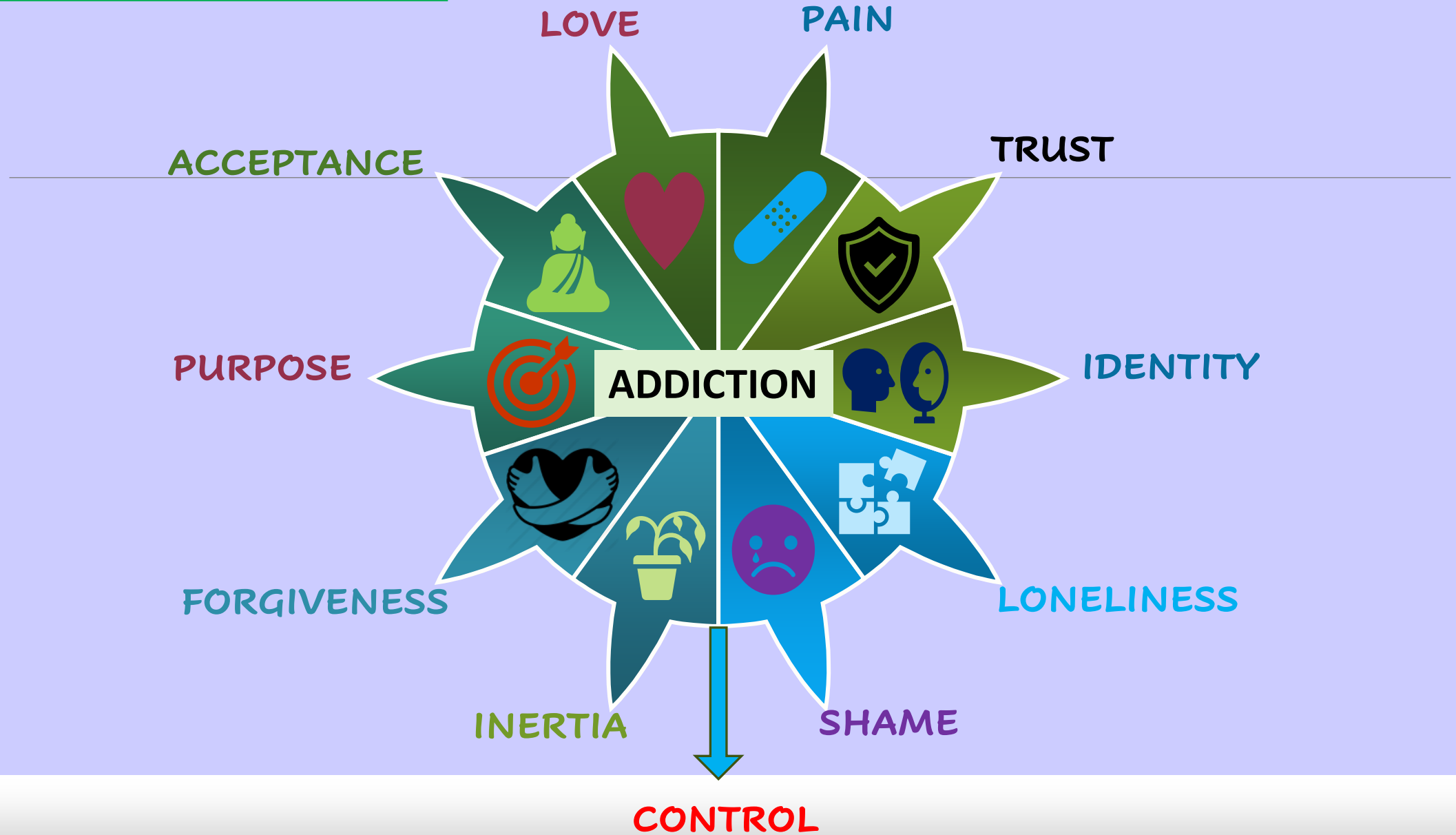
# 11 COUNSELING THEMES



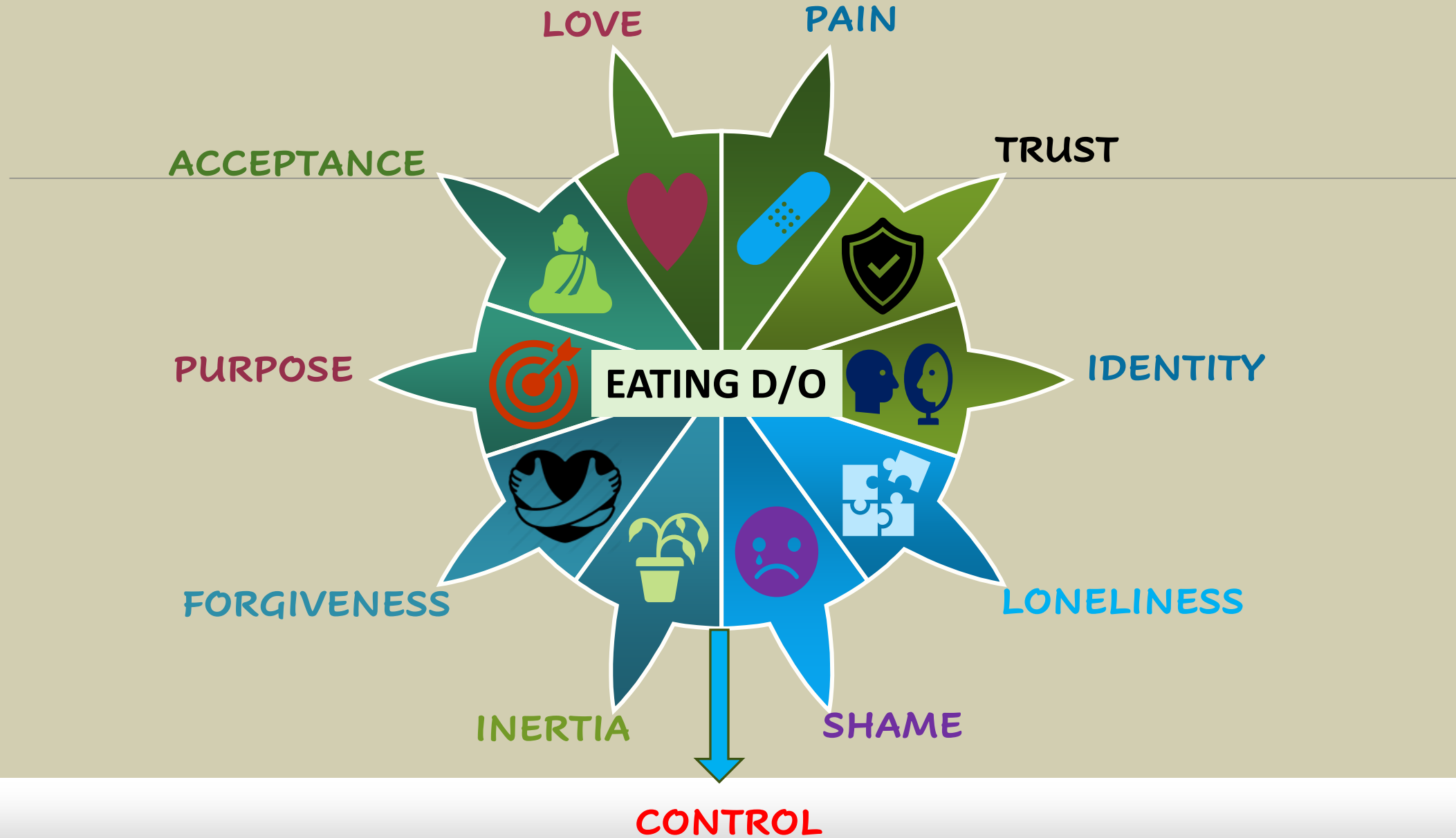
# 11 COUNSELING THEMES



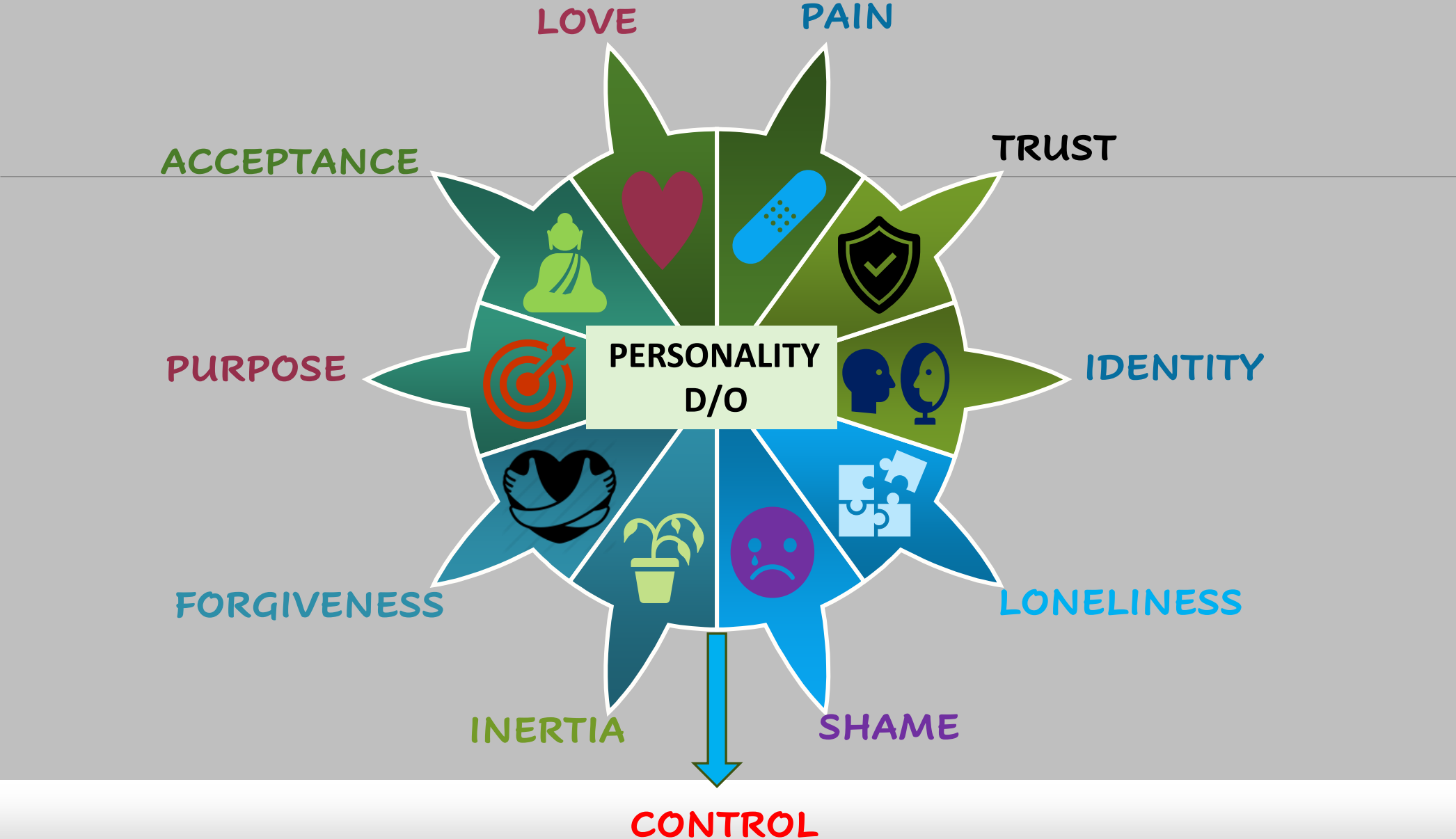
# 11 COUNSELING THEMES



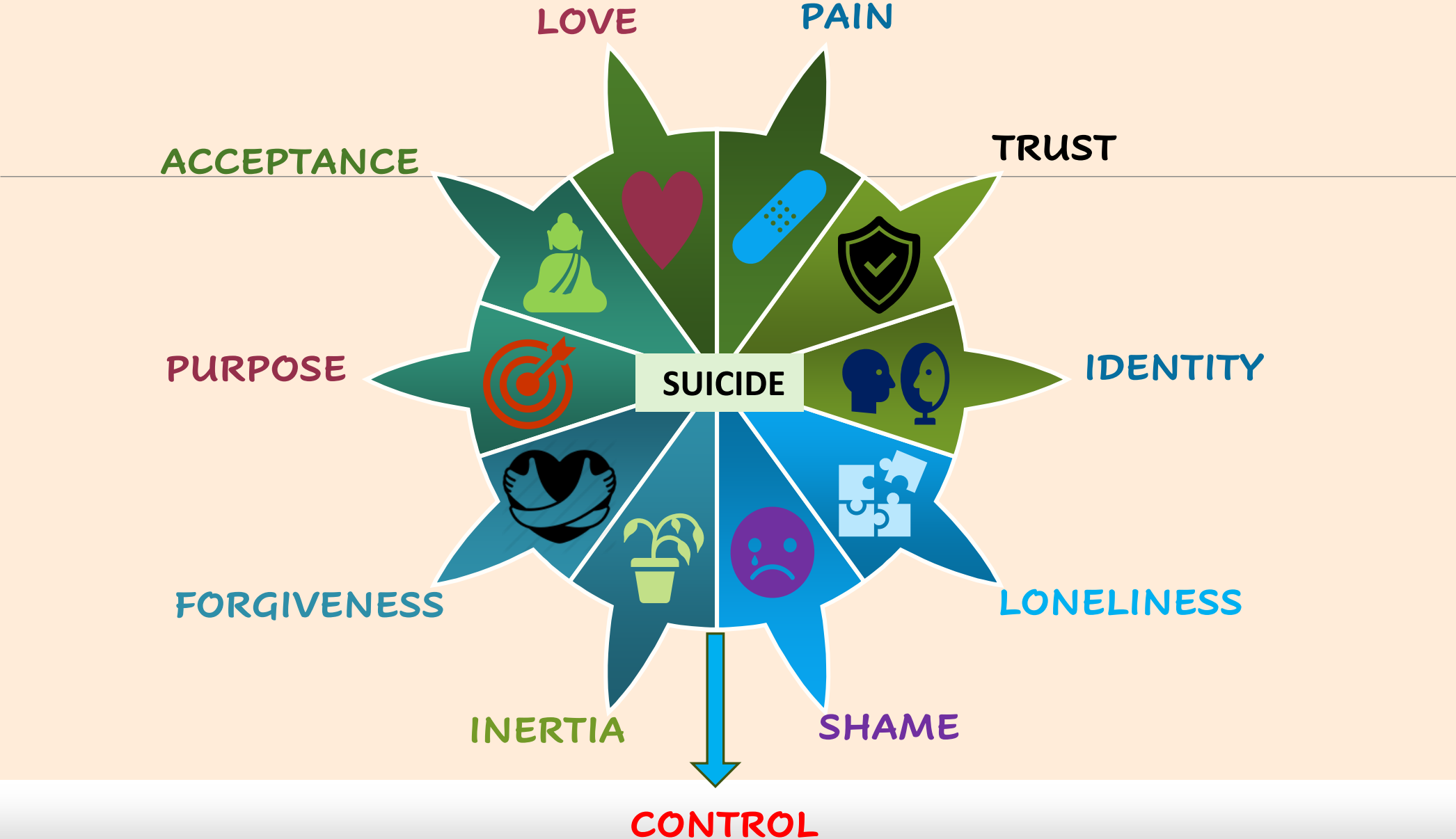
# 11 COUNSELING THEMES



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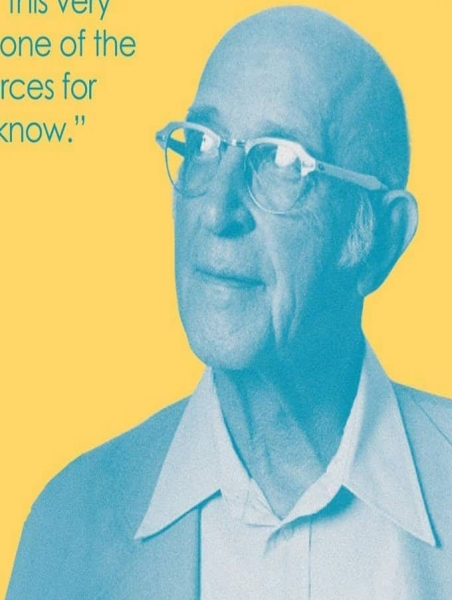
# 11 COUNSELING THEMES



# Carl Rogers

"We think we listen, but very rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know."

- Carl Rogers



**“One thing I have come to look upon as almost universal is that when a person realizes he has been deeply heard, there is moistness in his eyes. I think in some real sense he is weeping for joy. It is though he were saying, “Thank God, somebody heard me. Someone knows what it’s like to be me.” In such moments I have had the fantasy of a prisoner in a dungeon, tapping out day after day a Morse code message, “Does anybody hear me?” And finally one day he hears some faint tappings which spell out “Yes”. By that one simple response he is released from his loneliness, has become a human being again. There are many, many people living in private dungeons today, people who give no evidence of it whatever on the outside, where you have to listen very sharply to hear the faint messages of the dungeon” –**

**Carl Rogers, 1969**



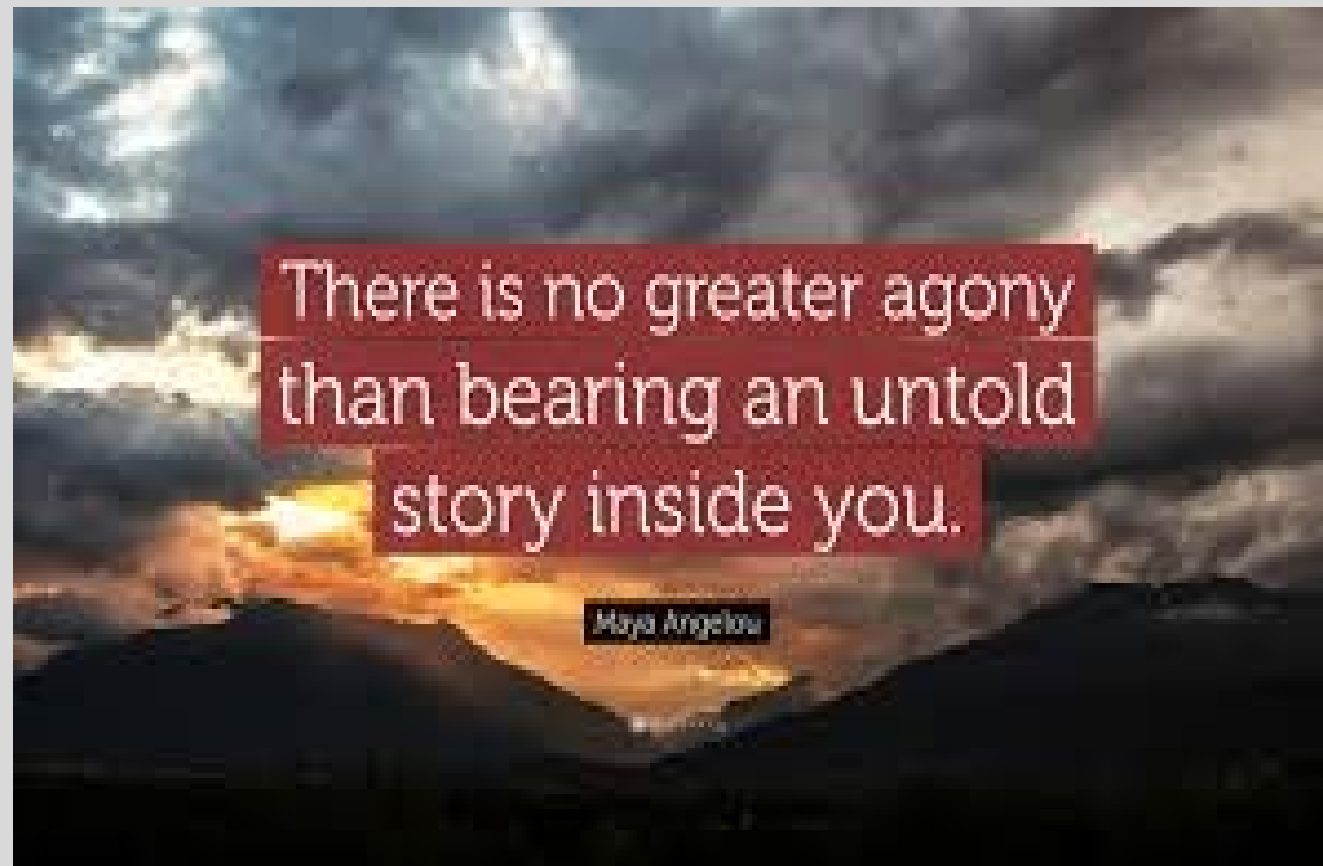
~Are we “discerning listeners” to another’s story?

~What do we notice that is deeper, foundational, underlying?

~How do we make sense of the themes of each story so that our approach is effectively aligned?

## Maya Angelo

American poet & Civil Rights activist



# themes not presented, but notable:

~hopelessness

~worry – fear - anxiety

~doubt

~anger

~confusion - uncertainty

~lack of self-awareness

~self-sabotage

~stress

questions or comments?



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“all we can give one another is information, what you do with it belongs to you”  
~~dr william glasser, choice theory/reality therapy~~

# thank you & igracias!

if you have questions or would like to reach out:

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