

Theories Overview/Related Interventions

Theory	Key Concepts	Interventions & Techniques	When to Use
Person-Centered Therapy	<p>Unconditional Positive Regard: Non-judgmental acceptance of the client.</p> <p>Empathy: Deep understanding of the client's experience.</p> <p>Congruence (Genuineness): Authenticity from the counselor in the therapeutic relationship</p>	<p>Reflective Listening: Paraphrase the client's statements to demonstrate understanding.</p> <p>Open-Ended Questions: Use broad questions to encourage client reflection and exploration.</p> <p>Unconditional Positive Regard Exercise: Verbally affirm the client's worth and value.</p> <p>Silence & Space: Use intentional pauses to allow the client time for reflection and insight.</p>	<p>When a client is struggling with self-acceptance, identity, or self-esteem issues. This approach fosters self-exploration and builds confidence.</p>
Cognitive Behavioral Therapy (CBT)	<p>Cognitive Distortions: Challenging unhelpful thoughts that negatively influence behavior and emotions.</p> <p>Core Beliefs: Addressing deep-seated, often unconscious beliefs.</p> <p>Automatic Thoughts: Identifying and challenging automatic negative thoughts.</p>	<p>Cognitive Restructuring: Challenge and reframe negative thoughts to create more balanced perspectives.</p> <p>Thought Records: Clients document situations, emotions, and thoughts to identify cognitive distortions.</p> <p>Behavioral Experiments: Encourage clients to test their beliefs by engaging in real-world actions.</p> <p>Socratic Questioning: Use guided questioning to help clients evaluate the validity of their thoughts.</p> <p>ABC Model: Identify the Activating event, Belief, and Consequence to understand emotional responses.</p>	<p>When a client is experiencing anxiety, depression, or distorted thinking that impacts daily functioning. This approach is action-oriented and promotes cognitive insight.</p>
Psychodynamic Therapy	<p>Unconscious Processes: Understanding how unconscious thoughts drive behavior.</p> <p>Transference & Countertransference: Identifying how past relationships influence the client-counselor dynamic.</p> <p>Defense Mechanisms: Identifying mechanisms (like denial or repression) clients use to protect themselves.</p>	<p>Dream Analysis: Explore the symbolism in client dreams to understand unconscious themes.</p> <p>Free Association: Allow clients to speak freely to uncover unconscious material.</p> <p>Exploring Childhood Relationships: Analyze past family dynamics and their impact on present behavior.</p> <p>Interpreting Resistance: Identify and process client resistance to therapeutic work.</p>	<p>When clients are dealing with unresolved past trauma, attachment issues, or patterns of self-sabotage. This approach helps reveal underlying motivations for current behavior.</p>

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Solution-Focused Brief Therapy (SFBT)	Focus on Solutions: Emphasis on solutions rather than problems. Exceptions: Identify times when the client's problem was not present. Future-Focused Goals: Work on achievable goals instead of dwelling on past issues.	The Miracle Question: Ask, "If a miracle happened tonight, and your problem was gone, what would be different?" Scaling Questions: Ask clients to rate their progress on a scale from 1 to 10. Highlighting Exceptions: Identify and discuss times when the client's problem did not occur. Goal Setting: Create specific, achievable, and solution-focused goals.	When clients feel stuck, discouraged, or have limited time for therapy. SFBT is short-term, goal-oriented, and focuses on small, incremental changes.
Motivational Interviewing	Ambivalence: Helping clients resolve mixed feelings about change. Change Talk: Eliciting client language that supports change. Collaboration: Creating an equal partnership in the therapeutic relationship.	OARS (Open-ended questions, Affirmations, Reflections, Summaries): Core techniques used to engage clients in conversation. Decisional Balance: Help clients weigh the pros and cons of making a change. Readiness Ruler: Ask clients to rate their readiness for change from 1 to 10. Eliciting Change Talk: Use reflective listening to highlight client statements that support change.	When clients are resistant to change or ambivalent about engaging in treatment. Often used with clients struggling with addiction or lifestyle changes.
Gestalt Therapy	Here-and-Now Focus: Present-focused approach to increase client awareness. Integration: Helping clients integrate fragmented parts of themselves. Awareness & Ownership: Encouraging clients to take responsibility for their actions and feelings.	Empty Chair Technique: Clients "speak to" an absent person to process unresolved issues. Body Awareness Exercises: Focus on body sensations to explore emotional experiences. Re-enactment: Role-play unresolved issues from past relationships. Exaggeration Exercise: Have clients exaggerate specific behaviors to increase self-awareness.	When clients need to increase self-awareness, process past experiences, and resolve unfinished business with others. This approach fosters emotional insight and personal responsibility.
Narrative Therapy	Re-authoring Stories: Changing the client's narrative about their experiences. Externalization: Separating the problem from the client ("The anxiety is not you").	Externalizing Conversations: Encourage clients to name their problems as external entities (e.g., "The Anxiety Monster"). Re-authoring Stories: Work with clients to rewrite the story of their lives with a focus on strengths. Documenting Change: Write letters or certificates to mark progress and milestones.	When clients feel defined by their problems or need to reclaim personal agency. Narrative therapy helps clients view themselves as the authors of their

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	Dominant Cultural Narratives: Identifying cultural narratives that shape the client's self-perception.	Mapping Influence: Explore how problems influence clients' lives and how clients influence the problem.	lives, not passive participants.
Existential Therapy	Meaning-Making: Helping clients find meaning in suffering and life experiences. Death Anxiety: Addressing fears of death and the finite nature of life. Freedom & Responsibility: Emphasizing client autonomy and personal responsibility.	Meaning-Making Exercises: Help clients identify purpose in their struggles. Exploration of Existential Themes: Discuss topics like freedom, isolation, and death. Responsibility Analysis: Encourage clients to take ownership of their choices. Use of Existential Questions: Ask questions like, "What do you want your legacy to be?"	When clients face existential crises, grief, or meaninglessness. It is especially useful when clients experience a "midlife crisis" or are grappling with questions about life's purpose.
Dialectical Behavior Therapy (DBT)	Dialectics: Balancing acceptance and change; holding two seemingly opposing truths at the same time. Emotional Regulation: Teaching clients how to manage intense emotions. Mindfulness: Increasing awareness and present-moment focus. Distress Tolerance: Building skills to cope with painful emotions and crises without making them worse. Interpersonal Effectiveness: Developing skills to maintain healthy relationships and assertiveness.	Mindfulness Exercises: Breathing exercises, body scans, and "wise mind" practices to promote nonjudgmental awareness. Distress Tolerance Skills: Strategies like the TIPP method (Temperature, Intense exercise, Paced breathing, Paired muscle relaxation) and Radical Acceptance. Emotional Regulation Skills: Identifying emotions, checking the facts, and using "opposite action" to change emotional responses. Interpersonal Effectiveness: Teaching clients to use DEAR MAN (Describe, Express, Assert, Reinforce, Mindful, Appear confident, Negotiate) to advocate for themselves in relationships. Chain Analysis: Clients analyze the chain of events leading to problem behaviors and identify points for intervention.	When clients struggle with emotional dysregulation, impulsivity, or interpersonal conflict, particularly those diagnosed with Borderline Personality Disorder (BPD), self-harm behaviors, or chronic suicidal ideation. It can also be helpful for clients with PTSD, eating disorders, and substance use disorders.
Acceptance and Commitment Therapy (ACT)	Acceptance: Learning to accept uncomfortable thoughts and feelings rather than avoid them. Cognitive Defusion: Detaching from unhelpful thoughts and viewing them as "just thoughts" instead of truths.	Acceptance Exercises: Encourage clients to sit with uncomfortable thoughts or feelings without attempting to change them. Cognitive Defusion Exercises: Techniques like repeating a thought aloud until it loses meaning or imagining it as words on a cloud drifting away.	When clients are experiencing anxiety, depression, chronic pain, OCD, or substance use disorders. ACT is effective when clients

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	<p>Present-Moment Awareness: Being fully present in the "here and now."</p> <p>Self-as-Context: Understanding that we are not our thoughts, feelings, or experiences.</p> <p>Values Clarification: Identifying core values and using them to guide behavior.</p> <p>Committed Action: Taking action that aligns with personal values, even in the presence of discomfort.</p>	<p>Values Clarification: Helping clients identify core life values and align their actions with those values.</p> <p>Mindfulness and Present-Moment Awareness: Grounding techniques to stay connected to the present moment.</p> <p>Committed Action Planning: Developing specific, values-based goals and action plans.</p>	<p>are "stuck" in rigid thinking patterns, avoidance, or behavioral inaction. It helps clients tolerate distress, clarify values, and take meaningful action toward their goals.</p>
Rational Emotive Behavior Therapy (REBT)	<p>ABC Model: Activating event (A) → Belief (B) → Consequence (C) (emotional or behavioral reaction).</p> <p>Irrational Beliefs: Identifying and disputing irrational beliefs (e.g., "I must be perfect" or "I should be loved by everyone").</p> <p>Emotional Responsibility: Recognizing that emotions stem from beliefs, not external events.</p> <p>Unconditional Self-Acceptance (USA): Encouraging self-acceptance despite flaws or mistakes.</p>	<p>ABC Model Analysis: Help clients identify their beliefs about activating events and the emotional consequences.</p> <p>Disputation of Irrational Beliefs (DIBS): Challenge and replace irrational beliefs with rational, evidence-based beliefs.</p> <p>Thought Journals: Clients track their irrational thoughts and reframe them.</p> <p>Reframing: Change perspective on challenging situations to identify alternative, more empowering beliefs.</p> <p>Role-Playing: Practice disputing irrational beliefs in session.</p>	<p>When clients are experiencing anxiety, depression, low self-esteem, or relationship conflicts driven by irrational beliefs. REBT is useful when clients have "should" or "must" statements, perfectionism, and harsh self-criticism. It works well with clients who are willing to engage in cognitive analysis and restructuring.</p>
Somatic Therapy	<p>Body-Mind Connection: Emotions are stored in the body, and physical sensations can influence mental well-being.</p> <p>Somatic Experiencing (SE): Focus on the client's bodily sensations to release stored trauma and complete incomplete survival responses.</p>	<p>Body Scans: Help clients notice areas of tension, pain, or other sensations in their body.</p> <p>Titration: Slowly approach traumatic memories or sensations to avoid overwhelming the client.</p> <p>Pendulation: Move between feelings of safety and discomfort to regulate the nervous system.</p> <p>Grounding Techniques: Use sensory-based methods (e.g., noticing feet on the ground) to calm the nervous system.</p>	<p>When clients are dealing with trauma, PTSD, anxiety, or chronic pain. Somatic therapy is useful for clients with symptoms of hyperarousal (fight/flight) or hypoarousal</p>

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	<p>Grounding & Regulation: Techniques to help clients regulate their autonomic nervous system (ANS).</p> <p>Body Awareness: Increasing awareness of physical sensations as a tool for processing emotions.</p>	<p>Movement and Gestural Release: Encourage physical movement to "release" trapped survival energy (e.g., shaking or stretching).</p>	<p>(freeze/shutdown). It is especially effective for clients who struggle with traditional talk therapy and benefit from a body-based approach.</p>
Adlerian Therapy	<p>Social Interest: Human behavior is motivated by the need to belong and contribute to society.</p> <p>Birth Order: Understanding how a person's position in their family affects their personality and behaviors.</p> <p>Inferiority Complex: Overcoming feelings of inferiority to achieve a sense of competence.</p> <p>Lifestyle Assessment: A holistic analysis of a client's life, goals, and beliefs to understand patterns of behavior.</p> <p>Private Logic: The internal beliefs and assumptions that influence behavior.</p>	<p>Lifestyle Assessment: Gather information on family background, childhood experiences, and birth order to understand the client's life themes.</p> <p>Early Recollection Analysis: Clients recall early childhood memories to identify patterns and beliefs.</p> <p>Encouragement & Reframing: Focus on client strengths and reframe challenges as opportunities for growth.</p> <p>Role-Playing: Help clients practice new behaviors or perspectives.</p> <p>Identifying "Basic Mistakes": Help clients identify faulty beliefs (e.g., "I'm unworthy of love") and work to correct them.</p>	<p>When clients are struggling with low self-esteem, relationship issues, or family dynamics. It is particularly helpful when clients feel inferior, isolated, or uncertain about their life direction. Adlerian therapy works well for children, adolescents, and adults seeking to understand the role of family in shaping their worldview. It also works for clients struggling with family-of-origin issues.</p>
Emotion-Focused Therapy (EFT)	<p>Emotions as a Source of Change: Emotions are seen as the primary driving force of change in therapy. Emotional awareness and expression are essential for personal growth.</p> <p>EFT focuses on accessing, processing, and transforming emotions as a pathway for healing.</p> <p>Maladaptive vs. Adaptive Emotions: Maladaptive emotions are emotional</p>	<p>Emotional Awareness: Intervention: Help clients recognize and name their feelings in the moment.</p> <p>Example: "What emotion are you feeling in your body right now? Where do you feel it physically?"</p> <p>Purpose: Increase awareness of underlying primary emotions and reduce avoidance of painful feelings.</p> <p>Two-Chair Technique:</p>	<p>Depression and Anxiety: When clients have unresolved emotional pain or difficulty accessing and processing emotions.</p> <p>Couples Counseling: EFT is especially effective for relationship</p>

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	<p>responses that are no longer helpful (e.g., shame, guilt, or chronic fear from past trauma).</p> <p>Adaptive emotions are healthy emotional responses that guide people toward growth and well-being (e.g., grief that leads to healing).</p> <p>Primary vs. Secondary Emotions: Primary emotions are the initial, automatic emotional reactions to situations. Secondary emotions are responses to primary emotions, often involving thoughts and social conditioning (e.g., feeling shame after feeling anger).</p> <p>Emotional Schemes: Patterns of emotional experience and meaning-making based on past experiences and relationships. These schemes guide emotional responses to present situations, and EFT seeks to identify and revise maladaptive emotional schemes.</p>	<p>Intervention: Have the client engage in a dialogue with two opposing parts of themselves, often to resolve internal conflict. Example: The client might sit in one chair as the "angry self" and in another chair as the "compassionate self" to work toward emotional integration.</p> <p>Purpose: Process unresolved internal conflict and develop self-compassion.</p> <p>Empty Chair Technique: Intervention: Similar to the two-chair technique, but the client imagines another person (e.g., a parent) in the chair. Example: The client expresses unresolved feelings toward a parent, such as anger, disappointment, or love.</p> <p>Purpose: Facilitate emotional release and resolve past relational issues.</p> <p>Reprocessing Maladaptive Emotions: Intervention: Identify maladaptive emotional responses (like guilt or shame) and transform them into more adaptive emotional experiences. Example: Transforming chronic self-criticism into self-compassion.</p> <p>Purpose: Create emotional experiences that promote healing and self-acceptance.</p> <p>Empathic Attunement: Intervention: The therapist actively tunes in to the client's emotional state and reflects it back. Example: "It sounds like you're feeling deeply hurt by that experience."</p> <p>Purpose: Build trust, deepen the therapeutic alliance, and validate the client's emotional experience.</p>	<p>issues and attachment-based problems.</p> <p>Trauma and PTSD: When trauma has led to maladaptive emotional responses (e.g., fear, shame, or avoidance).</p> <p>Internal Conflict and Self-Criticism: When clients experience unresolved inner conflict or are highly self-critical.</p> <p>Attachment Issues: When clients have difficulties forming or maintaining secure relationships.</p>
Internal Family Systems (IFS)	Multiplicity of the Mind: the mind is made up of distinct "parts" or	Parts Mapping Intervention: Identify and map out the client's parts, their roles, and how they interact.	Complex Trauma (C-PTSD) and PTSD: Trauma survivors often

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	<p>subpersonalities that each have their own thoughts, feelings, and motivations. Parts may conflict with one another, and therapy seeks to create harmony among them.</p> <p>Self (Core Self): the "Self" is the core, compassionate, and wise part of the person.</p> <p>The goal of IFS is to help the client connect with their Self and use it as a leader for their internal parts.</p> <p>Types of Parts:</p> <p>Exiles: Parts that hold past pain, fear, shame, or trauma. They are "banished" to avoid emotional distress.</p> <p>Managers: Parts that try to control daily life, avoid vulnerability, and keep exiles hidden.</p> <p>Firefighters: Parts that emerge in moments of crisis to extinguish intense emotional pain (e.g., self-harm, substance use, or avoidance).</p> <p>Burdened Parts: Parts that carry "burdens" (pain, trauma, or false beliefs) from past experiences.</p> <p>The goal of IFS is to "unburden" these parts, allowing them to return to healthier roles.</p>	<p>Example: The therapist might draw a visual map of the client's manager, firefighter, exiles, and Self. Purpose: Increase self-awareness and recognize patterns of internal conflict.</p> <p>Unblending: Intervention: Separate the "Self" from the parts that have taken control.</p> <p>Example: If the "angry part" takes over, the client is guided to recognize, "This is just a part of me, not all of me."</p> <p>Purpose: Help clients recognize that parts are not the whole self and regain their sense of agency.</p> <p>Dialogue with Parts:</p> <p>Intervention: Have clients engage in a dialogue with their internal parts. Example: "Can you ask the anxious part what it's trying to protect you from?"</p> <p>Purpose: Develop compassion for parts and better understand their motivations.</p> <p>Witnessing and Unburdening:</p> <p>Intervention: Help the client "witness" the pain of their exiled parts and release their emotional burden. Example: If an exile part feels shame from childhood, the client might visualize releasing that burden (e.g., as smoke or stones). Purpose: Release unresolved trauma and emotional pain to free the client from past burdens.</p> <p>Self-Leadership Activation:</p> <p>Intervention: Help clients cultivate their "Core Self" and lead with self-compassion, curiosity, and calmness. Example: The therapist might ask, "Can your Self step forward and offer support to the anxious part?" Purpose: Empower the client to become the "leader" of their internal system, rather than being controlled by reactive parts.</p>	<p>have fragmented parts. IFS allows them to address the exiled parts that hold pain and shame.</p> <p>Anxiety, Self-Doubt, and Self-Criticism: When clients are critical of themselves, IFS can identify the "manager" parts responsible for criticism and reduce their influence.</p> <p>Depression: When depressive symptoms are linked to self-loathing, internalized shame, or feelings of helplessness.</p> <p>Addiction and Self-Destructive Behaviors: Firefighter parts that rely on addiction or avoidance can be addressed using IFS.</p> <p>Internal Conflict and Identity Issues: IFS helps resolve internal conflicts between parts (e.g., "I want to change" vs. "I'm scared of change").</p>

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