

كلية العلوم الاجتماعية

المجلس العلمي

الرقم: 615/م.ع.ك.ع.ا/ 2025

مستغانم في: 2025/11/30



مستخرج من محضر المجلس العلمي

اجتمع المجلس العلمي لكلية العلوم الاجتماعية بجامعة عبد الحميد بن باديس - مستغانم في دورته العادية يوم الخميس 27 نوفمبر 2025، وكان من بين النقاط المدرجة ضمن جدول أعماله طلبات المصادقة على المطبوعات البيداغوجية المرفقة بتقارير الخبرة.

وبناءً على تقارير الخبرة الإيجابية للأستاذين:

أ.د. مسكين عبد الله (أستاذ التعليم العالي)، الموقع من قبله بتاريخ: 2025/09/10.

أ.د. مقدم سهيل (أستاذة التعليم العالي)، الموقع من قبله بتاريخ: 2025/09/22.

وافق أعضاء المجلس العلمي بالإجماع على قبول المطبوعة البيداغوجية للأستاذ "عمار ميلود" بعنوان "أساليب الإرشاد والتوجيه" (باللغتين العربية والإنجليزية) المقرر ضمن المواد المدرسة لمستوى السنة الأولى ماستر إرشاد وتوجيه للسنة الجامعية 2024-2025.

رئيس المجلس العلمي
أ.د. عمارة الناصر
رئيس المجلس العلمي





Ministry of Higher Education And Scientific Research
University Abdelhamid Ibn Badis Mostaganem

الجمهورية الجزائرية الديمقراطية الشعبية
People's Democratic Republic of Algeria



وزارة التعليم العالي والبحث العلمي
جامعة عبد الحميد بن باديس مستغانم



University of Abdelhamid Ibn Badis -Mostaganem

Faculty of Social Sciences

Department of Social Sciences

PEDAGOGICAL TEXTBOOK

In

GUIDANCE AND COUNSELING METHODS

IN PSYCHOLOGY AND EDUCATION

For Master 1 Students

Specialization: Counseling and Guidance / Educational Sciences

Prepared by Dr. AMMAR Miloud
Academic Rank Senior Lecturer (A)
Email miloud.ammar@univ-mosta.dz

Academic Year: 2024 - 2025



Ministry of Higher Education And Scientific Research
University Abdelhamid Ibn Badis Mostaganem

الجمهورية الجزائرية الديمقراطية الشعبية
People's Democratic Republic of Algeria



وزارة التعليم العالي والبحث العلمي
جامعة عبد الحميد بن باديس مستغانم



University of Abdelhamid Ibn Badis -Mostaganem

Faculty of Social Sciences

Department of Social Sciences

PEDAGOGICAL TEXTBOOK

In

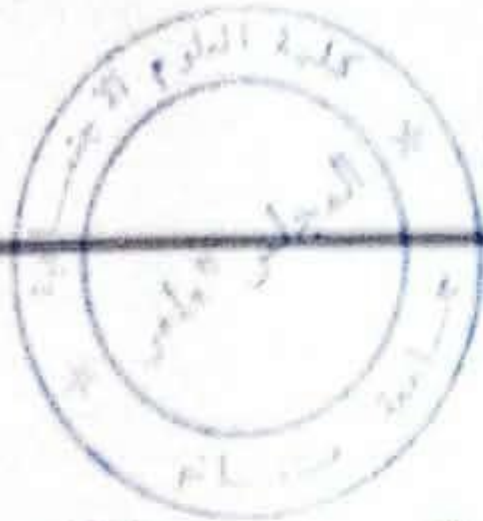
GUIDANCE AND COUNSELING METHODS IN PSYCHOLOGY AND EDUCATION

For Master 1 Students

Specialization: Counseling and Guidance / Educational Sciences

Prepared by Dr. AMMAR Miloud
Academic Rank Senior Lecturer (A)
Email miloud.ammar@univ-mosta.dz

Academic Year: 2024 - 2025



COURSE INFORMATION

Course Title	Guidance and Counseling Methods in Psychology and Education
Course Code	G.C.M
Department / Faculty	Department of Social Sciences / Faculty of Social Sciences
Specialization	Counseling and Guidance / Educational Sciences
Level	Master 1 (First Year)
Teaching Unit Type	Fundamental Unit
Academic Year	2024 - 2025
Semester	First Semester
Lecture Hours	1.5 hours/week (45 hours/semester)
Tutorial Hours (TD)	1.5 hours/week (45 hours/semester)
Total Semester Hours	45 hours
Coefficient	03
Credits	05
Assessment Method	Continuous Assessment (40%) + Written Exam (60%)
Course Instructor	Dr. AMMAR Miloud
Academic Rank	Senior Lecturer (A)
Contact Information	<u>miloud.ammam@univ-mosta.dz</u>



Ministry of Higher Education And Scientific Research
University Abdelhamid Ibn Badis Mostaganem

الجمهورية الجزائرية الديمقراطية الشعبية
People's Democratic Republic of Algeria



وزارة التعليم العالي والبحث العلمي
جامعة عبد الحميد بن باديس مستغانم

University of Abdelhamid Ibn Badis -Mostaganem

Faculty of Social Sciences

Department of Social Sciences

PEDAGOGICAL TEXTBOOK

In

GUIDANCE AND COUNSELING METHODS IN PSYCHOLOGY AND EDUCATION

For Master 1 Students

Specialization: Counseling and Guidance / Educational Sciences

Prepared by Dr. AMMAR Miloud

Academic Rank Senior Lecturer (A)

Email miloud.ammam@univ-mosta.dz

Academic Year: 2024 - 2025

PEDAGOGICAL TEXTBOOK

In

**GUIDANCE AND COUNSELING METHODS
IN PSYCHOLOGY AND EDUCATION**

For Master 1 Students

Specialization: Counseling and Guidance / Educational Sciences

Academic Year: 2024 - 2025

Dr. AMMAR Miloud .All rights reserved.

COURSE INFORMATION

<i>Course Title</i>	Guidance and Counseling Methods in Psychology and Education
<i>Course Code</i>	G.C.M
<i>Department / Faculty</i>	Department of Social Sciences / Faculty of Social Sciences
<i>Specialization</i>	Counseling and Guidance / Educational Sciences
<i>Level</i>	Master 1 (First Year)
<i>Teaching Unit Type</i>	Fundamental Unit
<i>Academic Year</i>	2024 - 2025
<i>Semester</i>	First Semester
<i>Lecture Hours</i>	1.5 hours/week (45 hours/semester)
<i>Tutorial Hours (TD)</i>	1.5 hours/week (45 hours/semester)
<i>Total Semester Hours</i>	45 hours
<i>Coefficient</i>	03
<i>Credits</i>	05
<i>Assessment Method</i>	Continuous Assessment (40%) + Written Exam (60%)
<i>Course Instructor</i>	Dr. AMMAR Miloud
<i>Academic Rank</i>	Senior Lecturer (A)
<i>Contact Information</i>	miloud.ammam@univ-mosta.dz

COURSE DESCRIPTION

■ 1. Learning Objectives

Upon completion of this course, students will be able to:

1. Identify and explain the major theories underlying guidance and counseling methods, including their philosophical foundations, key concepts, and applications in educational settings.
2. Understand and analyze various counseling techniques and guidance methods, demonstrating competence in their theoretical rationale and practical implementation in professional contexts.
3. Apply guidance and counseling methods effectively in applied and professional settings, demonstrating skill in technique selection, implementation, and adaptation to client needs and cultural contexts.

■ 2. Prerequisites / Prior Knowledge

Students enrolling in this course should have foundational knowledge in the following areas:

1. Theories of Guidance and Counseling: Familiarity with major theoretical orientations including psychodynamic, behavioral, cognitive, humanistic, and systemic approaches to understanding human behavior and psychological change.
2. Personality Types and Individual Differences: Understanding of personality theories, temperament, and how individual differences influence responses to counseling interventions.
3. Principles of Psychological and Social Development: Knowledge of human development across the lifespan, including cognitive, emotional, social, and moral development as they relate to counseling practice.

4. Common Behavioral and Emotional Problems in Students: Awareness of prevalent psychological difficulties encountered in educational settings, including anxiety, depression, behavioral disorders, learning difficulties, and adjustment issues.

■ 3. Acquired Competencies

By the end of this course, students will demonstrate competence in:

1. Needs Assessment and Diagnosis: The ability to identify diverse student needs through systematic assessment and to accurately diagnose psychological and educational problems using appropriate tools and frameworks.
2. Application of Counseling Techniques: Proficiency in implementing a range of individual and group counseling methods, with the ability to select techniques based on client characteristics, presenting problems, and contextual factors.
3. Development of Counseling Plans: Skill in designing comprehensive individual and group counseling plans that are theoretically grounded, culturally appropriate, and responsive to client needs.
4. Program Evaluation: Competence in evaluating the effectiveness of guidance and counseling programs using appropriate outcome measures and evaluation methodologies.

■ 4. Course Overview

This course provides comprehensive coverage of guidance and counseling methods as applied in psychological and educational contexts. The curriculum integrates theoretical foundations with practical applications, emphasizing evidence-based approaches and cultural sensitivity. Students will engage with major theoretical orientations—including cognitive-behavioral, humanistic, solution-focused, and systemic approaches—while developing practical skills through case studies, role-plays, and supervised practice.

Particular attention is given to the criteria for selecting appropriate counseling techniques based on client characteristics, presenting problems, developmental level, and cultural background. The course emphasizes application in educational settings, where school counselors work with students facing academic, social, emotional, and

developmental challenges. Throughout, ethical principles and professional standards guide the selection and implementation of counseling interventions.

TABLE OF CONTENTS

Course Information	01
Course Description	02
Introduction	06
Chapter 1: Foundations of Counseling Methods	09
Chapter 2: Criteria for Selecting Counseling Techniques	15
Chapter 3: Cognitive-Behavioral Methods	20
Chapter 4: Humanistic and Person-Centered Methods	24
Chapter 5: Solution-Focused and Brief Methods	28
Chapter 6: Behavioral Methods in Educational Settings	32
Chapter 7: Group Counseling Methods	36
Chapter 8: Play Therapy and Creative Methods	39
Chapter 9: Assessment Methods in Counseling	42
Chapter 10: Ethical and Cultural Considerations	46
Glossary of Terms	50
References	54

INTRODUCTION

Guidance and counseling methods represent the practical tools and systematic interventions that counselors employ to facilitate client growth, address psychological concerns, and promote positive behavioral change in educational and psychological settings. According to Corey (2017), while theoretical orientations provide the conceptual framework for understanding human behavior and psychological difficulties, methods and techniques serve as the operational means through which therapeutic goals are achieved. The distinction between theory and technique is crucial for effective practice, as mastery of methods without theoretical grounding leads to mechanical, ineffective interventions.

This textbook is designed for graduate students in counseling and guidance programs, with particular emphasis on the application of counseling methods within educational contexts. As the American School Counselor Association (ASCA, 2019) emphasizes, schools represent one of the most significant settings for counseling practice, where counselors work with students facing academic, social, emotional, and developmental challenges. School counselors must be equipped with a diverse repertoire of methods appropriate for the unique demands of educational settings, including time constraints, developmental considerations, and the need to coordinate with teachers and parents.

A distinctive feature of this textbook is its attention to the criteria for selecting appropriate counseling methods. Norcross and Wampold (2018) demonstrated that effective counseling requires more than mastery of various interventions; it demands the clinical judgment to match techniques to client characteristics, presenting concerns, cultural backgrounds, and contextual factors. Beutler et al. (2016) developed systematic treatment selection guidelines based on decades of research identifying client variables that predict

differential response to various approaches. Throughout each chapter, readers will find guidance on when and with whom specific methods are most appropriate.

Cultural sensitivity permeates this text. Sue et al. (2019) argue that counseling methods developed in Western contexts may require significant adaptation when applied in different cultural settings. Examples, case scenarios, and applications have been developed with attention to diverse cultural contexts, recognizing the importance of what Hook et al. (2013) term cultural humility- an ongoing process of self-reflection and learning about clients' cultural backgrounds while recognizing one's limitations. Cases and scenarios throughout the text reflect sensitivity to local cultural values and norms.

■ Textbook Objectives

This textbook aims to achieve the following objectives aligned with the course learning outcomes:

1. Provide comprehensive coverage of major guidance and counseling methods, including their theoretical foundations, key techniques, and evidence base.
2. Develop systematic decision-making skills for selecting appropriate methods based on client characteristics, presenting problems, and contextual factors.
3. Build practical competence through detailed procedural descriptions, case examples, and practice exercises.
4. Emphasize application in educational settings where school counselors address student academic, social, emotional, and developmental needs.
5. Integrate ethical principles and cultural considerations throughout the selection and implementation of counseling methods.
6. Promote evidence-based practice by linking methods to research on effectiveness and treatment matching.

■ Textbook Structure

This textbook comprises ten chapters organized to progress from foundational knowledge through practical application. Following the pedagogical model recommended

by Ridley et al. (2017) for counselor education, each chapter includes: learning objectives that specify expected outcomes; theoretical content with embedded citations linking to the research literature; practical demonstrations of techniques with step-by-step procedures; culturally sensitive case illustrations reflecting diverse contexts; and assessment questions including essays and case studies designed to reinforce learning and develop clinical reasoning skills.

The first two chapters establish foundations: Chapter 1 examines the relationship between theory and technique, common factors research, and historical development of counseling methods. Chapter 2 provides a systematic framework for technique selection based on client, contextual, and cultural criteria. Chapters 3-8 address specific methodological approaches, each following a consistent structure. Chapters 9-10 address assessment methods and ethical/cultural considerations that cut across all approaches.

CHAPTER 1

Foundations of Counseling Methods

■ Learning Objectives

After completing this chapter, students will be able to:

1. Define counseling methods and distinguish them from theoretical orientations.
2. Explain the relationship between theory and technique in counseling practice.
3. Describe the historical development of major counseling methods.
4. Identify common factors that contribute to counseling effectiveness.
5. Discuss the integration of methods across theoretical orientations.

■ 1.1 Defining Counseling Methods

Counseling methods refer to the specific interventions, procedures, and systematic approaches that counselors employ to help clients achieve therapeutic goals. According to Prochaska and Norcross (2018), these range from fundamental skills such as active listening and reflection to specialized interventions such as systematic desensitization or cognitive restructuring. Methods serve as the practical expression of theoretical principles, translating abstract concepts into concrete therapeutic actions.

The distinction between counseling methods and theoretical orientations is crucial for effective practice. Corey (2017) explains that theoretical orientations_such as psychodynamic, cognitive-behavioral, or humanistic approaches_provide comprehensive frameworks for understanding human nature, psychological development, and therapeutic change. Methods, in contrast, are the specific procedures derived from these theoretical perspectives.

Technical eclecticism, articulated by Lazarus (2006), argues for the pragmatic use of methods regardless of their theoretical origins when client welfare is best served.

Surveys indicate that the majority of practicing counselors identify as integrative or eclectic (Norcross & Goldfried, 2019), reflecting that no single approach works for all clients.

■ 1.2 The Theory-Method Relationship

▪ 1.2.1 The Traditional Model

The traditional model assumes that specific techniques are the active ingredients producing therapeutic change. Under this view, methods derived from accurate theories will be effective, while methods based on incorrect theories will be ineffective. This model has influenced evidence-based practice, with organizations identifying empirically supported treatments for specific disorders (Wampold & Imel, 2015).

▪ 1.2.2 The Common Factors Perspective

The common factors perspective proposes that different therapeutic approaches produce roughly equivalent outcomes because they share common elements. The landmark meta-analysis by Smith and Glass (1977) found minimal differences between approaches. Wampold (2015) concluded that common factors account for substantially more outcome variance than specific techniques. Lambert and Ogles (2004) estimated specific techniques account for only approximately 15% of outcome variance.

▪ 1.2.3 The Contextual Model

Wampold and Imel (2015) proposed the contextual model: techniques work not through specific ingredients but through the meaning they create. Techniques are effective when: (a) consistent with client beliefs about problems and solutions, (b) providing a credible explanation the client accepts, and (c) involving actions both therapist and client believe helpful.

■ 1.3 Common Factors in Counseling

▪ 1.3.1 The Therapeutic Alliance

The therapeutic alliance is consistently the strongest predictor of outcome. Bordin (1979) conceptualized it as: agreement on goals, agreement on tasks, and the affective

bond. Horvath et al. (2011) found a correlation of $r = .28$ between alliance quality and outcome across over 200 studies. Flückiger et al. (2018) confirmed these findings across diverse approaches and populations.

▪ 1.3.2 Empathy

Elliott et al. (2018) found a moderate effect size ($r = .28$) for the empathy-outcome relationship across 82 studies. This relationship held across different theoretical orientations, suggesting empathy is genuinely a common factor. Rogers (1957) identified empathy as one of three necessary conditions for therapeutic change.

▪ 1.3.3 Positive Regard and Genuineness

Farber and Doolin (2011) found consistent support for positive regard's association with outcome. Kolden et al. (2011) confirmed a significant relationship between therapist congruence and outcome. Rogers (1957) considered genuineness the most fundamental condition; empathy and regard cannot be effectively communicated unless the counselor is genuine.

■ 1.4 Historical Development

Psychoanalytic methods (Freud): free association, dream analysis, transference interpretation. While classical psychoanalysis has evolved, psychodynamic methods remain influential, with Shedler (2010) finding effect sizes comparable to other evidence-based treatments.

Behavioral methods (mid-20th century): Wolpe's (1958) systematic desensitization, Skinner's (1953) operant conditioning, Bandura's (1977) social learning. These established the foundation for evidence-based practice.

Humanistic methods: Rogers' (1951) person-centered therapy emphasized relationship over techniques. Perls developed Gestalt therapy with more active, experiential techniques.

Cognitive methods: Beck's (1976) cognitive therapy and Ellis's (1962) REBT introduced systematic methods for modifying dysfunctional thoughts. Integration led to CBT, now extensively researched (Hofmann et al., 2012).

Contemporary developments: Third-wave approaches (Hayes et al., 2012; Linehan, 2015), solution-focused brief therapy (de Shazer et al., 2007), and integrative approaches (Miller & Rollnick, 2013).

■ Assessment Questions

▪ Essay Questions

1. Lambert and Ogles (2004) estimated specific techniques account for 15% of outcome variance. Analyze implications for: (a) counselor training, (b) clinical practice, (c) school counseling.
2. Compare the traditional model with Wampold and Imel's (2015) contextual model regarding: assumptions, evidence, practical implications.

▪ Case Study

Case: Karim, 15, referred for declining grades and teacher conflicts. Previously a B student, now isolated with multiple detentions. States counseling is 'pointless' and teachers have 'already decided I'm a troublemaker.' Father lost his job 3 months ago; family under financial stress.

- a) Using Bordin's (1979) alliance model, identify challenges and strategies for each component.
- b) Provide three empathic responses addressing Karim's underlying experience.
- c) Using the contextual model, explain how to present counseling to increase engagement.
- d) Identify cultural and contextual factors influencing your approach.

▪ Chapter 1 Terminology Card

Term	Definition	المصطلح بالعربية
Therapeutic Alliance	Collaborative relationship comprising agreement on goals, tasks, and affective bond (Bordin, 1979)	التحالف العلاجي
Common Factors	Elements contributing to outcomes across approaches: alliance, empathy, positive regard (Wampold, 2015)	العوامل المشتركة
Technical Eclecticism	Pragmatic use of methods from various orientations based on client needs (Lazarus, 2006)	الانتقائية التقنية
Empathy	Sensing client's private world as if it were one's own (Rogers, 1957)	التعاطف
Unconditional Positive Regard	Accepting clients as persons of inherent worth regardless of behaviors (Rogers, 1957)	التقدير الإيجابي غير المشروط
Congruence	Therapist genuineness; alignment between inner experience and communication (Rogers, 1957)	التطابق/الأصالة
Contextual Model	Model proposing techniques work through meaning created rather than specific ingredients (Wampold & Imel, 2015)	النموذج السياقي

CHAPTER 2

Criteria for Selecting Counseling Techniques

■ Learning Objectives

1. Identify key factors influencing technique selection.
2. Apply client-related criteria for matching methods to needs.
3. Evaluate contextual factors influencing appropriateness.
4. Integrate cultural factors into the selection process.
5. Describe evidence-based considerations in selection.

■ 2.1 The Importance of Systematic Selection

Effective counseling requires clinical judgment to select interventions matching client needs. Norcross and Wampold (2018) demonstrated that adapting therapy to client characteristics enhances outcomes. Beutler et al. (2016) proposed systematic treatment selection identifying client variables predicting differential response: functional impairment, coping style, resistance level, and problem complexity.

The American Psychological Association (2006) emphasizes that clinical expertise involves selecting and applying interventions based on client characteristics and context_moving beyond 'Does this treatment work?' to 'What works for whom under what circumstances?' (Paul, 1967).

■ 2.2 Client-Related Criteria

■ 2.2.1 Developmental Level

According to Piaget (1970), children progress through qualitatively different cognitive stages. Methods requiring abstract reasoning may be ineffective before formal operational thought (around age 11-12). Shirk and Karver (2011) found action-oriented,

concrete methods more effective with younger clients. Vernon (2009) recommends adapting CBT using games, stories, and visual materials.

▪ 2.2.2 Presenting Problem

Research establishes differential effectiveness. Key findings: Anxiety—exposure-based methods show strongest evidence (Hofmann & Smits, 2008, $d = 0.73$); Depression—behavioral activation and cognitive restructuring both effective (Cuijpers et al., 2013); Behavioral problems—parent management training and behavioral interventions effective (Kazdin, 2010); Trauma—TF-CBT and EMDR superior (Cusack et al., 2016).

▪ 2.2.3 Coping Style

Beutler et al. (2011) identified coping style as key for matching. Externalizing style (acting out, projecting blame): responds better to structured behavioral interventions with clear contingencies. Internalizing style (self-criticism, rumination): responds better to insight-oriented and cognitive methods addressing internal processes.

▪ 2.2.4 Reactance Level

Beutler et al. (2002) demonstrated that high-reactance clients respond poorly to directive interventions. For highly reactant clients, motivational interviewing (Miller & Rollnick, 2013) and self-directed interventions are indicated. The counselor adopts a collaborative, non-authoritative stance respecting autonomy.

▪ 2.2.5 Client Preferences

Swift et al. (2018) meta-analyzed 53 studies finding significant effects ($d = 0.28$) favoring treatments matching client preferences. Clients receiving preferred treatment show better outcomes, higher satisfaction, and lower dropout.

■ 2.3 Contextual Criteria

School counselors face unique constraints: limited time, large caseloads, multiple role demands. Sklare (2014) developed solution-focused counseling for schools, demonstrating meaningful change in 3-5 sessions. Hoyt and Talmon (2014) argue single-session therapy can produce meaningful outcomes when approached intentionally.

■ 2.4 Cultural Criteria

Sue et al. (2019) argue cultural competence is an ethical imperative. For collectivistic cultures, methods emphasizing individual autonomy may conflict with family harmony values. Dwairy (2006) recommends adapting for Arab clients: incorporate family involvement, respect traditional values, be sensitive to religion. Captari et al. (2018) found religiously-integrated therapy more effective for religious clients ($d = 0.26$).

■ 2.5 Decision-Making Framework

Step 1: Assess client characteristics (developmental level, presenting problems, preferences, coping style, reactance, cultural factors).

Step 2: Evaluate contextual factors (setting constraints, time, resources).

Step 3: Review evidence base for appropriate methods.

Step 4: Consider cultural appropriateness and necessary adaptations.

Step 5: Discuss options with client (shared decision-making).

Step 6: Select method(s) and develop implementation plan.

Step 7: Monitor progress and modify as needed.

■ Assessment Questions

▪ Essay Questions

1. Explain how coping style and reactance level should influence method selection, with examples.
2. Discuss how to assess and integrate cultural factors when selecting methods for collectivistic backgrounds.

▪ Case Study

Case: Amira, 14, from traditional family, referred for academic decline and test anxiety. Speaks quietly, says family expects her to be first female pursuing higher education. States 'I should not burden others with my problems.' Assessment reveals perfectionism and avoidance due to fear of failure.

- a) Identify five factors guiding method selection for Amira.
- b) Recommend two specific methods with justification.
- c) Identify two contraindicated methods and explain why.
- d) Describe culturally sensitive shared decision-making.

▪ Chapter 2 Terminology Card

Term	Definition	المصطلح بالعربية
Treatment Matching	Selecting interventions based on specific client characteristics (Norcross & Wampold, 2018)	مطابقة العلاج
Coping Style	Characteristic pattern of stress response: externalizing or internalizing (Beutler et al., 2011)	نمط التكيف
Reactance	Tendency to resist external influence and maintain autonomy (Beutler et al., 2002)	المقاومة النفسية
Cultural Humility	Ongoing self-reflection and openness to learning about clients' cultures (Hook et al., 2013)	التواضع الثقافي
Evidence-Based Practice	Integration of best evidence with clinical expertise and client values (APA, 2006)	الممارسة المبنية على الأدلة
Shared Decision-Making	Collaborative process involving client in treatment planning (Swift et al., 2018)	صنع القرار المشترك

CHAPTER 3

Cognitive-Behavioral Methods

■ Learning Objectives

1. Explain the cognitive-behavioral model of psychological difficulties.
2. Implement cognitive restructuring including thought records.
3. Apply behavioral activation for depression.
4. Demonstrate exposure-based techniques for anxiety.
5. Adapt CBT for children and adolescents.

■ 3.1 Theoretical Foundations

CBT integrates behavioral and cognitive traditions (Dobson & Dozois, 2019). Beck (1976) proposed that difficulties arise from interpretations of events rather than events themselves. Beck and Haigh (2014) described a hierarchy: automatic thoughts (most accessible), intermediate beliefs (conditional rules), and core beliefs (fundamental views about self, others, world).

Cognitive distortions include: all-or-nothing thinking, catastrophizing, mind reading, emotional reasoning, overgeneralization. In educational settings: 'If I don't get perfect grades, I'm a failure' or 'Everyone will think I'm stupid if I answer wrong.'

The behavioral component draws on classical and operant conditioning. Behavioral techniques target action tendencies: avoidance in anxiety, withdrawal in depression, impulsive action in anger (Craske, 2017).

■ 3.2 Cognitive Techniques

▪ 3.2.1 Cognitive Restructuring

Beck (2011) described: Step 1_Identify automatic thoughts ('What went through your mind?'); Step 2_Examine evidence ('What supports/contradicts this?'); Step

3_Generate alternatives ('Another way to see this?'); Step 4_Test predictions through behavioral experiments.

▪ 3.2.2 Thought Records

Greenberger and Padesky (2016) developed structured formats with columns: situation, emotions (intensity 0-100), automatic thoughts, evidence for, evidence against, balanced alternative, new emotion rating.

Example: Nadia, 16, anxious before presentations. Situation: 'Called to present tomorrow'; Emotion: 'Anxiety 90/100'; Thought: 'I'll freeze, everyone will laugh'; Evidence for: 'Felt nervous last time'; Evidence against: 'Completed last presentation, no one laughed, teacher praised me'; Balanced: 'I feel nervous but have successfully completed presentations before'; New emotion: 'Anxiety 50/100.'

▪ 3.2.3 Socratic Questioning

Padesky (1993) described collaborative empiricism. Key questions: Clarify meaning ('What do you mean by failure?'); Examine evidence ('What makes you think that?'); Explore alternatives ('How might someone else see this?'); Examine consequences ('What's the worst that could happen?').

■ 3.3 Behavioral Techniques

▪ 3.3.1 Behavioral Activation

Martell et al. (2010) describe BA: depression leads to withdrawal, reducing positive reinforcement, deepening depression. Dimidjian et al. (2006) found BA as effective as cognitive therapy, superior for severely depressed patients. Implementation: psychoeducation about activity-mood connection; activity monitoring; identifying values; activity scheduling; troubleshooting barriers (Pass et al., 2018).

▪ 3.3.2 Exposure Techniques

Craske et al. (2014) describe inhibitory learning: exposure creates new, non-threat associations competing with fear memories. Protocol: develop fear hierarchy (0-100

SUDS); begin at moderate anxiety (40-50 SUDS); conduct exposure until anxiety decreases 50%; vary conditions; eliminate safety behaviors (Abramowitz et al., 2019).

▪ 3.3.3 Relaxation Training

Progressive muscle relaxation (Bernstein et al., 2000): systematically tensing and releasing muscle groups. Diaphragmatic breathing activates parasympathetic system. Brief techniques for classrooms: abbreviated PMR, controlled breathing (4-7-8), grounding techniques (McCallie et al., 2006).

■ 3.4 Adapting CBT for Educational Settings

- Use concrete language ('thinking traps' not 'cognitive distortions').
- Incorporate visual aids, worksheets, games.
- Include parents and teachers (Manassis et al., 2014).
- Keep sessions shorter (30 min for elementary).
- Use school-relevant examples.
- Assign developmentally appropriate homework.

■ Assessment Questions

▪ Case Study

Case: Tariq, 13, refusing school citing physical symptoms (ruled out medically). Reports 'Everyone is looking at me and judging me,' 'I'll say something foolish and everyone will mock me.' Spends breaks alone in library. Changed schools this year, hasn't made friends.

- a) Develop CBT case formulation: automatic thoughts, distortions, possible beliefs, maintaining factors.
- b) Describe cognitive restructuring with specific Socratic questions.
- c) Design 6-step exposure hierarchy with SUDS ratings.
- d) How would you involve parents and teachers?

▪ Chapter 3 Terminology Card

Term	Definition	المصطلح بالعربية
Automatic Thoughts	Spontaneous cognitions appearing in response to situations (Beck, 2011)	الأفكار التلقائية
Cognitive Distortions	Systematic errors in thinking: catastrophizing, all-or-nothing (Beck & Haigh, 2014)	التشوهات المعرفية
Cognitive Restructuring	Process of identifying, evaluating, and modifying dysfunctional thoughts	إعادة البناء المعرفي
Behavioral Activation	Treatment increasing engagement in positively reinforcing activities (Martell et al., 2010)	التنشيط السلوكي
Exposure Therapy	Systematic confrontation with feared stimuli to reduce anxiety (Abramowitz et al., 2019)	العلاج بالتعرض
SUDS	Subjective Units of Distress Scale: 0-100 anxiety rating	مقياس وحدات الضيق الذاتي
Socratic Questioning	Guided discovery through systematic questioning (Padesky, 1993)	الأسئلة السقراطية
Thought Record	Structured format for cognitive restructuring (Greenberger & Padesky, 2016)	سجل الأفكار

CHAPTER 4

Humanistic and Person-Centered Methods

■ Learning Objectives

1. Explain philosophical foundations of humanistic counseling.
2. Describe and demonstrate the core conditions.
3. Apply reflective listening skills.
4. Implement Gestalt techniques.
5. Integrate humanistic principles with other approaches.

■ 4.1 Philosophical Foundations

Humanistic counseling emerged as the 'third force' emphasizing human potential, free will, and self-actualization (Maslow, 1962). Rogers (1951, 1961) proposed: people are fundamentally trustworthy; naturally move toward growth when obstacles removed; difficulties arise from conditions of worth leading to denial of authentic experience.

Unlike directive approaches positioning the counselor as expert, person-centered counseling views the client as expert on their own experience (Cooper et al., 2013).

■ 4.2 The Core Conditions

▪ 4.2.1 Empathic Understanding

Rogers (1980) described empathy as entering the client's phenomenal world, sensing meanings of which client is barely aware. Elliott et al. (2018) found $r = .28$ across 82 studies. Surface empathy reflects obvious content; additive empathy captures implicit meanings not yet articulated (Mearns & Thorne, 2013).

▪ 4.2.2 Unconditional Positive Regard

Accepting and prizing the client regardless of behaviors, attitudes, or feelings (Rogers, 1957). Farber and Doolin (2011) confirmed association with outcome. UPR does

not mean approving all behaviors_distinction between person (always accepted) and behaviors (may need change).

▪ 4.2.3 Congruence

Being genuine, authentic, not presenting professional facade. Kolden et al. (2011) found $r = .24$ with outcome. Involves alignment between inner experience, awareness, and communication. Does not mean indiscriminate self-disclosure (Knox & Hill, 2003).

■ 4.3 Person-Centered Skills

▪ 4.3.1 Reflective Listening

Miller and Rollnick (2013) describe types: Simple reflections (rephrase content); Complex reflections (add meaning, infer unstated); Amplified reflections (exaggerate slightly); Double-sided reflections (capture ambivalence: 'On one hand... on the other hand...').

▪ 4.3.2 Working with Silence

Silence is valued for reflection and self-exploration. Unlike directive approaches filling silence, person-centered counselors allow silences to unfold (Geldard et al., 2018).

■ 4.4 Gestalt Techniques

Present-moment focus: 'What are you feeling right now as you talk about this?' redirects to immediate experience (Joyce & Sills, 2018).

Empty chair technique: dialogue with imagined other to express unspoken feelings and explore relationships (Wagner-Moore, 2004).

'I' language: promotes ownership. 'You feel nervous' becomes 'I feel nervous.' 'It makes me angry' becomes 'I make myself angry.'

■ Assessment Questions

▪ Case Study

Case: Salma, 17, says: 'Nothing's really wrong. Good grades, friends. But I feel empty. Going through motions. Everyone expects me to be happy and successful. Inside I don't know who I am. Always done what I was supposed to. Now supposed to choose university and I don't know what I want.'

- a) Conceptualize from person-centered perspective: conditions of worth, incongruence.
- b) Write three empathic responses including surface and additive reflections.
- c) How would you demonstrate UPR? What challenges might arise?
- d) Describe one appropriate Gestalt technique for identity exploration.

▪ Chapter 4 Terminology Card

Term	Definition	المصطلح بالعربية
Self-Actualization	Innate tendency toward growth and fulfillment of potential (Maslow, 1962)	تحقيق الذات
Conditions of Worth	Requirements imposed by others for acceptance, leading to denial of authentic experience	شروط القيمة
Reflective Listening	Skill of capturing and returning client's experience (Miller & Rollnick, 2013)	الإصغاء التأملي
Empty Chair	Gestalt technique for dialogue with imagined other (Wagner-Moore, 2004)	الكرسي الفارغ
Here-and-Now Focus	Gestalt emphasis on present-moment experience	التركيز على الحاضر
Phenomenal World	Client's subjective experience of reality (Rogers, 1980)	العالم الظاهري

CHAPTER 5

Solution-Focused and Brief Methods

■ Learning Objectives

1. Explain theoretical assumptions of SFBT.
2. Implement miracle question, scaling, and exception questions.
3. Apply single-session therapy principles.
4. Demonstrate strengths-based conversations.
5. Evaluate the evidence base for SFBT.

■ 5.1 Theoretical Foundations

SFBT developed by de Shazer, Berg, and colleagues directs attention toward solutions rather than problem analysis (de Shazer et al., 2007). Key assumptions: not necessary to understand cause to solve problem; clients have resources; small changes lead to larger changes; if working, do more; if not working, do something different.

Social constructionist philosophy: problems and solutions constructed through language. Questions are the primary intervention, shaping what becomes visible and possible (Franklin et al., 2012). Sklare (2014) adapted SFBT for schools, demonstrating change in 3-5 sessions.

■ 5.2 Core Techniques

▪ 5.2.1 The Miracle Question

'Suppose tonight a miracle happens and the problem is solved. But you're asleep, so you don't know. When you wake tomorrow, what's the first small sign the miracle occurred?' (de Shazer et al., 2007). Follow-up elaborates: 'What else? Who will notice? What will they see different?'

▪ 5.2.2 Scaling Questions

Berg and de Shazer (1993): rate situation 1-10 where 1 is worst and 10 is preferred future. Progress: 'Where are you today?'; Follow-up: 'What tells you you're at a 4 and not lower?' (using client's actual number); Goal: 'Where would you like to be by next meeting?'; Confidence: 'How confident are you to move from 4 to 6?' (current to target number).

▪ 5.2.3 Exception Questions

Search for times problem absent or less severe. 'Tell me about times when the problem doesn't happen.' 'What's different about those times?' 'What are you doing differently?' Exceptions contain seeds of solutions (de Shazer et al., 2007).

▪ 5.2.4 Coping Questions

For hopeless clients: 'With all you're dealing with, how are you managing?' Acknowledges difficulty while highlighting resilience (Lipchik, 2002).

■ 5.3 Single-Session Therapy

SST treats each session as potentially complete (Hoyt & Talmon, 2014). Principles: approach as if only session; focus on today's accomplishment; identify specific, achievable goal; leave something useful.

■ 5.4 Evidence Base

Gingerich and Peterson (2013) found 74% of 43 controlled studies showed SFBT significantly better than comparisons. Kim and Franklin (2015) found significant effects for children and adolescents on internalizing and externalizing problems. Bond et al. (2013) note growing evidence but need for more rigorous research.

■ Assessment Questions

▪ Case Study

Case: Hassan, 14, referred for incomplete homework and declining grades. Says: 'I don't know what's wrong with me. Can't get motivated. Start homework but get distracted. Parents upset. Keep saying I'll do better but same thing happens. Feel like a failure.' Wants to 'get back on track.'

- a) Write a tailored miracle question and describe follow-up elaboration.
- b) Design three scaling questions: progress, strengths, goal.
- c) What exception questions would you ask? How use answers for solutions?
- d) Write closing intervention with compliments and bridging task.

▪ Chapter 5 Terminology Card

Term	Definition	المصطلح بالعربية
Miracle Question	Technique eliciting detailed description of preferred future (de Shazer et al., 2007)	السؤال المعجزة
Scaling Questions	Questions asking clients to rate experiences 1-10 (Berg & de Shazer, 1993)	أسئلة التدرج
Exception Questions	Questions searching for times problem absent or less severe	أسئلة الاستثناء
Coping Questions	Questions highlighting resilience: 'How are you managing?'	أسئلة التكيف
Preferred Future	Client's vision of life without the problem	المستقبل المفضل
Bridging Statement	Connection between session compliments and suggested task	عبارة الربط

CHAPTER 6

Behavioral Methods in Educational Settings

■ Learning Objectives

1. Explain principles of operant conditioning in education.
2. Conduct functional behavioral assessment.
3. Design behavior intervention plans.
4. Apply token economies and contingency management.
5. Evaluate interventions using data-based decision making.

■ 6.1 Theoretical Foundations

Behavioral methods grounded in operant conditioning (Skinner, 1953). Applied behavior analysis (ABA) applies these principles systematically with strong evidence for schools (Cooper et al., 2020). Behavior shaped by consequences: reinforcement increases behavior; punishment and extinction decrease it.

■ 6.2 Functional Behavioral Assessment

FBA systematically identifies function of problem behavior through antecedents and consequences (O'Neill et al., 2015). Common functions: attention, escape, access to tangibles, automatic reinforcement. Methods: indirect (interviews, rating scales); direct observation (ABC recording); functional analysis.

■ 6.3 Positive Behavior Interventions and Supports

PBIS emphasizes prevention through teaching and reinforcing expected behaviors rather than punishment. Horner et al. (2010) demonstrated effectiveness reducing disciplinary referrals and improving school climate. Multi-tiered: universal (all students), targeted (at-risk), intensive (individual).

■ 6.4 Reinforcement Strategies

Effective reinforcement requires: identifying potent reinforcers through preference assessment; immediate and consistent delivery; gradual fading; schedules promoting maintenance (Cooper et al., 2020). Token economies use symbolic reinforcers exchangeable for backup reinforcers (Kazdin, 2013).

■ Assessment Questions

▪ Case Study

Case: Youssef, 10, frequently leaves seat, talks out, bothers peers during independent work—most during math. Observation: when acting out, teacher provides attention (redirection) and sometimes sends to counselor's office (escape from math).

- a) Identify likely function(s) with justification. (5 points)
- b) Design function-based intervention with antecedent and consequence strategies. (6 points)
- c) Describe effective reinforcement for Youssef. (4 points)
- d) How would you collect data to evaluate effectiveness? (3 points)

▪ Chapter 6 Terminology Card

Term	Definition	المصطلح بالعربية
Functional Behavioral Assessment	Process identifying behavior function through antecedents/consequences (O'Neill et al., 2015)	التقييم الوظيفي للسلوك
Positive Reinforcement	Adding stimulus after behavior to increase its frequency	التعزيز الإيجابي
Token Economy	System using symbolic reinforcers exchangeable for backup reinforcers (Kazdin, 2013)	نظام الرموز
PBIS	Framework for organizing behavioral support at multiple levels (Horner et al., 2010)	التدخلات والدعم السلوكي الإيجابي
ABC Recording	Direct observation: Antecedent-Behavior-Consequence	تسجيل السوابق-السلوك-النتائج

CHAPTER 7

Group Counseling Methods

■ Learning Objectives

1. Explain therapeutic factors in group counseling.
2. Design psychoeducational and counseling groups.
3. Apply group leadership skills.
4. Plan and evaluate group interventions.
5. Adapt methods for developmental levels.

■ 7.1 Group Therapeutic Factors

Yalom and Leszcz (2020) identified factors: Universality (others share struggles); Altruism (helping others enhances self-esteem); Interpersonal learning (group as social microcosm); Cohesiveness (belonging facilitates change); Catharsis (emotional expression); Imparting information.

■ 7.2 Types of School Groups

Corey et al. (2018): Psychoeducational (information and skills); Counseling (personal concerns through interaction); Support (mutual support for shared experiences); Task (accomplishing specific goals).

■ 7.3 Group Leadership Skills

Facilitating interaction: link members' experiences, encourage member-to-member dialogue. Managing challenges: address monopolizing, silence, conflict through redirecting, blocking harmful behavior, drawing out quiet members (Jacobs et al., 2016). Planning: needs assessment, clear goals, appropriate selection, structured curriculum, evaluation (Steen et al., 2014).

■ Assessment Questions

▪ Case Study

Case: Planning 8-session group (45 min each) for 8 middle school students with social anxiety interfering with classroom participation.

- a) Describe member selection criteria.
- b) Design session-by-session outline with topics and activities.
- c) How address confidentiality with adolescents?
- d) Which therapeutic factors would you emphasize and how?

▪ Chapter 7 Terminology Card

Term	Definition	المصطلح بالعربية
Universality	Recognition that others share similar struggles (Yalom & Leszcz, 2020)	العالمية
Group Cohesiveness	Sense of belonging and acceptance that facilitates change	تماسك المجموعة
Interpersonal Learning	Learning through group interaction as social microcosm	التعلم بين الأشخاص
Psychoeducational Group	Group focused on information and skill development (Corey et al., 2018)	المجموعة النفس-تربوية
Process Commentary	Leader observations about group dynamics and interaction patterns	التعليق على العملية الجماعية

CHAPTER 8

Play Therapy and Creative Methods

■ Learning Objectives

1. Explain rationale for play as therapeutic medium.
2. Apply child-centered play therapy principles.
3. Demonstrate creative arts interventions.
4. Select methods based on developmental level.
5. Adapt expressive techniques for schools.

■ 8.1 Play as Therapeutic Medium

Play is children's natural language. Young children lack cognitive and linguistic development to express complex emotions verbally (Landreth, 2012). Axline (1969) identified 8 principles: warm relationship; accept child as is; create permissiveness; recognize and reflect feelings; respect child's problem-solving; allow child to lead; recognize gradual process; set necessary limits.

■ 8.2 Child-Centered Play Therapy

Ray (2011) describes CCPT applying person-centered principles in playroom. Therapist provides empathy, UPR, genuineness while child leads. Bratton et al. (2005) meta-analysis found large effect sizes ($d = 0.80$) across 93 studies.

Materials (Landreth, 2012): real-life toys (dolls, house); aggressive-release (soldiers, punching bag); creative/expressive (art supplies, sand, clay).

■ 8.3 Creative Arts Methods

Malchiodi (2012): visual art bypasses verbal defenses, accesses emotional content. Art expressions discussed, bridging to verbal processing. Techniques: free drawing (unstructured expression); directed drawing ('draw your family'); collage; clay/sculpture.

■ Assessment Questions

▪ Case Study

Case: Layla, 7, referred after parents' divorce. Quiet, difficulty concentrating, sometimes cries unexpectedly. Responds with shrugs or one-word answers. Teacher reports she was previously talkative.

- a) Why might play therapy be appropriate? What benefits over talk-based?
- b) Describe play session setup: materials and your role.
- c) Design art-based intervention for expressing divorce-related feelings.
- d) How communicate with parents and teacher about counseling?

▪ Chapter 8 Terminology Card

Term	Definition	المصطلح بالعربية
Child-Centered Play Therapy	Person-centered principles applied in playroom (Ray, 2011)	العلاج باللعب المتمركز حول الطفل
Limit Setting	Establishing necessary boundaries while maintaining permissiveness (Axline, 1969)	وضع الحدود
Art Therapy	Use of visual art to bypass defenses and access emotions (Malchiodi, 2012)	العلاج بالفن
Tracking	Play therapy skill: verbally reflecting child's actions	التتبع
Sandplay Therapy	Use of sand tray and miniatures for symbolic expression	العلاج بصندوق الرمل

CHAPTER 9

Assessment Methods in Counseling

■ Learning Objectives

1. Explain the role of assessment in counseling.
2. Select appropriate assessment methods.
3. Conduct clinical interviews.
4. Interpret standardized instruments.
5. Integrate findings into treatment planning.

■ 9.1 Purpose of Assessment

Assessment serves: screening (identify who needs services); diagnosis (clarify problems); treatment planning (guide selection); progress monitoring (evaluate response); outcome evaluation (determine goal achievement) (Wright, 2011).

■ 9.2 Clinical Interview

Primary assessment method. Interviews range from unstructured to fully structured. Semi-structured combines flexibility with systematic coverage (Sommers-Flanagan & Sommers-Flanagan, 2017). Components: chief complaint, history, background (family, developmental, educational), mental status, risk assessment, strengths.

■ 9.3 Standardized Instruments

Common in schools: behavior rating scales (BASC-3, Achenbach); depression (CDI-2, PHQ-A); anxiety (SCARED, RCMAS-2); social-emotional screeners (SAEBRS, SDQ). Selection considers reliability, validity, norming, cultural appropriateness (Merrell, 2008).

■ 9.4 Progress Monitoring

Lambert (2010) demonstrated feedback to counselors improves outcomes, especially for clients showing deterioration. Brief measures (ORS, SRS) administered each session.

■ Assessment Questions

▪ Case Study

Case: Rami, 11, referred for sadness, withdrawal, declining grades over 2 months. Parents recently separated. Assess whether counseling needed.

- a) Describe clinical interview approach: areas to assess.
- b) Which standardized instruments appropriate? Justify.
- c) How assess risk (including suicidal ideation) developmentally?
- d) Given elevated depression finding, outline treatment plan with measurable goals.

▪ Chapter 9 Terminology Card

Term	Definition	المصطلح بالعربية
Clinical Interview	Primary assessment method gathering information through conversation	المقابلة السريرية
Mental Status Examination	Systematic assessment of current psychological functioning	فحص الحالة العقلية
Risk Assessment	Evaluation of potential for harm to self or others	تقييم المخاطر
Progress Monitoring	Ongoing tracking of client response to intervention (Lambert, 2010)	مراقبة التقدم
Standardized Instrument	Assessment tool with established reliability, validity, and norms	الأداة المقننة

CHAPTER 10

Ethical and Cultural Considerations

■ Learning Objectives

1. Explain foundational ethical principles.
2. Apply ethical decision-making models.
3. Navigate confidentiality in school settings.
4. Demonstrate cultural humility.
5. Adapt methods for diverse backgrounds.

■ 10.1 Foundational Ethical Principles

Kitchener (1984): Autonomy (self-determination); Beneficence (doing good); Nonmaleficence (avoiding harm); Justice (fairness); Fidelity (keeping promises).

■ 10.2 Confidentiality in Schools

ASCA (2022) addresses: duty to warn when danger to self/others; mandatory reporting of abuse/neglect; need-to-know sharing with school personnel; developmentally appropriate informed consent with minors.

■ 10.3 Ethical Decision-Making

Forester-Miller and Davis (1996) model: identify problem; apply ethical codes; determine dimensions; generate courses of action; consider consequences; evaluate and select; implement.

■ 10.4 Cultural Considerations

Sue et al. (2019) tripartite model: awareness (own cultural background and biases); knowledge (other cultural groups); skills (culturally appropriate strategies). Hook et al. (2013) cultural humility: ongoing self-reflection, recognizing knowledge limits, openness to learning.

Dwairy (2006): adaptations for Arab clients include family involvement, respecting traditional values, sensitivity to religion. Avoid overly individualistic approaches with collectivistic cultures.

■ Assessment Questions

▪ Case Study

Case: Sara, 16, discloses cutting herself to 'release emotional pain.' Begs you not to tell anyone, especially parents who 'would never understand' and 'make everything worse.' Traditional family; expresses shame.

- a) Identify ethical principles in tension.
- b) Apply decision-making model to determine action.
- c) Address confidentiality maintaining therapeutic relationship.
- d) What cultural factors inform handling disclosure to parents?

▪ Chapter 10 Terminology Card

Term	Definition	المصطلح بالعربية
Autonomy	Respecting clients' right to self-determination (Kitchener, 1984)	الاستقلالية
Beneficence	Promoting client welfare and doing good	الإحسان
Nonmaleficence	Avoiding harm to clients	عدم الإيذاء
Informed Consent	Client agreement to treatment based on understanding of process and limits	الموافقة المستنيرة
Duty to Warn	Obligation to protect when client poses danger (ASCA, 2022)	واجب التحذير
Multicultural Competence	Awareness, knowledge, and skills for diverse clients (Sue et al., 2019)	الكفاءة متعددة الثقافات

COMPREHENSIVE TERMINOLOGY CARDS

بطاقات المصطلحات الشاملة

■ Foundational Terms / المصطلحات الأساسية

English Term	Definition	المصطلح بالعربية	التعريف
Counseling	Professional relationship facilitating change through psychological methods	الإرشاد	علاقة مهنية لتسهيل التغيير
Psychotherapy	Treatment of mental disorders through psychological means	العلاج النفسي	علاج الاضطرابات النفسية
Theoretical Orientation	Comprehensive framework guiding understanding and intervention	التوجه النظري	إطار شامل للفهم والتدخل
Technique	Specific intervention or procedure	التقنية	تدخل أو إجراء محدد
Evidence-Based Practice	Integration of research, expertise, and client values (APA, 2006)	الممارسة المبنية على الأدلة	دمج البحث والخبرة وقيم العميل

■ Cognitive-Behavioral Terms / مصطلحات العلاج المعرفي السلوكي

English Term	Definition	المصطلح بالعربية	التعريف
Automatic Thoughts	Spontaneous cognitions in response to situations	الأفكار التلقائية	استجابات معرفية تلقائية
Core Beliefs	Fundamental views about self, others, world	المعتقدات الجوهرية	وجهات نظر أساسية
Cognitive Distortions	Systematic thinking errors (Beck & Haigh, 2014)	التشوهات المعرفية	أخطاء منهجية في التفكير

Behavioral Activation	Increasing engagement in reinforcing activities	التنشيط السلوكي	زيادة المشاركة في الأنشطة
Exposure Therapy	Systematic confrontation with feared stimuli	العلاج بالتعرض	المواجهة المنهجية للمثيرات
Systematic Desensitization	Pairing relaxation with graduated exposure (Wolpe, 1958)	التحصين التدريجي	الاسترخاء مع التعرض المتدرج

■ Humanistic Terms / مصطلحات الإرشاد الإنساني

English Term	Definition	المصطلح بالعربية	التعريف
Self-Actualization	Innate tendency toward growth (Maslow, 1962)	تحقيق الذات	الميل الفطري للنمو
Unconditional Positive Regard	Accepting clients regardless of behaviors	التقدير الإيجابي غير المشروط	قبول العملاء بغض النظر عن سلوكهم
Empathy	Understanding client's internal frame of reference	التعاطف	فهم الإطار المرجعي الداخلي
Congruence	Therapist genuineness and authenticity	التطابق	أصالة المعالج
Phenomenal Field	Individual's subjective experience of reality	المجال الظاهري	الخبرة الذاتية للواقع

■ Solution-Focused Terms / مصطلحات العلاج المركز على الحلول

English Term	Definition	المصطلح بالعربية	التعريف
Miracle Question	Technique eliciting preferred future description	السؤال المعجزة	تقنية لوصف المستقبل المفضل
Scaling Questions	Rating experiences 1-10	أسئلة التدرج	تقييم الخبرات من 1-10

Exception Questions	Searching for times problem is absent	أسئلة الاستثناء	البحث عن أوقات غياب المشكلة
Preferred Future	Vision of life without the problem	المستقبل المفضل	رؤية الحياة بدون المشكلة

■ Assessment Terms / مصطلحات التقييم

English Term	Definition	المصطلح بالعربية	التعريف
Clinical Interview	Primary assessment through conversation	المقابلة السريرية	التقييم الأساسي بالمحادثة
Mental Status Exam	Assessment of current psychological functioning	فحص الحالة العقلية	تقييم الأداء النفسي الحالي
Risk Assessment	Evaluation of potential for harm	تقييم المخاطر	تقييم احتمال الأذى
Reliability	Consistency of measurement	الثبات	اتساق القياس
Validity	Accuracy of measurement	الصدق	دقة القياس

■ Ethical Terms / المصطلحات الأخلاقية

English Term	Definition	المصطلح بالعربية	التعريف
Confidentiality	Protection of client information	السرية	حماية معلومات العميل
Informed Consent	Agreement based on understanding	الموافقة المستنيرة	الموافقة القائمة على الفهم
Duty to Warn	Obligation to protect from danger	واجب التحذير	الالتزام بالحماية من الخطر
Dual Relationship	Multiple roles with same client	العلاقة المزدوجة	أدوار متعددة مع نفس العميل
Cultural Humility	Ongoing learning about client cultures (Hook et al., 2013)	التواضع الثقافي	التعلم المستمر عن ثقافات العملاء

REFERENCES

- Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. H. (2019). *Exposure therapy for anxiety* (2nd ed.). Guilford Press.
- American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285. <https://doi.org/10.1037/0003-066X.61.4.271>
- American School Counselor Association. (2019). *ASCA school counselor professional standards & competencies*. Author.
- American School Counselor Association. (2022). *ASCA ethical standards for school counselors*. Author.
- Axline, V. M. (1969). *Play therapy*. Ballantine Books.
- Bandura, A. (1977). *Social learning theory*. Prentice Hall.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press.
- Beck, A. T., & Haigh, E. A. (2014). Advances in cognitive theory and therapy. *Annual Review of Clinical Psychology*, 10, 1-24. <https://doi.org/10.1146/annurev-clinpsy-032813-153734>
- Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). Guilford Press.
- Berg, I. K., & de Shazer, S. (1993). Making numbers talk: Language in therapy. In S. Friedman (Ed.), *The new language of change* (pp. 5-24). Guilford Press.
- Bernstein, D. A., Borkovec, T. D., & Hazlett-Stevens, H. (2000). *New directions in progressive relaxation training*. Praeger.
- Beutler, L. E., Harwood, T. M., Kimpara, S., Verdirame, D., & Blau, K. (2011). Coping style. *Journal of Clinical Psychology*, 67(2), 176-183. <https://doi.org/10.1002/jclp.20752>
- Beutler, L. E., Harwood, T. M., Michelson, A., Song, X., & Holman, J. (2016). Resistance/reactance level. *Journal of Clinical Psychology*, 67(2), 133-142. <https://doi.org/10.1002/jclp.20753>
- Bond, C., Woods, K., Humphrey, N., Symes, W., & Green, L. (2013). Practitioner review: The effectiveness of SFBT. *Journal of Child Psychology and Psychiatry*, 54(7), 707-723. <https://doi.org/10.1111/jcpp.12058>

- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy*, 16(3), 252-260. <https://doi.org/10.1037/h0085885>
- Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children. *Professional Psychology*, 36(4), 376-390. <https://doi.org/10.1037/0735-7028.36.4.376>
- Captari, L. E., Hook, J. N., Hoyt, W., et al. (2018). Integrating clients' religion and spirituality. *Journal of Clinical Psychology*, 74(11), 1938-1951. <https://doi.org/10.1002/jclp.22681>
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2020). *Applied behavior analysis* (3rd ed.). Pearson.
- Cooper, M., O'Hara, M., Schmid, P. F., & Bohart, A. C. (Eds.). (2013). *The handbook of person-centred psychotherapy* (2nd ed.). Palgrave Macmillan.
- Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning.
- Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th ed.). Cengage Learning.
- Craske, M. G. (2017). *Cognitive-behavioral therapy* (2nd ed.). American Psychological Association.
- Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy. *Behaviour Research and Therapy*, 58, 10-23. <https://doi.org/10.1016/j.brat.2014.04.006>
- Cuijpers, P., Berking, M., Andersson, G., Quigley, L., Kleiboer, A., & Dobson, K. S. (2013). A meta-analysis of CBT for adult depression. *Journal of Affective Disorders*, 152-154, 181-191. <https://doi.org/10.1016/j.jad.2013.08.030>
- Cusack, K., Jonas, D. E., Forneris, C. A., et al. (2016). Psychological treatments for adults with PTSD. *Clinical Psychology Review*, 43, 128-141. <https://doi.org/10.1016/j.cpr.2015.10.003>
- de Shazer, S., Dolan, Y., Korman, H., et al. (2007). *More than miracles: The state of the art of SFBT*. Haworth Press.
- Dimidjian, S., Hollon, S. D., Dobson, K. S., et al. (2006). Randomized trial of behavioral activation, cognitive therapy, and medication. *Journal of Consulting and Clinical Psychology*, 74(4), 658-670. <https://doi.org/10.1037/0022-006X.74.4.658>
- Dobson, K. S., & Dozois, D. J. A. (Eds.). (2019). *Handbook of cognitive-behavioral therapies* (4th ed.). Guilford Press.

- Dwairy, M. (2006). *Counseling and psychotherapy with Arabs and Muslims*. Teachers College Press.
- Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome. *Psychotherapy, 55*(4), 399-410. <https://doi.org/10.1037/pst0000175>
- Farber, B. A., & Doolin, E. M. (2011). Positive regard. *Psychotherapy, 48*(1), 58-64. <https://doi.org/10.1037/a0022141>
- Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy. *Psychotherapy, 55*(4), 316-340. <https://doi.org/10.1037/pst0000172>
- Forester-Miller, H., & Davis, T. (1996). *A practitioner's guide to ethical decision making*. ACA.
- Franklin, C., Trepper, T. S., McCollum, E. E., & Gingerich, W. J. (Eds.). (2012). *Solution-focused brief therapy: A handbook*. Oxford University Press.
- Geldard, K., Geldard, D., & Foo, R. Y. (2018). *Counselling children* (5th ed.). SAGE.
- Gingerich, W. J., & Peterson, L. T. (2013). Effectiveness of SFBT. *Research on Social Work Practice, 23*(3), 266-283. <https://doi.org/10.1177/1049731512470859>
- Greenberger, D., & Padesky, C. A. (2016). *Mind over mood* (2nd ed.). Guilford Press.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy* (2nd ed.). Guilford Press.
- Hofmann, S. G., & Smits, J. A. (2008). CBT for adult anxiety disorders. *Journal of Clinical Psychiatry, 69*(4), 621-632. <https://doi.org/10.4088/jcp.v69n0415>
- Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of CBT. *Cognitive Therapy and Research, 36*(5), 427-440. <https://doi.org/10.1007/s10608-012-9476-1>
- Hook, J. N., Davis, D. E., Owen, J., et al. (2013). Cultural humility. *Journal of Counseling Psychology, 60*(3), 353-366. <https://doi.org/10.1037/a0032595>
- Horner, R. H., Sugai, G., & Anderson, C. M. (2010). Examining the evidence base for school-wide PBIS. *Focus on Exceptional Children, 42*(8), 1-14.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy, 48*(1), 9-16. <https://doi.org/10.1037/a0022186>
- Hoyt, M. F., & Talmon, M. (Eds.). (2014). *Capturing the moment: Single session therapy*. Crown House Publishing.

- Jacobs, E. E., Schimmel, C. J., Masson, R. L., & Harvill, R. L. (2016). *Group counseling* (8th ed.). Cengage.
- Joyce, P., & Sills, C. (2018). *Skills in Gestalt counselling* (4th ed.). SAGE.
- Kazdin, A. E. (2010). Problem-solving skills training and parent management training. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies* (2nd ed., pp. 211-226). Guilford Press.
- Kazdin, A. E. (2013). *Behavior modification in applied settings* (7th ed.). Waveland Press.
- Kim, J. S., & Franklin, C. (2015). Understanding emotional change in SFBT. *Best Practices in Mental Health*, 11(1), 25-41.
- Kitchener, K. S. (1984). Intuition, critical evaluation and ethical principles. *The Counseling Psychologist*, 12(3), 43-55.
- Knox, S., & Hill, C. E. (2003). Therapist self-disclosure. *Journal of Clinical Psychology*, 59(5), 529-539. <https://doi.org/10.1002/jclp.10157>
- Kolden, G. G., Klein, M. H., Wang, C. C., & Austin, S. B. (2011). Congruence/genuineness. *Psychotherapy*, 48(1), 65-71. <https://doi.org/10.1037/a0022064>
- Lambert, M. J. (2010). *Prevention of treatment failure*. APA.
- Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook* (5th ed., pp. 139-193). Wiley.
- Landreth, G. L. (2012). *Play therapy* (3rd ed.). Routledge.
- Lazarus, A. A. (2006). *Brief but comprehensive psychotherapy*. Springer.
- Linehan, M. M. (2015). *DBT skills training manual* (2nd ed.). Guilford Press.
- Lipchik, E. (2002). *Beyond technique in solution-focused therapy*. Guilford Press.
- Malchiodi, C. A. (Ed.). (2012). *Handbook of art therapy* (2nd ed.). Guilford Press.
- Manassis, K., Lee, T. C., Bennett, K., et al. (2014). Types of parental involvement in CBT with anxious youth. *Journal of Consulting and Clinical Psychology*, 82(6), 1163-1172. <https://doi.org/10.1037/a0036969>
- Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2010). *Behavioral activation for depression*. Guilford Press.
- Maslow, A. H. (1962). *Toward a psychology of being*. Van Nostrand.

- McCallie, M. S., Blum, C. M., & Hood, C. J. (2006). Progressive muscle relaxation. *Journal of Human Behavior in the Social Environment*, 13(3), 51-66. https://doi.org/10.1300/J137v13n03_04
- Mearns, D., & Thorne, B. (2013). *Person-centred counselling in action* (4th ed.). SAGE.
- Merrell, K. W. (2008). *Behavioral, social, and emotional assessment of children* (3rd ed.). Routledge.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing* (3rd ed.). Guilford Press.
- Norcross, J. C., & Goldfried, M. R. (Eds.). (2019). *Handbook of psychotherapy integration* (3rd ed.). Oxford University Press.
- Norcross, J. C., & Wampold, B. E. (2018). A new therapy for each patient. *Journal of Clinical Psychology*, 74(11), 1889-1906. <https://doi.org/10.1002/jclp.22678>
- O'Neill, R. E., et al. (2015). *Functional assessment and program development* (3rd ed.). Cengage Learning.
- Padesky, C. A. (1993). Socratic questioning: Changing minds or guiding discovery? Keynote, European Congress of Behavioural and Cognitive Therapies.
- Pass, L., Lejuez, C. W., & Reynolds, S. (2018). Brief BA for adolescent depression. *Behaviour Research and Therapy*, 104, 13-24. <https://doi.org/10.1016/j.brat.2018.02.008>
- Paul, G. L. (1967). Strategy of outcome research in psychotherapy. *Journal of Consulting Psychology*, 31(2), 109-118.
- Piaget, J. (1970). *Science of education and the psychology of the child*. Orion Press.
- Prochaska, J. O., & Norcross, J. C. (2018). *Systems of psychotherapy* (9th ed.). Oxford University Press.
- Ray, D. C. (2011). *Advanced play therapy*. Routledge.
- Rogers, C. R. (1951). *Client-centered therapy*. Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103. <https://doi.org/10.1037/h0045357>
- Rogers, C. R. (1961). *On becoming a person*. Houghton Mifflin.
- Rogers, C. R. (1980). *A way of being*. Houghton Mifflin.
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65(2), 98-109. <https://doi.org/10.1037/a0018378>

- Shirk, S. R., & Karver, M. S. (2011). Alliance in child and adolescent psychotherapy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (2nd ed., pp. 70-91). Oxford University Press.
- Skinner, B. F. (1953). *Science and human behavior*. Macmillan.
- Sklare, G. B. (2014). *Brief counseling that works* (3rd ed.). Corwin Press.
- Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32(9), 752-760.
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (2017). *Clinical interviewing* (6th ed.). Wiley.
- Steen, S., Bauman, S., & Smith, J. (2014). Professional school counselors and group work. *Professional School Counseling*, 11(2), 72-80.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse* (8th ed.). Wiley.
- Swift, J. K., Callahan, J. L., Cooper, M., & Parkin, S. R. (2018). The impact of accommodating client preference. *Journal of Clinical Psychology*, 74(11), 1924-1937. <https://doi.org/10.1002/jclp.22680>
- Vernon, A. (2009). *More what works when with children and adolescents*. Research Press.
- Wagner-Moore, L. E. (2004). Gestalt therapy: Past, present, theory, and research. *Psychotherapy*, 41(2), 180-189. <https://doi.org/10.1037/0033-3204.41.2.180>
- Wampold, B. E. (2015). How important are the common factors? *World Psychiatry*, 14(3), 270-277. <https://doi.org/10.1002/wps.20238>
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate* (2nd ed.). Routledge. <https://doi.org/10.4324/9780203582015>
- Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford University Press.
- Wright, R. J. (2011). *Introduction to school counseling*. SAGE.
- Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Basic Books.

APPROVAL

Course Instructor

Name:

Signature:

Date: .../.../2024

Pedagogical Committee

Name:

Signature:

Date: .../.../2024

Department Head

Name:

Signature:

Date: .../.../2024

Faculty Stamp