

Effectiveness of the Multi-Dimensional Individual Counseling Intervention Model to Common Psychological Problems for Non-Clinical Sample

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Abstract

This study aims to investigate the effectiveness of the multi-dimensional intervention model for common problems in the individual psychological counseling process. This study has a mixed nature. In the quantitative aspect of the study; the study was conducted with an experimental design in the form of a single group pre-test, post-test and follow-up test. There were two groups in the study; the individuals who applied the psychological counseling process and the individuals who received counseling help. The psychological counseling process with these individuals has been carried out. Counselors' ages range varied from 22 to 26. The clients are all feminine. Counselors conducted the psychological counseling process in ten sessions, one session per week and 90 minutes. The study was thus conducted with 12 clients. The ages of the individuals involved in the study are between 19 and 55 years. The average age is 25.25 and the standard deviation is 10.32. Four of the clients are male and eight of them are female. Beck Depression and Trait Anxiety scales were used in the study. According to research findings, it was found that the levels of anxiety and depression were decreased at the end of experimental period. It was also found that similar patterns continued as a result of follow-up studies. The qualitative findings of the study also showed that the clients were gained awareness, and also they solved their problems.

Keywords: Intervention, individual counseling, model

Introduction

In psychological counseling literature, model studies for effective psychological counseling process are examined in many different dimensions: a short-term solution-oriented counseling approach; questioning the problem, examining the solutions, forming the objectives and realizing the intervention (Bruce, 1995). Similarly; some models have been investigated under such dimensions as the integrative intercultural counseling model (Leong, 1996) and the supervisor-based psychological counseling model for effective psychological counseling (Connolly, 1980). Additionally, an effective psychological counseling model for individuals with different sexual identities (Palma & Stanley, 2002); an ecological model for multicultural counseling (Neville & Mobley, 2001); and also the change model in the psychological counseling process (Petrocelli, 2002) have also been examined.

The fact that the psychological counseling process is conducted around a model is also an important issue. For example, a three-stage model was developed to support the development of psychological counselors: Learning the psychological counseling process, specializing in the psychological counseling process and teaching the psychological counseling process (Bennett-Levy, 2006). In this model, there are many contents such as problem-based learning, supervision taking, experiential learning, conceptualization of cases, and self-reflections based learning.

It has been realized in the various studies, around various themes for the effectiveness of the counseling process in Turkey such studies as examination of the effectiveness of the micro-skill super-vision model (Meydan, 2015); examination of the effectiveness of the four-stage super-vision model (Eryılmaz & Mutlu, 2017), examining the effectiveness of short-term psychological counseling (Meydan, 2013) and examining the effectiveness of peer counseling (Eryılmaz, 2017). In addition to these studies, Eryılmaz (2016) developed a multi-dimensional intervention model for problems encountered in individual psychological counseling for non-clinical samples.

Multi-dimensional intervention model for problems encountered in individual psychological counseling for non-clinical samples

Psychological counseling and guidance is a profession of psychological help. Psychological counselors help clients on the psychological context rather than the medical context in solving the problems of the individual and in realizing them (Eryılmaz & Mutlu, 2016). Psychological counselors in the psychological counseling process try to regulate the

non-functional feelings, thoughts and behaviors of clients by using therapeutic conditions and skills as the greatest means (Campbell & Herlihy, 2006; Carkhuff, 2000; Carroll & Holloway, 1999; Cormier & Hackney, 2008; Eryilmaz & Mutlu, 2017; Kagan, 1984). In this process there are three important sources to guide them: Theoretical knowledge, empirical (research based) knowledge, and personal experiences they have achieved through the psychological counseling process they have performed. Based on this information, a multidimensional intervention model has been developed for common psychological problems (Eryilmaz, 2015). The basis of this model constitutes a number of factors. These are:

- Common psychological problems in non-clinical samples
- Individual psychological counseling
- Self help
- Theoretical approaches
- Psychological functioning. The dimensions of the multidimensional intervention model are shown in Figure 1.

Literature for common psychological problems for non-clinical sample: In the light of the experience of psychological counselors and the knowledge of the literature, it has been shown that individuals have many problems in non-clinical samples. In non-clinical samples, individuals were more likely to be in the psychological counseling process such problems as low self-esteem (Dryden, 2003; Fennell, 1998; Palmer, & Williams, 2012), anxiety (Hofmann & Smits, 2008) anger (Del Vecchio & O'Leary, 2004; Jones, & Carpenter, 1986; Zimbardo, 1977), negative perfectionism (Adderholt-Elliott, 1987; Sickey and Goldstein, 1987; Saini, 2009). Additionally, shyness (Brodt & Zimbardo, 1981; Heiser, Turner, Beidel & Roberson-Bornstein & Languirand, 2003), interpersonal dependency (Bornstein & Languirand, 2003), and grief (Allumbaugh and Hoyt, 1999; Neimeyer, 2004). Within the scope of the intervention in this study, the above mentioned problems are mentioned.

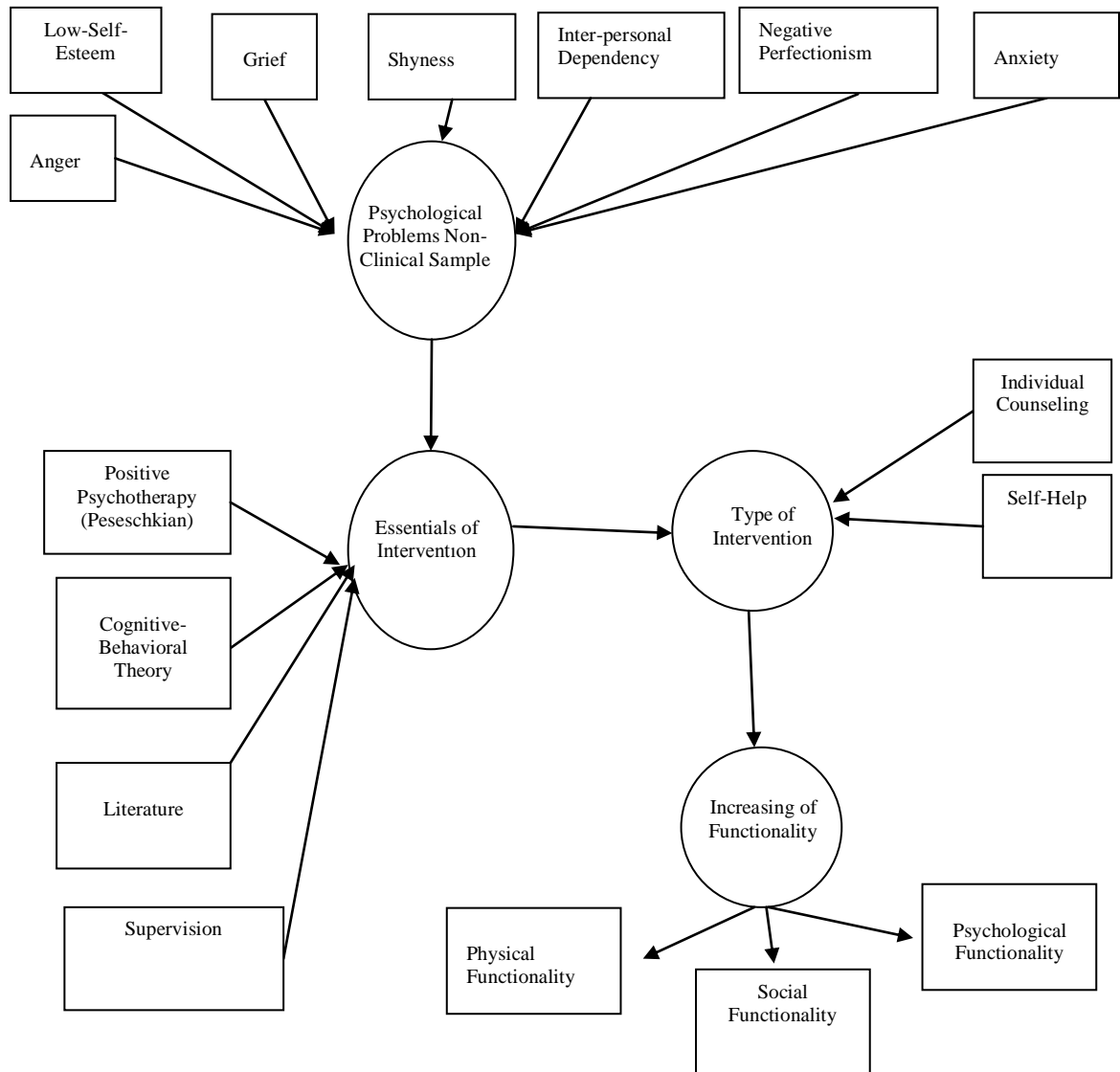


Figure-1 The multi-dimensional individual counseling intervention model to common psychological problems for non-clinical sample

Cognitive behavioral theory. Psychological counselors in the psychological counseling process examine the non-functional feelings, thoughts and behaviors of the clients with the client and replace them with functional ones. In this context, psychological counselors differ from the professionals who intervene in the biological structures of the clients. Psychological counselors benefit from both behavioral and cognitive theories. For this reason, another dimension of the intervention is the cognitive-behavioral approach, because there are many studies which state that cognitive-behavioral approach is effective for some problems. Some studies can be given as examples; anger (Sukhodolsky, Kassinove & Gorman, 2004); (Berkovec, Newman, Pincus & Lytle, 2002), anxiety (Beck, Emery & Greenberg, 1985), low self-esteem (Chatterton, Hall, & Tarrier, 2007; Palmer, & Williams,) negative perfectionism (Frost, Marten, Lahart, & Rosenblate, 1990; Pleva & Wade, 2006; Riley, Lee, Cooper,

Fairburn & Shafran, 2007), grief (Boelen & de Keijser, 2007; Worden, 2002), and interpersonal dependency (Overholser, 1997; Overholser & Fine, 1994).

Positive psychotherapy (Peseschkian). Positive psychotherapy is theorized by Peseschkian (1986). This approach argues that individuals come to the world with capacities of knowing and loving. Depending on the capacity to know, people develop a range of abilities, which are called secondary abilities. Additionally, depending on the capacity to love, people develop a range of abilities, which are called primary abilities. Positive psychotherapy argues that problems arise either from the excessive development of individuals' abilities or not (Peseschkian, 1996). There are three important principles of this approach: balance, hope and consultation. According to the balance model, individuals direct their life energies to various areas of their lives. These areas are achievement, relationship, body and spirituality / future / fantasy (Peseschkian, 1987). In the therapy phase, the balance model is used in various forms. One of these uses explores the symptoms / effects of the clients' problems. At this point, in the course of therapy some questions are asked (Peseschkian, 2000) like the below ones:

- How does your problem affect your body (eg. sensation, thought, eating style, sleep and physiology etc.)?
- How does the problem you are experiencing affect your work/achievement?
- How does the problem you are experiencing affect your relationships with people?
- How does the problem you are experiencing affect your spirituality/future?

In the multidimensional intervention model, balance model was used for taking the symptoms or effects related to each problem. How clients experience problems in the areas of body, achievement, relationship and future/spirituality are revealed. The use of this technique is highly functional. In particular, it helps individuals to discover and understand themselves. Secondly, the "behavioral control" technique of Positive Psychotherapy was also utilized in this model. This technique helps individuals to take a holistic view of the problem they experience. The emotions, thoughts and attitudes of the clients are tried to be presented before and after the problem. Thus, it is seen that the problem affects the level of the clients.

Supervision. The supervision process constitutes one of the most important elements of the effective psychological counseling process (Campbell & Herlihy, 2006; Carkhuff, 2000). In the multidimensional intervention model, a comprehensive developmental

supervision model was used to intervene in psychological problems (Eryılmaz & Mutlu, 2016). This supervision model is three-stage and six-steps (Eryılmaz & Mutlu, 2018).

Individual counseling. Psychological counseling is a helping process that is conducted face-to-face to respond to the needs of decision making and problem solving. The psychological counselor who provided help in this process is named as a counselor; the person receiving the help is also called the consultant/client (Carkhuff, 2000). When the rationale of the psychological counselor is examined; it seems that the problem is solved by the interaction of the clients (Campbell & Herlihy, 2006). The essential conditions of the psychological counseling process are summarized by Mutlu-Süral (2016) as follows:

- Therapeutic skills: Questioning, reflection of feeling/meaning/problem, self-disclosure etc.
- Therapeutic conditions: empathy, transparency, concreteness, relationship now and here and being present so on.
- Problem solving process
- Managing the therapeutic process
- Managing themselves as counselors
- Managing the Therapeutic Relationship

While all of the above factors are important in the psychological counseling process, it should be noted that the psychological counseling process is conducted in parallel with the problem solving process.

Self-help. There are two important perspectives on human nature. One of these is a pathological point of view. Another point of view is a positive. The pathological point of view evaluates the human as weak and uncontrollable individuals. Positive point of view, human has lots of capabilities. People use their abilities as they adapt to their surroundings. Thus, they solve their problems (Peseschkian, 1996). This understanding is seen in various approaches that explain providing psychological help. Positive psychotherapy and bibliotherapy approaches, for example, emphasize the importance of self-help for individuals in positive psychological studies. One of the areas where self-help is seen is group practice (Borkman, 1999; Den Boer, Wiersma & Van den Bosch, 2004). It seems that self-help group work has been done in fighting cancer and fighting alcohol addiction. In addition to the above,

studies in the literature have provided evidence that self-help activities are effective (Smith, 2003). As a result, one dimension of this model is self-help.

Results of intervention. Unresolved psychological problems harm the physical, social, and spiritual mechanisms of individuals (Beck, 1995). This prevents the expected roles and tasks from being revealed (Correy, 1990). At this point, individuals have to get rid of these problems; help them to use their bodies better, to realize themselves, to be productive in their work life, and to be productive citizens by establishing healthy relationships (Yalom, 1995). In addition, the most important goal of psychological counselors is to resolve the negative patterns in the clients, to help them get rid of their problems and to raise their quality of life to help the clients to function optimally (Hershenson & Power, 1987). For all of these, the final dimension of the model that was tested for effectiveness was an increase in functionality.

Psychological counseling is also defined as art and science. A profession that takes on two important attributes, such as science and art, needs to be realized effectively. Effective psychological counselors, however, found that they did not react to and monitored the clients, did not insult them and humiliated them, did not refuse them. They also came to the conclusion that they cared about them, showed accepting and supporting behaviors, engaged in therapeutic alliances with their clients, conceptualized the counseling process, strengthened the competence of the clients, fostered their confidence, increased their confidence in their clients and relieved their clients (Fishman, 1999, Ilardi & Craighead, 1994; Strupp, 1994; Snyder et al., 1999).

For the effective counseling process, being the only effective psychological counselor in the psychological counseling process is not enough to be useful to the counselor. In this context, the effective psychological counseling process has many items. These are reduction or elimination of symptoms, abolition of the problem, increase of self-efficacy in clients, increase in tolerance towards emotional experiences, and relief of the client (Bentler, 2000; Lambert, 1992; Walmpold, 2001, Wolfe, 1989). For an effective counseling process, psychological counseling models with the specified characteristics are needed. In conclusion, this study aims to investigate the effectiveness of the multi-dimensional intervention model for common problems in the individual psychological counseling process.

Method

Research design

This study aims to investigate the effectiveness of the multi-dimensional intervention model for common problems in the individual psychological counseling process. In the quantitative aspect of the study; the study was conducted with an experimental design in the form of a single group pre-test, post-test and follow-up test. The psychological counseling process in the study was conducted in the form of individual psychological counseling. As for the qualitative aspect of the study, after the post-test the client was asked an open-ended question: “Would you evaluate the psychological counseling process?” Descriptive phenomenological analysis has been performed on the qualitative data.

Study group

There were two groups in the study; the individuals who applied the psychological counseling process and the individuals who received counseling help. The people who manage the psychological counseling process consist of psychological counselors who graduated from a psychological counseling and guidance program at a public university. Candidates for clients; the multidimensional intervention model and the working process were expressed, and then the candidates who were volunteers were identified. The psychological counseling process with these individuals was carried out. Counselors' ages ranged from 22 to 26 years. The clients were all feminine. Counselors conducted the psychological counseling process in ten sessions, one session per week and 90 minutes per sessions.

Clients. Those who received counseling help were selected from individuals who applied to the university psychological counseling unit. Initially it started with 17 people. After that, 5 clients terminated the counseling process due to personal reasons. The study was thus conducted with 12 clients. The ages of the individuals involved in the study are between 19 and 55 years. The average age is 25.25 and the standard deviation is 10.32. Four men and 8 of the clients are females.

Table 1.
Descriptive statistics of the participants

Order	Problem	Age	Gender
1,00	Interpersonal-dependency	21,00	Female
2,00	Interpersonal-dependency	22,00	Male
3,00	Anger	22,00	Male
4,00	Anxiety	22,00	Female
5,00	Low self-esteem	21,00	Female
6,00	Anger	55,00	Male
7,00	Low self-esteem	21,00	Female
8,00	Shyness	21,00	Female
9,00	Negative-perfectionism	21,00	Female
10,00	Grief	36,00	Female
11,00	Negative-perfectionism	19,00	Female
12,00	Anxiety	22,00	Female

Instruments

Beck Depression Inventory (Beck, 1976). The Beck Depression Inventory is composed of 21 items. Scale is a Likert-type measure. The scale was adapted to Turkish by Hisli (1988). Test-retest reliability of the scale was 0.73; and internal consistency coefficient was 0.80.

The Trait Anxiety Scale: Trait Anxiety Scale was developed by Spielberger et al. (1970). The scale is a Likert type scale consisting of 20 items. It was adapted to Turkish by Öner and Le Compte (1983). The reliability of the scale based on internal consistency was found to be 0.87.

Program structure and experimental process

Seven different psychological problems were intervened in this study. If the common points are psychological problems, each problem can be a different dynamic. Despite these differences, the multidimensional intervention model discussed in this study is outlined in Table 2 as outlined in the process.

Tablo 2.
Themes of the model

Sessions	Supervision	Theme
1,00	At least 30 minutes per week	Anamnesis of the problem
2,00	At least 30 minutes per week	Behavioral control technic for defining the effect of the problem
3,00	At least 30 minutes per week	Balance model for determining symptoms
4,00	At least 30 minutes per week	Determining of causes for problems
5,00	At least 30 minutes per week	Determining of causes for problems
6,00	At least 30 minutes per week	Cognitive intervention
7,00	At least 30 minutes per week	Behavioral intervention
8,00	At least 30 minutes per week	Problem based specific intervention
9,00	At least 30 minutes per week	Problem based specific intervention
10,00	At least 30 minutes per week	Evaluation of the process

Findings

Descriptive statistics

Table 3.
Descriptive statistics

Measures	Test condition	n	Mean	Sd
Depression	Pre-test	12	38,41	7,57
	Post-test	12	27,58	4,67
	Follow-up	12	29,91	7,54
Anxiety	Pre-test	12	51,66	7,11
	Post-test	12	41,83	4,93
	Follow-up	12	43,83	10,71

Variance analysis results

The Friedman Variance Analysis technique, which is used for nonparametric samples, was used to determine the effect of the model. According to the results of the analysis, the depression and anxiety post-test and follow-up test scores were found to be significantly lower than the pre-test scores. The results are shown in Table 3 and Table 4.

Table 4.
Results of Friedmans ANOVA test for anxiety

	Mean rank	Df	χ^2	p	Differences
1. Pre-test anxiety	2,71	2	9.435	0.009	1-2;1-3
2. Post- test anxiety	1,63				
3. Follow-up- test anxiety	1,67				

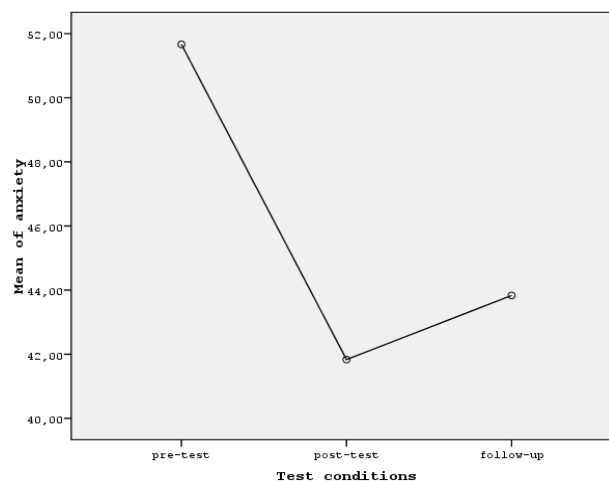


Figure-2 Means for anxiety to test conditions

Table 5
Results of Friedmans ANOVA Test for depression

	Mean rank	Df	χ^2	p	Differences
1. Pre-test depression	2.96	2	17.348	0.000	1-2;1-3
2. Post- test depression	1.58				
3. Follow-up- test depression	1.46				

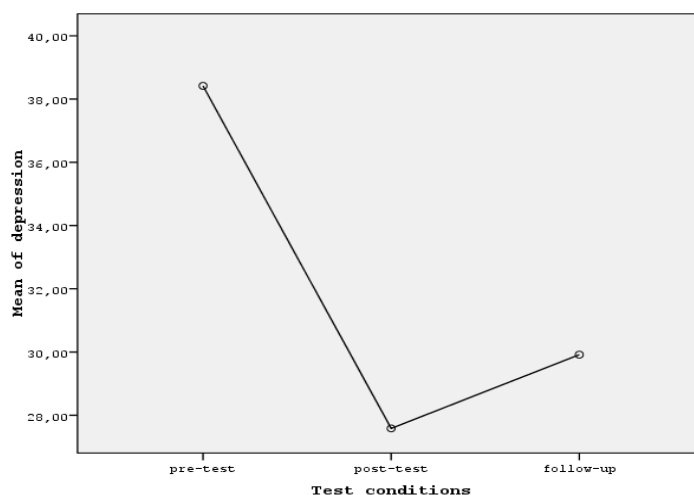


Figure-3 Means for depression to test conditions

When the qualitative findings of the study are examined, it is seen that the model has significant benefits to the clients. These achievements are gathered in two important dimensions: awareness and process gains. One of these dimensions is in general, awareness of the problem and of itself. Other dimensions are solving the problem, confrontation courage, self-disclosure comfort and expanding capacities are the gains of the process.

Qualitative results

Table 6.
Evaluations after post-test

Comprehensive description	Themes	Important phrases
Awareness	General awareness	* I realize what I love, what makes me suffer. I found the problem that bothered me. * I could not define myself before. I did not know what I was, how I different from other people. But now I can define and know myself.
	Awareness for problems	* First we found the problem. In my life there was something that bothered me. I could not see what it was and where it originated. I saw these. * Helping me see my problem in all aspects.
	Awareness for him/her selves	* I knew myself, it was a great help to be aware of things about myself. * Once I realized what was important to me.
Other gains of the process	Self-disclosure comfort	* It comforts people to open themselves. Some of the events that I have experienced in my anger have remained within me that I noticed. I relaxed as I came to tell you. I felt like I was getting a load on my shoulder, after all the sessions. * For the first time I did not speak the inner seat but expressed myself to another person.
	Confrontation courage	* I confronted myself. * I faced things that I suppressed in my life and tried to forget. I even shared things that I cannot confess openly to myself.
	Solving the general problem	*Get rid of the problem. I've solved all of my problems. I'm very relieved. * I solved the problems that I could not solve by myself.

Solving the problems in counseling	<p><i>Interpersonal dependency</i>: No more ambivalence. I can give myself a clear shot. I can think independently and make better decisions about my own wishes.</p> <p><i>Anger</i>: I do not become obsessed with the anger. I can control my anger now. I can now look at events that are angry from a wider perspective. I can analyze myself now and help myself to realize my feelings, my thoughts. I figured out exactly what I could do. <i>Shyness</i>: I can feel comfortable now. I can easily look into people's eyes. For example, I missed my eyes when I looked carefully, but now I do not. <i>Anxiety</i>: I was afraid when I was worried. Now, I can control my worries. <i>Low Self-esteem</i>: We have increased self-esteem. I think my self-esteem is coming. Because self-competence increases automatically as self-esteem increases. <i>Negative perfectionism</i>: I solved my negative perfectionism. I think that my productivity has increased. <i>Grief</i>: I have been successful in the process of mourning. I got rid of the negative emotions.</p>
Capacity expanding	<p>* It was a multi-faceted acquisition. The psychological counseling process was a contribution to making my life easier and improving me. The psychological counseling process was a contribution to me, such as thinking positively, being flexible, looking good, seeing individual differences. I do not constantly criticize myself</p> <p>* I'm trying to see positive now. I focus on what I earn from this. I also noticed that I began to accept individual differences. So this is his structure and it can be quite normal.</p>

Discussion

This study was conducted to examine the effectiveness of the multi-dimensional intervention model for psychological problems. According to research findings, it was found that the levels of anxiety and depression were decreased at the end of experimental period. It was also found that similar patterns continued as a result of follow-up studies. The qualitative findings of the study also showed that the clients were gained awareness, and also they solved their problems.

Today, the number of people who have a psychiatric diagnosis is increasing day by day. It is also stated that the individuals who have been diagnosed cannot easily reach effective treatments. Studies have indicated that evidence-based intervention methods are effective in solving psychological problems; however, it seems that access to these interventions is limited (Harvey & Gumport, 2015). Model programs for psychological problems and specific and innovative practices are defined as planned efforts involving program strategies for the intervention of psychological problems (Bachrach, 1980). In the literature, it is generally seen that there are intervention studies in clinical samples and or psychotherapy based intervention (Amundson, 1989; Connolly, 1980; Leong, 1996; Najavits & Weiss, 1994; Palma & Stanley, 2002; Petrocelli, 2002). For non-clinical samples it appears that the number of multi-dimensional interventional models is very low. This study was conducted in a non-clinical sample; it differs from the other intervention models in the literature because it is designed in a multidimensional manner and applied to different problems. This feature can be said to have contributed significantly to the literature.

One of the most important approaches in the field of counseling is to integrate theories and to make the psychological counseling process more effective by practicing the practices ecologically (Goldfried, 1995, Kelly, 1997, Lazarus, 1992). The model examined in this study

also shows an eclectic pattern. The most important reason for this is the approach taken at the center of the study, because Positive Psychotherapy is a culturally analytically oriented and eclectic approach (Peseschkian, 2001).

Another reason for the effectiveness of the model examined in this study is the reliance on the cognitive-behavioral approach. One of the most effective intervention approaches today is the cognitive-behavioral approach. There are many studies which state that this approach is effective. For example, cognitive-behavioral approach has been found to be effective in many questions such as depression, OCD, schizophrenia, anger, bulimia nervosa, sexual abuse problems (Butler, Chapman, Forman, & Beck, 2006). In another meta-analysis study conducted, cognitive behavioral approach was found to be effective in anxiety, depression, addiction, schizophrenia, bipolar disorder, personality disorders, somatoform disorders, anger problems and criminally affected individuals (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012).

Another reason for the effectiveness of the model examined in this study is that the model is based on the literature findings and literature knowledge. In the process of psychological counseling, there are few studies on the use of research results to influence the psychological counseling process, but there are studies explaining the importance of this situation. For example, Wampold (2011) notes those effective psychological counselors know what their research outcomes are about their social context, their problems and their intervention in their problems.

Although it is seen that the model is effective, it is also true that the levels of depression and anxiety of the individuals are not reset. This is due to individual differences in the cause of psychological problems. A second reason may be that the session number is 10 sessions. Increasing the number of sessions and the application of more interventional techniques in the process may increase the effectiveness of the program. The model can be improved in the future by making adjustments in this direction.

This work has some limitations. First, the study was conducted in a non-clinical sample. Secondly, the control group was not used in the study. In later stages, similar or different models may be contributed by the literature to carrying out experiments with more powerful experimental designs on the samples.

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