Personal Theory Paper:

Adlerian School and Counselling Psychology

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CAAP 601: Fall 2010

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Adlerian Psychology (AP) developed by Alfred Adler, has made significant contributions to the field of psychology and remains a valid approach to contemporary theory, therapy, and practice (Watts, 2000, 2003). AP, also referred to as Individual Psychology, is a relational, psychoeducational, present/future-oriented, and a brief or time-limited approach that is both integrative and eclectic that resonates with both school and counselling psychology (Watts, 2000, 2003). Additionally, AP is a holistic, phenomenological, teleological, and socially oriented approach to psychology and related fields such as education (Watts, 2000). The aim of this paper is to fully describe my current views of school and counselling psychology drawn from the theoretical framework of Adlerian Psychology. The discussion will include AP philosophical assumptions, a description of the Adlerian counselling experience in educational contexts, and personal reflections how AP resonates with my own experience and future practice with a special focus on children.

As a future school psychologist I realize that utilizing a theory of psychopathology will provide me with a conceptual framework in which I can choose and direct therapeutic interventions. Throughout the learning's in the course I found myself most closely aligned with AP, particularly in relation to its holistic view of individuals with the creative potential for change, and its connections to the broader social contexts including communities and schools which are particularly relevant to my field of practice (Mosak & Maniacci, 2011). AP is a broad and inclusive orientation that provides links to other theoretical dimensions (cognitive, psychodynamic, humanistic, and systems theory) and interventions (Sperry, 2003). I believe this inclusive and eclectic approach within AP allows therapists to develop unique treatments for individuals while maintaining an Adlerian theoretical perspective. Upon further research into

AP, I discovered many aspects of my previous experience in teaching and educational consulting was actually founded in Adlerian theory. The influence AP has had in school and counselling psychology was evident in the education I received, and the literature and resources I used to guide my teaching and consulting practice, resulting in my inclination to Adlerian Theory. Maintaining an Adlerian perspective will provide me with continued direction in how I allocate my attention to phenomena and therapeutic interventions in my future practice.

Philosophical Assumptions

Nature of Humans

The foundational concepts of AP are holism, a teleo-analytic view of goal-directed behaviour, self-determination, significance of the lifestyle, social interest, inferiority feelings, early recollections, and family constellation (Bitter, 2007; Dinkmeyer & Dinkmeyer, 1976). The Adlerian approach is based on the assumption that individuals are unique, active and creative, are motivated, and have an innate potentiality for social life (Watts, 2000). AP emphasizes that individuals live in contexts, and as such must be understood within the social embeddedness of their lives (Bitter, 2007; Dinkmeyer & Dinkmeyer, 1976). AP views individuals holistically in how they are moving through their lives (Bitter, 2007; Mosak & Maniacci, 2011; Shifron, 2010). My experience in working with children with special needs has always required me to maintain a holistic view that considers the whole child and their various environments, and an emphasis in the potential for growth. I believe it is important to look beyond the 'problem' or separate parts of a child in order to foster change and development.

Adlerians view humans as proactive, and use their creative power in developing their personality (Bitter, 2007; Sperry, 2009; Stoltz & Kern, 2007; Watts, 2000). Heredity and environmental factors are not determining factors, only influences that individuals use in the

construction of their personality and development (Bitter, 2007; Watts, 2000). Essentially, individuals co-create their lives using their creative power in combination with these influences. Adlerian theory promotes this creativity as demonstrated by the ability of individuals to make choices (Shifron, 2010). It is this creative power I feel that has great potential in therapy, and communicating to individuals that change is possible. AP has long emphasized that individuals strive for significance (Bitter, 2007) and that behaviour is purposive and goal-directed (Dowd, 2003). Individuals move towards their self-determined goals, and strive for success and security (Bitter, 2007). In children, goals may be more immediate and concrete rather than long-term (Bitter, 2007). These goals are seen as the organizing and controlling factors behind all behaviour; as such, all behaviour is governed by the anticipation or expectation of future events (Dowd, 2003). This future orientation towards goals in AP is referred to as the teleological principle (Bitter, 2007; Dinkmeyer & Dinkmeyer, 1976; Dowd, 2003; Stoltz & Kern, 2007). As AP is anticipatory in nature (Dowd, 2003), it allows for preventative efforts in programming and system intervention. Further, all behaviour occurs in a social context (Mosak & Maniacci, 2011). In my work with children with behaviour and emotional difficulties I believe that developing an understanding of their goals is crucial to how we provide support and allow for change.

Adlerian theory goes beyond purely motivational theories of behaviour, to a broader understanding of beliefs and convictions that a person develops (Freeman & Urschel, 2003). These beliefs come to form an individual's cognitive organization and lifestyle. Unique to each person is their cognitive blueprint for coping with life tasks (Watts, 2000). This blueprint is created by each person based on their perceptions from their social context, and creates their prototype or lifestyle for action in their world (Bitter, 2007; Watts, 2000). The lifestyle can be

viewed as a set of cognitive, emotional, and behavioural activities that the individual uses to solve social problems (Stoltz & Kern, 2007). I believe children progressively refine this lifestyle based on their cultural values, their experiences in their family, and broader social contexts. These lifestyles are considered as the individual's 'truth' and play a role in how a person constructs their reality (Watts, 2000). Lifestyles are viewed as ways in which individuals view themselves in relation to their perceived life experience, and are not considered wrong or abnormal (Mosak & Maniacci, 2011). Lifestyles are developed through experiences and early recollections (prominent memories) that influence an individual's perceptions and core beliefs. Lifestyle often operates with confirmatory bias in looking for information to confirm its convictions and current beliefs, and impacts cognitive functions such as memory, learning, expectancy, fantasy, and symbol creation (Watts, 2000). This lifestyle becomes the guide for subsequent life experiences, and assigns values, predictions, perceptions, and responses (Watts, 2000). The lifestyle is an organized and integrated whole way of being rather than a collection of possessed traits (Bitter, 2007). I believe that lifestyle supports how children integrate their experiences with their feelings, thoughts, and beliefs into their behaviour and ways of interacting. Early recollections reveal an individual's lifestyle, feelings of belonging, and creative methods a person uses in moving through their life (Shifron, 2010).

Nature of Healthy Functioning

Adlerians believe that every child is born with the need to belong, and the ability to connect with others (Ferguson, 2010; Shifron, 2010). Acquiring the methods of connecting involves a learning process in a social context (Shifron, 2010). As a parent and a future school psychologist I believe it is important to foster this need to belong in every child to promote healthy development. Children's sense of belonging starts in the family and then is expanded to

larger groups and communities (Oberst, 2009). It is my view therefore, that school is a natural place for the healthy development of social interest, as well as a safe place in which to provide education and therapy to those children and families needing support.

Adlerian theory asserts that humans are socially embedded, and need to be understood from their broader social context. Individuals are engaged with their lives through a relational perspective, and life tasks are socially-contextual (Watts, 2000). Life tasks address intimate relationships, social relationships with friends and the greater community (society), relationships with work, and the relationship with the self (Bitter, 2007; Dreikurs, 1991; Watts, 2000). How an individual solves these life tasks is connected with their mental health (Bitter, 2007). Healthy individuals are individuals who have developed social interest, and have effective lifestyles to address life tasks (Mosak & Maniacci, 2011). Healthy functioning is indicated by congruence between convictions in self-concept and social interest (Mosak & Maniacci, 2011). Social interest is about active engagement in life and the successful resolution of life tasks (Bitter, 2007). Social interest is directly related to a sense of belonging which is essential for all humans, a sense of empathy towards others in a community, and a prosocial attitude that values the interests and welfare of others (Guzick, Dorman, Groff, Altermatt,, & Forsyth, 2004; King & Shelley, 2008; Oberst, 2009). Social interest is fostered by early caregivers and experiences that contribute to the development of the ability to cooperate with others and make contributions to the common social context (Oberst, 2009). Individuals who strive toward life goals that are socially useful and display social interest are seen as healthy (Watts, 2000). Contributing social behaviour is seen as cooperation, contribution, caring, connectedness, courage, confidence, and competence (Bitter, 2007). Constructive goals of healthy individuals include: involvement, encouragement, improvement, and accomplishment (Lemire, 2007). The innate social

characteristics common among humans must be developed if individuals are to fulfil the

complicated demands of the community in their adult life (Dreikurs, 1991). I see life tasks for

children in the educational setting consisting of developing social relationships with other

children, adults, academic and learning tasks, group cooperation skills, and integrating into the

larger school community. I believe it is important to study individuals within their environmental

and social contexts within their families, communities, and cultures in order to understand their

functioning and therapy needs.

Nature of Pathology

Adlerian theory takes a nonpathological approach to therapy and counselling (Watts,

2000). The primary concern is *not* an individual's label or diagnosis (Watts, 2000). AP is rooted

in the premise that individuals are embedded in the social context in which they are raised and

live (Freeman & Urschel, 2003); therefore discouragement and low social interest brings about

maladaptive behaviour and less social empathy (Guzick et al., 2004; Weber, 2003; Ziomek-

Daigle, McMahon, & Paisley, 2008). Difficulties are typically viewed as social problems that

are indicated in interactions with others and involve human's interconnectedness (Freeman &

Urschel, 2003). Mental health problems can be understood from the view of how an individual

retreats from their life tasks (Bitter, 2007). In my own experience it is often the social situations

where difficulties are seen in how children behave, cooperate, identify with their peer group, and

develop interpersonal and social relationships. The difficulties they demonstrate in social

contexts are often indicative of an underlying problem, and are often a primary concern in school

referrals. I support the notion that children are more than their diagnosis, or a set of expectations

associated with a label; however I recognize that the diagnosis may be useful in providing

needed services to some children. I will continue to advocate and encourage others to look

beyond diagnoses when working with children.

An individual's lifestyle guides the selection of how life is processed and perceives

information (Watts, 2000). However, individuals are not typically aware of their lifestyle and

convictions, and 'errors' that cause them problems. AP proposes that problems originate from

difficulties in completing the tasks of life (Dreikurs, 1991). An individual's lifestyle can be

limited by a habitual mistake pattern that interferes with the ability to engage and perform life

tasks (Stein, 2008). Feelings of inferiority and discouragement are normal feelings that are

commonly experiences by both children and adults as they move towards their goals (Bitter,

2007; King & Shelley, 2008). Problems arise when these feelings and experiences come to form

part of an individual's lifestyle and goals. Failure to learn cooperation, to meet life's tasks, can

lead to feelings of inferiority, discouragement, anxiety, and various kinds of disorders

(Dinkmeyer & Dinkmeyer, 1976; Ferguson, 2010). It is my belief that repeated failure in

children's striving lead to feelings of inferiority, rather than inferiority leading to failure.

The inability to belong or to connect to others results in pathology (Shifron, 2010). Once

an individual feels they do not belong, they then direct their behaviours toward self-protection

rather than contribution to the community (Ferguson, 2010). Resistance is seen as healthy and

adaptive, and is a mechanism that can be worked *with* rather than against (Dowd, 2003).

Adlerian theory proposes that neurotic symptoms serve the purpose of safeguarding the

individual's self-esteem (Sperry, 2003). Individuals are not 'sick', they are discouraged (Mosak

& Maniacci, 2011; Weber, 2003). Problems are based on faulty perceptions, inadequate or faulty

learning, and faulty values (Mosak & Maniacci, 2011). Individuals develop methods of

compensation to address their discouragement and feelings of inferiority. AP uses a re-education

process to assist individuals in the development and growth of their personality (Mosak & Maniacci, 2011).

In particular, children's perceptions of their family constellation and their significance in their family and social relationships influence their lifestyle and goals (Mosak & Maniacci, 2011). Children strive to belong through their contributions to family (and in school), lack of encouragement or insecure attachment can lead to feelings of anger, isolation, anxiety, depression, an inferiority (Shifron, 2010; Tobin, Wardi-Zonna, & Yezzi-Shareef, 2007; Weber, 2003). AP develops an understanding of children through their psychological position and family climate (Mosak & Maniacci, 2011). As children are still developing their judgement and logical processes, their convictions will likely contain errors or partial truths, and are based on their subjective evaluations and perceptions of themselves and their world (Gilbert & Morawski, 2005; Mosak & Maniacci, 2011). Children's lifestyles contain both immediate and long-term goals that reflect their current perceptions. Children who experience negative relationships with peers, family, teachers and other members of the community would result in feelings of inferiority (Guzick et al., 2004). The Adlerian goal of belonging is thought to contribute to children's mistaken goals of attention, power, revenge, and the demonstration of inadequacy (Ferguson, 2010; Lemire, 2007). In education these mistaken goals are commonly referred to as the goals of misbehaviour originally identified by Rudolf Dreikurs and are utilized in parenting and teaching programs (Lemire, 2007). Children who use mistaken goals are attempting to find a place through active or passive forms of unproductive social activity, conflict, avoidance, and disruptive or non-compliant behaviour (Lemire, 2007; Weber, 2003). Children can learn to deal with the consequences of their actions, accept responsibility, and learn from their mistakes (Sperry, 2009).

Adlerians distinguish between organic and psychogenic problems through an analysis of their symptoms and responses to therapeutic questions (Mosak & Maniacci, 2011). If an individual responds that symptom relief is their goal it is likely that the problem is physiological, and if the response is that life would be different the problem is psychological (Bitter, 2007). Given the developments in neuroscience and biology, this is a practical way of determining a variety of presenting problems, and I see this as an opening to combine pharmacological and psychological therapies. AP could be used in addition to medication to address needs of complex individuals.

Nature of Change

Perhaps one of the most significant ideas within AP is its powerfully optimistic assumption regarding the possibility of human change (Dowd, 2003; Stein, 2008). AP postulates that individuals constantly undergo change as their cognitive perceptions interact with their environment in an oscillative process (Dowd, 2003). Change occurs throughout an individual's life in accordance with immediate demands of situations and long-term goals (Mosak & Maniacci, 2011). Individuals are in an ongoing process of striving for purpose, to meet life challenges, choosing alternatives and goals to become self-realized and contribute to humanity (Mosak & Maniacci, 2011). Therapy in this context becomes *one* possible mechanism for the creation of change. My perspective in working with children has always focused on this positive potential for change resulting in successful learning and behaviour. I have always believed that every child has the capacity for growth, change, and success in their lives. It is the primary effort in both school and counselling psychology to help children move towards this change and success through a variety of interventions, and much of my personal experience has supported

children, their families, and fellow professionals in a collaborative effort towards each child's success.

Change in the therapeutic focus is directed at an individual's private logic, goals, concepts, social values, and motivation (Mosak & Maniacci, 2011). AP change is more than a change in behaviour or symptom; it is a change in lifestyle. Mistaken thinking is a therapeutic tool to help individuals understand their lifestyle and behaviours which can then be reoriented to new directions (Stein, 2008). An individual's creative power can help dissolve faulty perceptions and lifestyles in order for change to occur (Stein, 2008). Awareness of basic mistakes in the cognitive map is developed, resulting in re-education opportunities that allow individuals to move in different directions (Mosak & Maniacci, 2011). Given that pathology is based upon faulty perceptions or learning, it is possible through re-education to make change. I believe school counsellors are a primary agent in this re-education process. As children are still developing it is possible to prevent and change pathology through early intervention efforts.

The Counselling Experience

Definition of Counselling

AP is a dynamic, cognitive, developmental, social psychology that is concerned with helping people understand the transactional nature of social living that involves choices, consequences, and a value system (Ferguson, 2010). The quest in Adlerian counselling is to understand the person in their context as fully as possible (Bitter, 2007). The goals of AP consist of establishing a collaborative and cooperative relationship, uncovering a person's private logic and lifestyle that define their goals, helping individuals increase their understanding of self, and reorienting and re-educating the client to establish more adaptive life goals through the development and practice of cognitive and behavioural skills (Ferguson, 2010; Freeman &

Urschel, 2003; Stoltz & Kern, 2007). The primary therapeutic focus in AP is an individual's lifestyle convictions (Freeman & Urschel, 2003; Sperry, 2003). Lifestyle convictions are comprised of the cognitive organization of the individual that relate to convictions about the self, the world, the self-ideal, and ethical convictions that guide choices and behaviour (Sperry, 2003). Lifestyles and early recollections are used in therapy to help bring awareness to an individual's basic convictions (Weber, 2003). The following therapeutic task is to then encourage an individual to activate their social interest and develop a new lifestyle through relationships, analysis, and action methods (Mosak & Maniacci, 2011). Social interest is fostered and feelings of inferiority and discouragement are decreased, which result in changes in lifestyle and contributions to society (Mosak & Maniacci, 2011).

My personal views of counselling closely match the Adlerian perspective. I have always advocated for the potential for change and growth in my work with children, families, and professionals. Counselling is a means of supporting individuals towards change and mental health through a variety of ways and situations. A background in education has developed my eclectic perspective in choosing and using strategies that focus on children's strengths and 'finding what works' for each unique individual. My basic beliefs about children, their development, and their potential is optimistic and guide my practice. I believe that the relationship between the counsellor and the child is based upon careful listening, observation (without judgement), truth, and encouragement. Communicating my belief in a child has helped me advocate and provide ongoing support. I believe in making success possible, giving knowledge, choice, possibilities, taking small steps, and acknowledging success throughout the process. I believe that counselling provides knowledge and awareness, creates new possibilities, and encourages children to make choices regarding their change and growth. Counselling

supports children to address maladaptive patterns (that are often the result of experiences that affect a child's emotional and cognitive 'map'), and enables their action. I also see the social context for counselling in consulting with teachers and parents to create change in environments and beliefs.

Counselling Process

The Adlerian counselling process aims to establish a good relationship, uncover the dynamics of the individual through analysis of lifestyle, early recollections, family context and goals, that lead to thick, rich, descriptions of individuals; and then generate hypothesis through interpretation and insights, and reorient or re-educate through a variety of techniques (Bitter, 2007; Bitter & Nicoll, 2000; Mosak & Maniacci, 2011; Weber, 2003). Four phases are common in AP: relationship, psychological analysis, insight/interpretation, and reorientation (Kern, Stoltz, Gottlieb-Low, & Frost, 2009; Watts, 2000).   The lifestyle assessment is central to the process of a holistic understanding of individuals (Bitter, 2007). Investigations into early recollections elicit lifestyle, private logic, and access the client's theory of change, strengths, and possible problem areas (Kern et al., 2009; Sperry, 2009). Information from early recollections provides the therapist with the insights required to choosing complimentary treatment interventions (Kern et al., 2009). Goals and purposes are identified, and changing direction is accomplished through re-education and reorientation (Bitter & Nicoll, 2000). Foundational to the change process is flexibility, encouragement and empowerment (Bitter & Nicoll, 2000; Mosak & Maniacci, 2011).

Counsellor-client Relationship. The nature of the therapeutic relationship in AP is one of collaboration (Sperry, 2003; Watts, 2000). The relationship is built upon cooperation, mutual respect, trust, optimism, and alignment of goals (Mosak & Maniacci, 2011; Watts, 2000). The relationship is the catalyst and support for re-education and change. Therapists are authentic in

their sharing and caring for individuals, and provide modelling of social interest and encouragement (Mosak & Maniacci, 2011; Watts, 2000).   Research has confirmed that the quality of the therapeutic relationship is one of the primary influences in therapy compliance and success (Bitter, 2007; Kern et al., 2009). Adlerian practitioners focus on the therapeutic alliance with their emphasis of respect, trust, cooperation, and the importance of the collaborative approach, through the early assessment of lifestyle, family constellation, early recollections, and the social context (Kern et al., 2009). Given the importance AP assigns to the therapeutic relationship, it has great potential for contemporary practice. In my experience working with children who are discouraged, I have found that they often expect the adults in their world to focus on their problems, and do not feel a connection to many people in their lives. I have seen the success when the adult communicates a basic belief in them in the present as well as their potential in the future. Establishing the therapeutic alliance and fostering a good relationship with these discouraged children is often the first and most important aspect in their treatment.

Roles of the Client(s) and the Counsellor. Quality of contact in therapy is a conscious focus for the therapist (Bitter, 2007). Caring, interest, warmth, compassion, support, and encouragement all flow from the quality of contact, and helps clients make good contact with self, others, and the environment (Bitter, 2007). The counsellor has essential skills of listening, reading between the lines, and the ability to ask pertinent questions (Bitter, 2007). The counsellor facilitates the therapy by active listening, clarification, communicating empathy, and considers implications and purposes of symptoms to use educated intuition to make hypothesis and guide further questioning (Bitter, 2007). An Adlerian counsellor is an active explorer, a partner and encourager, and a teacher (Kottman, 2001). The counsellor uses an objective interview to make use of the lifestyle assessment (family constellation, life tasks, early

recollections) to guide intervention choices (Bitter, 2007). AP requires therapists to be

constantly creative to meet each client's uniqueness, to guide gently with constant

encouragement (Stein, 2008). The therapist exposes the client's private logic ('*as if*'

perceptions) for personal insight that prompt a change in cognitive processes and provides

opportunities for new ways of problem solving and behaviour change (Stoltz & Kern, 2007;

Weber, 2003). Encouragement is conveyed when the counsellor demonstrates their belief in the

child's abilities, and results in motivation to engage in therapy (Corsini, 2007). Counsellors

emphasize assets, efforts, and improvements to enhance self-efficacy and reduce discouragement

(Kottman, 2001). Another consideration for counsellors when working with children is their

level of psychological and cognitive development (Sperry, 2009; Suprina & Chang, 2005).

Interventions will need to be consistent with the client's capacities.

Individuals share their symptoms, personal concerns, note their feelings and experiences,

and provide their history (Bitter, 2007). Practicing new behaviours and acting upon the insights

is part of the re-education process (Weber, 2003). Clients need to take risks, trust in the

therapeutic process, build self-awareness, make choices and take responsibility, and engage in

therapy activities and 'homework'. In working with children I believe therapy honours the

learning process and slowly guides children to more independence. Children are active agents in

the therapy process, and work collaboratively with the counsellor. Contributions can be

modified to address developmental and cognitive levels.

Counselling Session. AP can be practiced with individuals, groups, couples, and

families; and can involve direct counselling, teaching, consultation, and prevention interventions.

Sessions are formed with a time limitation, a specific focus, focus and direction, solutions, and

an assignment of behavioural tasks (Bitter & Nicoll, 2000). Counselling sessions in school vary

from individual meetings, small group, to teaching in classrooms that is flexible (time, length, duration, frequency) and depends upon children's and teachers needs within the school community. Focused work in a session may provide therapeutic advantages on outcomes and motivation (Bitter & Nicoll, 2000). Each session is guided by a holistic understanding of the individual and their goals. The counsellor pays attention to the flow of the therapy, and evaluates how the client uses resources and expands their choices and creates new possibilities (Bitter & Nicoll, 2000). When change is facilitated and clients reach their therapeutic goals is when therapy is terminated, therefore the number of sessions is flexible (Bitter & Nicoll, 2000). An Adlerian counsellor maintains a therapeutic relationship in that it is always available for reconnection (Bitter & Nicoll, 2000). Life involves many changes, and at therapy may be required at different life transitions (Bitter & Nicoll, 2000). When working with children I see this as crucial to their ongoing growth and development. The school counsellor is available for children at various stages and has the potential to be the one person that follows a child from grade to grade, teacher to teacher, and can be a consistent presence of support.

Emphasis on Past-Present-Future. AP therapy and treatment goals are based on a philosophy of life; a holistic vision of congruence in the direction of life, and the interconnectedness of our past, present and future (Stein, 2008). The Adlerian construct of creative power allows individuals to combine their past and present in order to envision the future goals and organize their lifestyle influence (Stein, 2008). AP is a process that can change the direction of people's lives and frees them to live creatively and become their best selves (Stein, 2008). I believe that showing children their options and giving them choice, allows them to learn problem-solving, and to engage in a future vision. Children need to believe in their possibilities, and have the skills to achieve their goals. School counsellor can help children

process their past in how it affects their present, and then support them in defining new goals and supporting them in the process of movement and change.

Change Process. Adlerians consider encouragement a crucial aspect of change, growth and development (Watts, 2000). In every step of the counselling process what is most important is providing encouragement so that individuals can see their faith in themselves restored and the possibility of better functioning (Watts, 2000). As counsellors we must then demonstrate encouragement through active listening, empathy, communicating respect, focusing on strengths and resources, help clients generate alternatives for discouraging beliefs, and focus on efforts and progress (Watts, 2000). Entrenched lifestyles make change difficult and scary, and people will often choose to stay with what they know even if it is problematic, rather than risking something new and unfamiliar (Bitter, 2007). Experience and practice with new possibilities in therapy will provide a safe environment and encouragement to create new convictions and attempt new options and integrate them into an individual's life (Bitter, 2007). Change in therapy is a developmental process of self-understanding via interpretations and actions in social environments (Stoltz & Kern, 2007). Involvement, encouragement, improvement, and accomplishment in therapy can lead to a change to more constructive goals (Lemire, 2007).

Interventions. One of the distinguishing features of AP is the utilization of a wide array of treatment techniques and tactics (Sperry, 2003). AP therapists are innovative, flexible, and technically eclectic and use a wide variety of cognitive, behavioural, and experiential techniques within an encouragement process to achieve goals of counselling (Stoltz & Kern, 2007; Watts, 2000). The unique needs of the individual guide treatment decisions (Watts, 2000). Techniques Adlerians use include: birth-order analysis, acting 'as if', magic wand, 'the question', early recollections, task-setting, push-button technique, 'spitting in the soup', dream analysis, catching

oneself, creating images, the 'aha' experience, psychoeducation, and prescribing the symptom (Kottman, 2001; Mosak & Maniacci, 2011; Watts, 2000). A comprehensive review of the multiple techniques is not within the scope of this discussion given the technically eclectic nature of AP. However, I believe that early recollections, lifestyle assessment, and school based interventions are the key elements in therapy with children.

The Question is a means of differentiating a person's problem, and the assessment of life tasks make it possible to gather the individual's perspectives on personal development, gender, culture, and meaningful activities (Bitter, 2007). Early recollections offer an effective means for researching the inner world of the child in the process of therapy (Tobin et al., 2007). The early recollection technique is used to identify the direction and movement in life and goals, and can reflect the challenges experienced early in life and the ways in which the client responds (Tobin et al., 2007). Early recollections typically contribute to assessment information, and are used in conjunction with other methods (Tobin et al., 2007). Clients are asked to recall distinct memories and are prompted to elicit sufficient detail (Tobin et al., 2007). These narrations of memories can be verbal or visual. Lifestyle themes and core convictions are revealed that provide direction for treatment. Children's recollections can be a primary source of information at a time when their recently formed lifestyles may be more open to redirection and reformation (Gilbert & Morawski, 2005). The lifestyle assessment can be modified to use in the school setting as a brief model for counsellors to use in assessing, interpreting, and goal setting with children and adolescents (Lee, 2001).

The social tradition of AP has resulted in many community outreach programs and education programs in both prevention and treatment (Guzick et al., 2004; Mosak & Maniacci, 2011). As a result, school-based counselling interventions have been greatly influenced by

Adlerian theory (Ziomek-Daigle, McMahon, & Paisley, 2008). An Adlerian approach has been

used with children and adolescents to help them understand their abilities, strengths, interests,

and values (Ziomek-Daigle et al., 2008). Adlerian counsellors see students as capable, creative,

and responsible; and approach counselling in a collaborative way to direct therapy (Ziomek-

Daigle et al., 2008). Play therapy (individual or group sessions), small group counselling,

classroom guidance, and consultation are the most popular interventions for Adlerian school

counsellors (Ziomek-Daigle et al., 2008). Results of these interventions include: the

development of more appropriate ways of interacting within their world, new skills and insights,

a place of belonging and opportunities to contribute to social contexts, and responsibility through

creativity and choice (Ziomek-Daigle et al., 2008). Adlerian art therapy has also been used to

help children and adolescents cope with feelings of inferiority and belonging (Froeschle &

Riney, 2008). Young children that have not yet developed abstract reasoning and verbal abilities

to express their thoughts, feelings, reactions, and attitudes clearly may use play or drawing to

communicate their experiences, goals, and perceptions about themselves and their world

(Kottman, 2001; Watts & Garza, 2008). Play can be a means for establishing rapport,

understanding relationships, reveal feelings, teaching social skills, exploring goals and

perceptions, learn about consequences, and gain insight about behaviour (Kottman, 2001).

Drawings may provide information on lifestyle and early recollections, and play explores the

child's lifestyle, goals of behaviour, and beliefs (Watts & Garza, 2008). Children are engaged in

acting 'as if' in the process, and practicing new attitudes and skills in both art and play therapy

(Kottman, 2001; Watts & Garza, 2008). An Adlerian model of sandtray therapy can be used in

therapy and for assessing and gathering lifestyle information (family constellation, movement

patterns, mistaken beliefs, and levels of social interest) for young children, or for those with

cognitive deficits, speech and language impairments, and other special needs (Bainum,

Schneider, & Stone, 2006). Recent explorations with children who have cognitive deficits (such

as Autism) in making Adlerian therapy more concrete has also been found to have some success

in fostering encouragement and social interest as empathy and cooperation skills (Huber &

Zivalich, 2004). I find these modifications promising in providing support and encouragement to

children with a wide variety of developmental levels and needs.

   Success. As counselling occurs in a relational context, success in the phases is based

upon the development and continuation of a strong client-counsellor relationship (Watts, 2000).

Clients have the opportunity to create perceptual alternatives or modify constructs and core

beliefs to ones that are growth-enhancing and result in the development of an individual's social

interest (Watts, 2000). Success is therefore more than a change in behaviour or symptom, but a

change in how an individual views themselves and their world (lifestyle). Therapy is successful

when individuals gain greater harmony and stability, and increased feelings of well-being

(Ferguson, 2010). In schools, we are part of the context that prepares children for their

participation in their social interest and involvement in both prevention and treatment; success

means that children can effectively address their current life tasks and move through their lives

in healthy ways.

Contextual Factors

   Diverse Backgrounds. An Adlerian approach is promising for addressing multicultural

factors, as much emphasis is placed upon the interpersonal transactions and collaboration of

individuals and the therapists (Mosak & Maniacci, 2011). Adlerians historically addressed social

inequalities and emphasized the social embeddedness of humans, and demonstrated respect for

gender, minority groups, and cultural diversity (Ferguson, 2010; Watts, 2000). The nature of the

counselling process allows for a full investigation into multiple aspects of an individual's lifestyle; their logic, goals, perceptions, family context, social context, and cultural factors (Mosak & Maniacci, 2011). The lifestyle assessment provides cultural instruction, and acts as bridge between cultures (Mosak & Maniacci, 2011). The AP focus on understanding individuals from their unique perspective also fits well with diverse school populations (Ziomek-Daigle et al., 2008).

Prevention. The education system is charged with preparing children and adolescents for acting responsibly and makes contributions that reflect their level of social interest (Oberst, 2009). Primary prevention is the comprehensive intervention designed for the entire class or school population (Dinkmeyer & Dinkmeyer, 1984). One of the founding contributors to the psychoeducational approach to child guidance, classroom counselling, and counselling families was Rudolf Dreikurs (Oberst, 2007). An Adlerian approach coined 'democratic education' to counselling and intervention, is a general educational style that can be taught to parents and educators to prepare them for preventing behaviour problems and facilitating a better education in general (Ferguson, 2010; Oberst, 2009). The classroom is a natural social environment that provides a place of belonging and where social interest can be experienced and practiced (Guzick et al., 2004; Oberst, 2009). Using Adlerian perspectives in education and teaching prosocial behaviour from a system-wide perspective would be one way of preparing children for their involvement in communities and in promoting their psychological health (Oberst, 2009). Several authors have developed programs for parent and teacher training on Adlerian theory such as the Systematic Training for Effective Parenting (STEP) and Systematic Training for Effective Teaching (STET) by Dinkmeyer, McKay, and Dinkmeyer (1997, 2000). As a parent and an educator in special education I have used both these programs with success, and it has provided

me with a valid framework when working with children with behavioural and emotional

difficulties. Socialization curriculums can correct faulty/inadequate learning, and general

classroom strategies can be adopted that foster social growth (such as class meetings) (Corsini,

2007). The school also has the potential to correct mistaken lifestyles learned within

dysfunctional family systems through encouragement and promotion of social interest (Suprina

& Chang, 2005). Children can become empowered through these school experiences. In

addition, recent approaches in bullying prevention, conflict resolution, mediation, peer tutoring

or mentoring that utilize an Adlerian perspective have promise as effective programs for helping

children (Guzick et al., 2004; Oberst, 2009). Prevention programs using Adlerian based attitudes

and techniques include the core concepts of encouragement, natural and logical consequences,

goals of behaviour, and techniques to address specific situations (Oberst, 2009). I believe this

preparation and education in a supportive environment has to the potential to prevent problems in

relationships, lifestyle, social interest, and in mental health issues especially when implemented

on a system-wide basis that capitalizes on collaboration. Furthermore, when support is provided

during the whole childhood and adolescence, social responsibility is a both goal and a means, of

learning by doing in children's growth and development (Oberst, 2009). A school counsellor

with an Adlerian perspective can advocate and implement system changes to foster a climate of

encouragement, striving for significance, belonging, community, holistic thinking, and

appreciation for diversity within the school (Dollarhide & Gibson, 2008; Ziomek-Daigle et al.,

2008).

      Consultation. Adlerians believe that education is the preferred mode of treatment best

suited for teachers, parents, and counsellors to address the problems and developmental issues of

children and adolescents (Carlson, Dinkmeyer, & Johnson, 2008; Dinkmeyer & Dinkmeyer,

1984; Dinkmeyer, White, & Bosley, 2000). Consultation is not a referral process; rather it is an enabling process where useful and practical ideas and skills are learned to facilitate relationships with children (Carlson et al., 2008). It is rather like professional development (education) in an Adlerian perspective. School counsellors are in the unique role of being both counsellors and educators (Ziomek-Daigle et al., 2008). As such, school counsellors are in a position of being able to affect academic success and personal-social development (Ziomek-Daigle et al., 2008).

The facilitation of parent groups, teacher groups, and leading workshops in AP are an integral element of consultation. Parent training often includes the psychology of encouragement, goals of behaviour, effective discipline (natural and logical consequences), decision making, and strategies to foster family connectedness (Corsini, 2007; McVittie & Best, 2009). Parenting classes have been found to be an effective method of supporting change in parent behaviour (McVittie & Best, 2009). Teachers often require a type of professional assistance to help them function more effectively with children who are having problems (Brigman & Webb, 2008; Dinkmeyer & Dinkmeyer, 1976). School counsellors and school psychologists are in a position to consult with teachers to assist them with practical problems in the classroom. Adlerian consultation involves sharing information and ideas, and collaborating in the process of understanding a problem and developing solutions that fit with Adlerian constructs. Teacher beliefs and transactions with children can be modified as they build their competencies (Dinkmeyer & Dinkmeyer, 1976). The consultant's role is to look at the child, peers, parents, and teachers to gain a holistic understanding of the situation. AP makes specific contributions to consultation through focusing on dynamics and psychological movement rather than labels, a concern for the pattern of behaviour (lifestyle), a recognition that misbehaviour and a failure to function convey children's needs and compensations, an awareness that the

consequences of the behaviour point to its purpose, and an analysis of the relationship and

interactions between the teacher/parent and the child (Dinkmeyer & Dinkmeyer, 1976).

Consultation is goal-directed, emphasizes strengths and capability of change, fosters a holistic

understanding, and is effective when it is comprehensive and collaborative (Carlson et al., 2008).

Consultation involves collecting background information, clarifying goals of behaviour,

generating solutions and an intervention plan, and providing education and encouragement, and

follow-up (Brigman & Webb, 2008; Carlson et al., 2008). I believe that effective consultation

has the potential to reach more children and impact greater change at a system level.

Reflection

Weaknesses of Theory

AP is a subjective, phenomenological approach, which historically has been long on

theory and short on data (Dowd, 2003). The theoretical richness of AP provides directions for

practitioners and explanations for why interventions might not work; however, some of the

concepts may need updating to convince current practitioners of its current relevance (Dowd,

2003). The dominant clinical practice today is Cognitive Behavioural Therapy (CBT), which has

a rich empirical background and basis upon which treatment intervention decisions and choices

are made by professionals (Dowd, 2003; Sperry, 2003). Psychological validity in a current

climate of empirically supported treatment movement leaves AP at a disadvantage in practice.

Little research has been conducted in AP, although this is showing recent interest and

improvement (Mosak & Maniacci, 2011). In the current climate of viewing pathology through a

medical model and frequent diagnosing and labelling of individuals, AP may not be viewed as

relevant in treatment. Dysfunction and interventions designed to overcome pathology in a brief

time period is the current focus (Bitter, 2007). Therefore, an Adlerian perspective that focuses

on strengths, changes in perception, and striving for competence may be overlooked in treatment

choice. There exists a challenge of AP to become more mainstream and provide more research

to address the current standards of treatment (Sperry, 2003), and focus on evidence based

practice.

Educational opportunities for school and counselling practitioners in AP applied to parent

and teacher education is needed to maintain the preventative work over time (Nystul, 2005). I

feel that there appears to be a loss of recognition in the contributions of Adlerian theory in the

field, and indirect connections throughout the training process. I only became aware of the

strong Adlerian influence in my own training and experience in education during the course of

this class. Perhaps a 'stronger presence' in training programs and in research efforts system-

wide adoption of Adlerian principles in preventative education would be possible.

Personal and Professional Context

As the education system is an integral part of children's social context and how they

come to form their lifestyle and social interest, I feel it is the best environment to provide both

prevention and treatment programs. AP has always included a social dimension to the human

experience (Dowd, 2003). It is this element that creates the potential connection between the

education system and psychotherapy. School experiences have an important role in helping

children reach their potential as humans, and in the development of social interest (Guzick et al.,

2004). AP assumptions have greatly influenced the work of school counsellors and have made

prominent contributions to articulated approaches to parenting and education (Sperry, 2003;

Ziomek-Daigle et al., 2008). I am drawn to AP based upon my training and experience in

working with children in the education system. It matches my views on the importance of

relationships, the potential for change, viewing children holistically in their broader social

context, how children form their lifestyle, and ways to promote change that focus on collaboration, encouragement, and self-determination. I have had success using Adlerian resources in my teaching and consulting, and can see how this perspective will continue to help me when I am in the role of school psychologist in how I conduct holistic assessments, make treatment/intervention choices, provide direct support to children and their families, and consult and support other professionals.

Conclusion

The process of investigation and research into AP has led me to the conclusion that I hold an Adlerian perspective. Although I am familiar with Cognitive-Behaviour Therapy and have used other techniques in my practice, the 'eyes' I use to frame my beliefs and interactions are Adlerian. Philosophical assumptions in Adlerian theory continue to guide the way in which I understand children and inform my intervention choice. The Adlerian perspective includes a belief system focused on strengths and capacities (rather than deficits) and an emphasis for establishing a strong therapeutic relationship that encourages children (Watts & Garza, 2008; Ziomek-Daigle et al., 2008). I believe in the innate potential of every child. Contemporary practice of Adlerian therapy focuses on a cooperative, psychoeducational, present/future oriented, and a brief or time-limited approach (Mosak & Maniacci, 2011; Watts, 2003). This theory appeals to me in that it highlights a positive viewpoint of human nature, and considers both the social context and a holistic stance in regards to the understanding and counselling of individuals (Mosak & Maniacci, 2011). The core concepts of AP are a sound, strong foundation for a framework in which I can use in my future practice; how I will integrate new ideas, collaborate, and provide support and encouragement to children, their families, and professionals.

References

Allen, T. W. (2000). An adlerian renaissance in education? *The Journal of Individual Psychology, 56*(1), 115-119. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=5b60415a-983a-4f19-944f-b4582a9e86b1%40sessionmgr4

Bainum, C. R., Schneider, M. F., & Stone, M. H. (2006). An adlerian model for sandtray therapy. *The Journal of Individual Psychology, 62*(1), 36-46. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=5bb050fb-3a37-4434-9c08-bce53816017a%40sessionmgr11

Bitter, J. R. (2007). Am I an adlerian? *The Journal of Individual Psychology, 63*(1), 3-31. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=95b06ce4-44b7-4325-a11a-fb13879ce4eb%40sessionmgr10

Bitter, J. R., & Nicoll, W. G. (2000). Adlerian brief therapy with individuals: Process and practice. *The Journal of Individual Psychology, 56*(1), 31-44. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=8b395117-cf80-4254-912d-d12aae042287%40sessionmgr10

Brigman, G., & Webb, L. (2008). An individual psychology approach to school counselor consultation. *The Journal of Individual Psychology, 64*(4), 506-515. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=54b8be15-ce90-4445-99c5-e448c6d53b96%40sessionmgr14

Carlson, J., Dinkmeyer, D. Jr., & Johnson, E. J. (2008). Adlerian teacher consultation: Change teachers, change students. *The Journal of Individual Psychology, 64*(4), 480-493.

Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=64051df5-d7f0-4774-9e37-74321233e483%40sessionmgr4

Corsini, R. (2007). Corsini's individual education: A democratic model. *Group Dynamics: Theory, Research, and Practice, 11*(4), 247-252. doi:10.1037/1089-2699.11.4.247

Dinkmeyer, D., & Dinkmeyer, D. Jr. (1976). Contributions of adlerian psychology to school consulting. *Psychology in the Schools, 13*(1), 32-38. Retrieved from: http://onlinelibrary.wiley.com.ezproxy.lib.ucalgary.ca/doi/10.1002/1520-6807(197601)13:1%3C32::AID-PITS2310130110%3E3.0.CO;2-J/pdf

Dinkmeyer, D., & Dinkmeyer, D. Jr. (1984). School counselors as consultants in primary prevention programs. *The Personnel and Guidance Journal, 62*(8), 464-466. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=a511fa60-1a3f-4a81-ad7f-318d31da6c32%40sessionmgr14

Dinkmeyer, D., McKay, G., & Dinkmeyer, D., Jr. (1997). *Systematic Training for Effective Parenting.* Circle Pines, MN: American Guidance Services Publishing.

Dinkmeyer, D., McKay, G., & Dinkmeyer, D., Jr. (2000). *Systematic Training for Effective Teaching (STET): Teacher's handbook.* Coral Springs, FL: CMTI Press.

Dollarhide, C. T., & Gibson, D. M. (2008). Individual psychology in school counselor leadership: Implications for practice. *The Journal of Individual Psychology, 64*(4), 468-479. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=c417ebbc-7ade-4780-88f1-3a005834893e%40sessionmgr4

Dowd, E. T. (2003). Adlerian, cognitive-behavioral, and constructivist psychotherapies:

    Commonalities, differences, and integration. In Watts, R. E. (Ed), *Adlerian, cognitive,*

    and constructivist therapies: An integrative dialogue (pp.91-106). New York, NY:

    Springer Publishing Company, Inc.

Dreikurs, R. (1991). An introduction to individual psychology. *Individual Psychology: Journal*

    of Adlerian Theory, Research, & Practice, 47(1), 4-9. Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =10&sid=030da476-1175-4910-85b0-620548c8cf72%40sessionmgr12

Ferguson, E. D. (2010). Adler's innovative contributions regarding the need to belong. *The*

    Journal of Individual Psychology, 66(1), 2-7. Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =10&sid=9c5925cb-a467-498a-82bc-cddd1ae4f7cf%40sessionmgr11

Freeman, A., & Urschel, J. (2003). Adlerian psychology and cognitive-behavioral therapy: A

    cognitive therapy perspective. In Watts, R. E. (Ed), *Adlerian, cognitive, and*

    constructivist therapies: An integrative dialogue (pp.71-90). New York, NY: Springer

    Publishing Company, Inc.

Froeschle, J. G., & Riney, M. (2008). Using adlerian art therapy to prevent social aggression

    among middle school students. *The Journal of Individual Psychology, 64*(4), 416-431.

    Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =10&sid=612be3b1-1fa5-4ec8-b7d1-931c62475edf%40sessionmgr12

Gilbert, J. N., & Morawski, C. (2005). Stress coping for elementary school children: A case for

    including lifestyle. *The Journal of Individual Psychology, 61*(4), 314-328. Retrieved

from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid
=10&sid=6b603575-b0e2-4ec2-8194-f8ea4eb5f56d%40sessionmgr10

Guzick, D. T., Dorman, W. J., Groff, T. S., Altermatt, E. R., & Forsyth, G. A. (2004). Fostering

social interest in schools for long-term and short-term outcomes. *The Journal of

Individual Psychology, 60*(4), 362-378. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid
=10&sid=a174ed9e-6c93-4936-bc1b-0d571ba629be%40sessionmgr14

Huber, R. J., & Zivalich, D. M. (2004). Lovaa's behavioral treatment of autism viewed from an

adlerian perspective. *The Journal of Individual Psychology, 60*(4), 348-354. Retrieved

from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid
=10&sid=0a40360a-1e72-4361-81ea-d9b3aad661e4%40sessionmgr4

Kern, R. M., Stoltz, K. B., Gottlieb-Low, H. B., & Frost, L. S. (2009). The therapeutic alliance

and early recollections. *The Journal of Individual Psychology, 65*(2), 111-122. Retrieved

from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid
=10&sid=f758d41c-dc2e-4e06-a394-3d9ced03d0c7%40sessionmgr10

King, R. A., & Shelley, C. A. (2008). Community feeling and social interest: Adlerian paralles,

synergy and differences with the field of community psychology. *Journal of Community

and Applied Social Psychology, 18,* 96-107. doi:10.1002/casp.962

Lee, R. S. (2001). A modified life style assessment and its use in the school setting. *The Journal

of Individual Psychology, 57*(3), 298-309.

Lemire, D. (2007). Positive psychology and the constructive goals of human behavior. *The*

    Journal of Individual Psychology, 63(1), 59-66. Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =10&sid=ccd9928c-dd84-4f6f-a8d8-df68443c6d71%40sessionmgr11

Kottman, T. (2001). Adlerian play therapy. *International Journal of Play Therapy, 10*(2), 1-12.

    Retrieved from: http://ovidsp.tx.ovid.com.ezproxy.lib.ucalgary.ca/sp-

    3.2.4a/ovidweb.cgi?WebLinkFrameset=1&S=ECCAFPIDGFDDNPBBNCCLHHFBMN

    GNAA00&returnUrl=http%3a%2f%2fovidsp.tx.ovid.com%2fsp-

    3.2.4a%2fovidweb.cgi%3f%26Titles%3dS.sh.60%257c3%257c50%26FORMAT%3dtitle

    %26FIELDS%3dTITLES%26S%3dECCAFPIDGFDDNPBBNCCLHHFBMNGNAA00

    &directlink=http%3a%2f%2fgraphics.tx.ovid.com%2fovftpdfs%2fFPDDNCFBHHBBG

    F00%2ffs046%2fovft%2flive%2fgv023%2f00063904%2f00063904-200101020-

    00002.pdf&filename=ADLERIAN+PLAY+THERAPY.&navigation_links=NavLinks.S.s

    h.60.3&link_from=S.sh.60%7c3&pdf_key=B&pdf_index=S.sh.60

Mosak, H., & Maniacci, M. (2011). Adlerian psychotherapy. In Corsini, R. J., & Wedding, d.

    (Eds), *Current psychotherapies* (9th ed.), (pp.67-112). Belmont, CA: Brooks/Cole,

    Cengage Learning.

McVittie, J., & Best, A. M. (2009). The impact of adlerian-based parenting classes on self-

    reported parental behavior. *The Journal of Individual Psychology, 65*(3), 264-285.

Nystul, M. S. (2005). An adlerian view from Canada: An interview with Edna Nash. *The Journal*

    of Individual Psychology, 61(1), 14-24. Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =10&sid=c90b18b6-8c47-4278-9dc0-adeebe057a10%40sessionmgr15

Oberst, U. (2009). Educating for social responsibility. *The Journal of Individual Psycholgy,*

    65(4), 397-411. Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =10&sid=2fc05eb2-4c45-462e-878e-492e0c925f83%40sessionmgr14

Shiffron, R. (2010). Adler's need to belong as the key for mental health. *The Journal of*

    Individual Psychology, 66(1), 11-29. Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =10&sid=9f59025e-1231-4c22-9d71-539903bd77b3%40sessionmgr4

Sperry, L. (2009). Selecting psychotherapeutic interventions: Enhancing outcomes in adlerian

    psychotherapy. *The Journal of Individual Psychology, 65*(3), 286-297. Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =10&sid=58eaeb0a-4dc6-4133-8331-c2fe5c80fa12%40sessionmgr12

Sperry, L. (2003). Commonalities between adlerian psychotherapy and cognitive therapies: An

    adlerian perspective. In Watts, R. E. (Ed), *Adlerian, cognitive, and constructivist*

    therapies: An integrative dialogue (pp.59-70). New York, NY: Springer Publishing

    Company, Inc.

Stein, H. T. (2008). Adler's legacy: Past, present, and future. *The Journal of Individual*

    Psychology, 64(1), 5-20. Retrieved from:

    http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid

    =110&sid=b1241178-1d1d-4fbb-9a63-cf451de3fbd1%40sessionmgr110

Stoltz, K. B., & Kern, R. M. (2007). Integrating lifestyle, the therapeutic process, and stages of

    change. *The Journal of Individual Psychology, 63*(1), 32-47. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid
=10&sid=d76a0e1d-a766-4537-9a6c-100f94092828%40sessionmgr14

Suprina, J. S., & Chang, C. Y. (2005). Child abuse, society, and individual psychology: What's

power got to do with it? *The Journal of Individual Psychology, 61*(3), 250-268. Retrieved

from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid
=10&sid=617211ac-848b-4a7e-a3a0-82c76a9fa954%40sessionmgr12

Tobin, D., Wardi-Zonna, K., & Yezzi-Shareef, A. (2007). Early recollections of children and

adolescents diagnosed with reactive attachment disorder. *The Journal of Individual

Psychology, 63*(1), 86-95. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid
=10&sid=d0a99e9e-b355-4f29-b5ee-8d15d0191a43%40sessionmgr13

Watts, R. E. (2000). Adlerian Counseling: A viable approach for contemporary practice. *TCA

Journal, 28*(1), 11-23.

Watts, R. E. (2003). An introduction to the dialogue. In Watts, R. E. (Ed), *Adlerian, cognitive,

and constructivist therapies: An integrative dialogue* (pp.1-6). New York, NY: Springer

Publishing Company, Inc.

Watts, R. E., & Garza, Y. (2008). Using children's drawings to facilitate the acting "as if"

technique. *The Journal of Individual Psychology, 64*(1), 113-118. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid
=10&sid=838f9836-831b-4b7e-b546-646ebb92a594%40sessionmgr11

Weber, D. A. (2003). A comparison of individual psychology and attachment theory. *The

Journal of Individual Psychology, 59*(3), 246-262. Retrieved from:

http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=398f8261-2611-4814-87a0-2b6bf5f31c04%40sessionmgr11

Ziomek-Daigle, J., McMahon, H. G., & Paisley, P. O. (2008). Adlerian-based interventions for professional school counsellors: Serving as both counsellors and educational leaders. *The Journal of Individual Psychology, 64*(4), 450-467. Retrieved from: http://web.ebscohost.com.ezproxy.lib.ucalgary.ca/ehost/pdfviewer/pdfviewer?vid=2&hid=10&sid=2bdb243b-f409-48d7-9225-5f7a04f4c9ce%40sessionmgr10