

JAN CZESŁAW CZABAŁA

The Maria Grzegorzewska University in Warsaw
Institute of Applied Psychology

PSYCHOLOGICAL COUNSELING VERSUS PSYCHOTHERAPY

Psychotherapy and psychological counseling are two distinct forms of psychological assistance. Psychotherapy is a method of treating mental health disorders and psychological counseling is a method of helping people experiencing various kinds of developmental crises – a method supporting individuals, families, and groups in development and the maintenance of mental health. The article will present the definitions and distinct aims of these methods. The stages of the psychological counseling process, the types of desirable changes, and the ways of achieving them will be described.

Keywords: psychological counseling; definitions; counseling process.

Introduction

Psychological counseling is one of the most often used forms of psychological assistance, which the Polish National Health Fund (NFZ) refers to as psychological advice. According to the 2010 Statistical Yearbook published by the Institute of Psychiatry and Neurology (Department of Health Care Organization, 2010), there were about 730,000 cases of psychological advice provided in mental health clinics, and about 150,000 people underwent psychotherapy. The proportion between these two services is similar in mental health clinics for children and young people and in psychological counseling centers; it is highly probable that they are also frequently offered in psychological and pedagogical counseling centers as well as in psychotherapists' private offices.

Address for correspondence: JAN CZESŁAW CZABAŁA – Institute of Applied Psychology, The Maria Grzegorzewska University in Warsaw, ul. Szczęśliwicka 40, 02-353 Warszawa; e-mail: czeslaw.czabala@gmail.com

Psychotherapy is also the method of psychological help that is applied in health care facilities and in psychotherapists' private practice. It is difficult to estimate the number of people in psychotherapy and describe what is the psychotherapy offered at those various facilities actually is. Until recently, the Polish National Health Fund contracted certified psychotherapists of the Polish Psychiatric and Psychological Associations to conduct psychotherapy at health care institutions. For several years, psychotherapy at health care institutions has been refunded by the National Health Fund provided that it is conducted by a "certified" psychotherapist of any of the several dozen of psychotherapeutic associations. Due to the diversity of associations and methods of psychotherapy applied by psychotherapists, it has been difficult for many years to reach agreement about the text of the draft law on the profession of psychotherapist that the Polish Council for Psychotherapy has been working on. The debates concern the definition of psychotherapy conducted by "professional" psychotherapists. The Boards of the Scientific Psychotherapy Section and the Family Therapy Section of the Polish Psychiatric Association have recently formulated a statement on this issue. They propose to distinguish between "clinical psychotherapy" and "development-oriented psychotherapy" (*Statement*, unpublished text, 2014). I understand this to be a reaction to the term "psychotherapy" being used with reference to all interventions aimed at helping people experiencing psychological discomfort or seeking to improve their psychological characteristics.

In the literature, there is much ambiguity in distinguishing between psychotherapy and counseling. Numerous publications devoted to psychotherapy have counseling in their titles too (cf. Corey, 2005; James & Gilliland, 2003), but what is described in a majority of such publications is the theory and practice of helping people with mental disorders. Some scholars – for instance James and Gilliland (2003) – present a separate chapter in which they describe a model of counseling aimed at supporting personal development. They still call their proposal "eclectic counseling and psychotherapy" (James & Gilliland, 2003, p. 369) and stress that the beneficiary of this kind of assistance is a person who feels psychological discomfort while experiencing changes of values and life goals inherent in different developmental stages. This means the aim of the assistance is to focus on solving the person's current problems. In the Polish literature, an example of such a combination of psychological counseling and psychotherapy is the approach proposed by Okła (2013), who uses the term "therapeutic counseling" (*poradnictwo terapeutyczne*) and defines its aim as "making the person in need of assistance capable of solving the current problem and of focusing on personal development" (p. 58).

There is thus a need on both the conceptual and the practical levels to distinguish psychotherapy from psychological counseling. What is important to the quality professional psychological help is that assistance should be provided in an informed and intentional way. This makes it necessary to look for the theoretical basis for and practical proposals of methods such as psychological counseling. In the present article, I present the differences between these two forms of assistance that stem from their definitions, their application, the kinds of changes expected, and the ways of achieving those changes.

Definitions of counseling and psychotherapy

Helena Sęk (2001, p. 182) defines counseling as “a form of assistance offered to healthy people experiencing life problems, adjustment difficulties, and developmental crises.” The American Counseling Association describes counseling as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (<http://www.counseling.org/aca-community/learn-about-counseling>). There are various definitions of psychotherapy. To start with, there is the one by proposed by Aleksandrowicz:

Psychotherapy is a form of psychosocial intervention whose aim is to remedy experiential and behavioral disorders and which is supposed to eliminate the symptoms and causes of disease, including the personality traits causing experiential disorders. These interventions, influencing the operational condition of body organs, experience, and behavior by effecting a change in the patient’s mental processes, are performed as part of an interpersonal relationship between two people or in a group (translated from: Aleksandrowicz, 2000, pp. 11-12).

Norcross (1990, p. 218) gives the following definition:

Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable.

Psychotherapy is a method of treating people who have been diagnosed with mental disorders. In explaining the emergence of mental disorders, all theories of psychotherapy refer to the pathogenic phenomena that occurred in the person experiencing these disorders. What is stressed in the psychoanalytic and psychodynamic approaches is the pathogenic influence of early childhood emotional traumas in relationships with significant others as well as the importance of de-

fense mechanisms developed in coping with these traumas and influencing the subsequent ways of experiencing, perceiving, and behaving. In the cognitive-behavioral approach, the causes of mental disorders are believed to lie in wrong acquired beliefs, cognitive schemata, and behaviors, which also develop in situations of negative life experiences. Humanistic psychotherapists assume that mental disorders are an effect of the inhibition of the natural self-development tendency by abandoning activities based on personal experience – that is, on what the person believes to be good for them. Finally, in family therapy the causes of mental disorders are sought in the family system, especially in the structure and patterns of relations and communication in the family (cf. Prochaska & Norcross, 2006; Czabała, 2013). In all psychotherapeutic approaches the aim is to “repair” the pathomechanism that has developed as a result of negative life experiences.

Psychological counseling consists in helping healthy people experiencing psychological discomfort connected with difficulties in the realization of age-specific or role-specific developmental tasks. Role-related requirements and tasks may be associated to a smaller or greater extent with the individual’s needs and expectations. Counseling is based on the assumptions of the theory of psychological development and the theory of personality, describing the patterns of human functioning (Brzezińska, Appelt, & Ziółkowska, 2008). It draws on the conception of positive mental health, which defines health not so much in the context of absence of disorders as in the context of the person’s strong points, such as: maturity, a predominance of positive emotions, subjective well-being, or psychological resilience (cf. Vaillant, 2012). Mental health is a result of the realization of one’s capabilities, determined by one’s needs, desires, and expectations. It is determined by the individual’s resources making it possible to cope with stressful life events. At the same time, mental health helps in the realization of these needs and in the performance of life tasks. The experience of various kinds of symptoms of mental health disturbances does not always mean the occurrence of a mental disorder described in ICD-10 (1997). Most people cope with the symptoms and suffering without professional assistance, relying on their personal and social resources. Some do require professional help – and it is them who need psychological counseling that facilitates the use of such resources.

General aims and guidelines

Psychological counseling is assistance for people experiencing crises in the realization of their life tasks. It is professional assistance for healthy people who

either cannot cope with their life tasks and with satisfying their needs or need help in improving their skills in order to fulfill their needs and developmental tasks. The main aim of counseling is to activate (mobilize) the resources (strong points) of the person experiencing psychological distress in times of developmental breakthroughs, personal challenges, and life crises (cf. Altmaier & Hansen, 2012; Heesacker & Lichtenberg, 2012). Counseling is assistance for people experiencing psychological distress in regaining emotional balance, in regaining confidence that they can have influence on their own life and in seeking the abilities this requires, as well as in regaining the possibility of using other people's support needed for the fulfillment of personal needs and developmental tasks. The word "regaining" is particularly important here (compared to "repairing" in psychotherapy) and means enabling the person to use the previously acquired abilities to influence his or her life or, sometimes, learning new abilities that, for various reasons, could not be acquired at earlier developmental stages.

Psychotherapy is a method of treatment for people with mental disorders. The Polish Psychiatric Association (1998) formulated the principles of psychotherapy, emphasizing that it is a method chosen in the treatment of neurotic, somatoform, personality, and developmental disorders. Psychotherapy is also a component of medical interventions in other mental disorders, such as addictions, affective disorders, and psychotic disorders.

The aims, process, and stages of psychological counseling

Psychological counseling and psychotherapy differ in the kind of changes that are necessary for psychological distress to recede and in the ways of effecting these changes (i.e., in terms of process).

Counseling is a method of helping people who are experiencing a developmental crisis. A developmental crisis is a disturbance of emotional balance and occurs when in the previous period of development the person did not acquire the individual attributes characteristic for that period and/or when there are external causes that prevent the person from taking on new developmental tasks. The symptoms of crisis include the experience of increasing tension, anxiety, and confusion; there is visible subjective discomfort, and a state of imbalance appears (Roberts, 2005). Coping with such a crisis requires certain changes in the process of psychological counseling.

First of all, what the person needs is **relief from tension** resulting from the feelings experienced in connection with current difficulties; this is achieved by expressing these feelings in the psychologist's presence. The difference between releasing feelings in the process of counseling and psychotherapy lies in the contents that the feelings stem from. In people experiencing a developmental crisis, negative feelings are connected with actual current difficulties in coping with tasks specific to a particular developmental period. By contrast, people with mental disorders do not usually identify the source of their negative emotional experiences, and if they do, their identification is incorrect. The source of their feelings is not actual current difficulties but various intrapsychic "structures" (disturbances of personality structures, pathological beliefs, acquired habits, consciousness disorders, etc.). Symptoms of mental disorders stem from those intrapsychic characteristics that are usually referred to as pathomechanisms activating mental disorders. Such pathomechanisms are not present in individuals experiencing developmental crises.

Relief from the currently experienced feelings enables the next important change – namely, the **identification of the problem causing the actual current difficulties and the identification of the factors sustaining the problem** (cf. Czabała & Kluczyńska, 2015).

The types of problems, which clients are not aware of due to strong emotions or the inability to understand the causes of the difficulties experienced, are different in different developmental periods.

The problems of young children's parents usually stem from their strong emotional reactions to the child's developmental problems: a sense of guilt, a sense of anxiety about the child's future, and irrational beliefs regarding diseases or disabilities. A different type of such problems is connected with their own experience in the role of parents: negative feelings towards the child, blaming the child for their own failures in life, or behaviors suggesting a rejection of the child.

In the school period, the most frequent difficulties are difficulties in coping with the student's duties – so-called school difficulties. The performance of tasks connected with learning depends on the child's characteristics, abilities, and limitations. It also depends on parents' behavior. The effects of and the child's satisfaction with learning also influence the way in which parents resolve the main dilemmas of this period in the child's development: maintaining balance between the support provided and the degree of autonomy allowed, between their expectations and the child's actual abilities, between trust in the child and school and controlling them.

In the period of adolescence, the actual causes of problems are the children's inappropriate reactions to the physiological, emotional, and relationship-related changes taking place in them. Among the causes, there are also parents' reactions to these changes, not adjusted to this period of development. The actual problems include: the inability to control one's own impulsive behaviors, contradictory feelings connected with the process of transforming the dependency relationship with the parents, uncontrolled experimentation with risky behaviors, as well as many dilemmas concerning personal identity and the adolescent's evaluation of what is good or dangerous for him or her. There are also parents' problems: excessive attachment and the excessive control resulting from it, lack of trust in the child, and feelings of dissatisfaction with the necessity of changing parental behaviors.

In early adulthood, problems usually concern dilemmas connected with the choice of partner and the choice of activities important for professional development. What is frequently a problem is the fact that a person cannot choose a partner because they are unable to see those characteristics in others that they need and regard as important, and the fact that a person cannot look for ways to fulfill his or her needs in a relationship. There are also problems stemming from the lack of specific professional interests as well as difficulties in taking responsibility for one's choices and for putting them into practice consistently.

In middle adulthood, new problems emerge: clients experience them as negative feelings of sadness, disappointment, resignation, job burnout, and other "symptoms" typical of middle age. These are reactions to actual problems typical for this stage of life, such as a change in the way of performing the role of a good parent, physiological changes (menopause, andropause), a kind of overall life assessment, or middle age diseases. Problems in this period of life include: a sense of being useless after the children have become independent, a sense of "growing old" connected with physiological changes and changes in appearance, a desire to prove oneself by seeking new relationships, sometimes problems connected with divorce or being left by the spouse, a threat of professional inefficiency and loss of job, a lack of visible signs of professional development, limitations resulting from the diseases suffered, a threat to life in situations of serious illness, threats connected with parents' illness and death, or the need to care for ill parents.

Late adulthood (old age) is the time of giving up many of the activities one has engaged in. Professional activity comes to an end, and so does the related sense of job satisfaction, but this also means lower income. The number of contacts with people becomes limited, which gives rise to a sense of loneliness. It

becomes necessary to be dependent on adult children or institutional caregivers – and sometimes to receive care at an institution. Further difficulties are: a decrease in physical fitness, diminished intellectual performance, lower efficiency in doing everyday tasks, and diseases. The most frequent problems include: a sense of loneliness, difficulties in finding new interests, difficulties in relations with other people and finding a source of support, refusal to reconcile with one's limitations, a change of lifestyle, and existential problems.

Therefore, an important change in the process of psychological counseling is the identification of the problem causing the current difficulties and the identification of factors sustaining the problem. Their identification by the client and by the assistance provider is the basis for seeking ways to solve the client's problem. The seeking begins with establishing the current factors that prevent the person from coping with the situation. Such factors are individual resources – the individual characteristics of people experiencing a crisis, such as: cognitive and emotional evaluation of the current difficult events in life, the ways of coping with stress, the ways of coping with difficult situations, as well as the skills of establishing and maintaining satisfactory interpersonal relationships. Such resources or their limitations are also external factors, such as the presence of close others and supporting people in difficult situations, access to institutional forms of assistance and support, living conditions, and others. Looking for the factors hindering problem solution is a process of making the client aware of what his or her individual characteristics are, what difficulties stem from specific relations with other people, and what external conditions can make it difficult for him or her to cope with the identified problem.

The identification of factors hindering problem solution in the process of counseling – that is, broadening the person's awareness – differs significantly from that which, in the process of psychotherapy, is called **insight**. Individuals report for psychotherapy because they experience suffering that stems from the belief that what happens in their life is incomprehensible, irrational, and unchangeable. These beliefs did not emerge in connection with specific events in their life but with a majority of such events, since they significantly distort their perception of themselves and the surrounding world. Psychotherapy assumes the need for insight into unconscious feelings, fantasies, and desires, irrational beliefs, transgenerational myths and messages, and relations in the family. The internalized traumatic life experiences that led to the emergence of such feelings, desires, and beliefs distorted the process of development in these people. Obtaining an insight into the results and consequences of these traumas is a very difficult experience for the patient, since it often amounts to becoming aware that

his or her own actions in life until now have prevented or considerably hindered the realization of the true needs and the realization of the tasks determined by various developmental stages. Gaining an insight in the course of psychotherapy and the change of behaviors resulting from that insight is, in some way, beginning one's life anew, reconciling with what has been lost and seeking new meanings to describe oneself and the surrounding world – this time ones that are based on reality and self-awareness.

In the process of counseling, the personality characteristics of people experiencing crisis reactions are not disturbed. These people are aware of their needs and of what is expected of them in the fulfillment of developmental tasks, and they are capable of realizing these tasks in harmony with their needs. They feel they can influence their life; moreover, what is particularly important, they are aware of their abilities and limitations and of the development of their abilities as well as of the ways to minimize their own limitations. The difficulties they experience at a given moment stem from the changes taking place in a given stage of their life, when new life tasks or extraordinary difficulties appear that require new ways of coping. These new tasks can evoke anxiety and a sense of confusion because the people who encounter them lack proper abilities or because the tension connected with the emergence of new tasks makes it more difficult to use the abilities already possessed. The identification of the factors hindering problem solution is relatively easy and amounts to learning the relationships between new developmental tasks or difficulties in their realization and one's own reactions to these tasks, one's own abilities, and external factors. Counseling consists in supporting development, not in changing disturbed personality characteristics.

Another change needed to achieve the aims of psychological counseling and psychotherapy is **taking up new behaviors aimed at solving problems** experienced by people subjected to interventions in the course of psychological counseling and psychotherapy.

This stage of psychotherapy is called the action stage (Prochaska & Norcross, 2006; Czabała, 2013). It means looking for and trying out alternative patterns of reacting, alternative ways of thinking, and alternative behaviors. This may concern a variety of issues: solving current situations, which is impossible without resolving earlier conflicts or difficulties that continue until the present moment or without resolving conflicts that stem from one's own contradictory needs or desires. A sense of loneliness, a lack of partner or family – these cannot be resolved without overcoming the fear of rejection, without changing inadequate self-evaluation, or without changing the belief about other people's hostile

attitude. Satisfaction derived from work cannot be experienced without changing the low self-esteem or the belief that one is taken advantage of by superiors and workmates. “Action” in psychotherapy is, above all, changing one’s ways of reacting to and solving internal conflicts, since it was them that caused the ineffective behavior previously. The main focus of psychotherapeutic work at this stage is the analysis of the patient’s needs, the fear of his or her own desires, or other doubts concerning the possibility of fulfilling them. The aim of the work is also to make self-esteem and the evaluation of the environment more realistic. This allows the person to “break free” from themselves and the environment (Prochaska & Norcross, 2006), to perceive themselves, their needs, and their abilities more accurately, and to achieve a more accurate perception of situations, other people’s intentions, and the external factors behind life events. As a result, the person formulates a hierarchy of their needs, estimates the possibility of fulfilling them, and looks for ways to accomplish that fulfillment. The patient begins to understand the consequences of his or her behavior and regains influence over what happens in his or her life. For example, the patient may face the following choice: to repair the current marriage, to look for a different partner, or to live without a partner. All three options may seem difficult to put into practice. The changes that took place in the previous stages of psychotherapy – such as liberation from strong feelings by finding an outlet for them, or new knowledge about the sources of inaccurate beliefs and inappropriate behaviors – result in new self-knowledge; for example, they make it possible to evaluate the causes of an unsuccessful marriage more accurately. They make it possible to judge whether the current factors behind the unsuccessful marriage can be removed and whether or not this is consistent with the patient’s needs and with the tasks that he or she should perform as a husband or wife, father or mother. Taking action begins to have its justification in “reality” – not, as previously, in fantasies, inadequate emotions, or pathological beliefs.

In psychological counseling, this stage is referred to as **looking for new ways of solving the problem and developing an action plan** (Czabała & Kluczyńska, 2015). What makes it possible is the identification of the problem and the factors hindering its solution. The problem of developmental difficulties in a child can be solved only when the parents free themselves from the sense of guilt, helplessness, stigma and related beliefs, use appropriate methods of supporting the child’s development, and change their relations with the child to such that will give them satisfaction from being a parent experiencing love and closeness in contacts with the child. The problem of an adolescent child’s risky behaviors can be solved when the parents and the child – freed from the feelings of hostility

and helplessness as well as from the “evil child” and “evil parent” beliefs, equipped with knowledge about the adolescent child’s problems and about the threats involved in risky behaviors – agree to set clear limits between autonomy and dependence, autonomy and control. The control of risky behavior may consist in the parents’ external control gradually becoming self-control; this is possible when the adolescent learns to evaluate his or her behaviors and learns what is beneficial and what is dangerous to him or her. New ways of solving problems change depending on developmental stages and on the specificity of problems in particular individuals, families, and couples. Due to individual characteristics and the context of living, every person has to look for ways of problem solving that are specific to his or her situation.

The action stage in counseling consists in looking for new specific behaviors – both one’s own and those of other people involved in sustaining the factors that hinder problem solution. Egan (2002) proposes that actions taken in order to solve the current problem should meet the following conditions:

1. Making the assumption that every problem can be solved in several ways. When looking for them, one should always have a few (2–3). There are several ways for parents to cope with their problems with adolescent children, for example, to reach a “compromise” (on a give-and-take basis), to set the acceptable limits to parents’ and children’s behavior, to consent to the child’s participation in a risky behavior prevention program, or to consent to the child’s stay in a special rehabilitation center.

2. The analyzed ways of solving a problem have to be specific. One should discuss a specific behavior with the adolescent child, not his or her behavior in general. One ought to listen until the child has finished. One should set clear limits to a specific behavior – for example, let the child enjoy a party with friends until a certain hour, with clear consequences of failure to keep the agreement.

3. The considered ways of solving the problem have to be realistic. One cannot expect an adolescent child not to be temperamental. One cannot expect that a husband who has avoided talking about himself will immediately discuss his feelings.

4. Behavior changes must be feasible. A child who has difficulties in focusing attention or a hyperactive child is unable to change such behaviors completely, even if he or she understands and accepts the need for such changes.

5. They must have a clearly specified beginning and end. The decision to take care of one’s health means making an appointment with the doctor, taking the prescribed medicine, and having specific interventions performed.

Every possible behavior is aimed at achieving a certain effect, which should also be specific and realistic and should occur at a particular time. The effect is supposed to be, for instance, a temporary outlet for strong emotions in an adolescent child, obtaining information about one's own health condition, taking action to improve health condition, controlling one's own impulsive behaviors in specific situations (banging the door), or teaching one's husband to talk about his experience.

Following such principles, the client and the counselor prepare a plan of action, comprising a number of activities meeting the above criteria. It contains two components: the planning of specific behaviors adjusted to specific circumstances and a program of learning the abilities that the client lacks, such as listening to the child without interrupting him/her or evaluating what he/she is saying, informing the child about important family matters and listening to the child's opinion concerning these matters, informing others about one's doubts, or listening to their opinions with the assumption that they stem from the need to provide support. The lack of certain abilities in the client is often identified already in the previous stage. When planning specific programs of behavior, it is possible to predict what skills the client will need and provide him or her with opportunities to acquire those skills. It may, for example, turn out that the client is unable to listen to the therapist's words but interrupts them, comments on them, and evaluates them. This is an opportunity to practice in the relationship with the therapist.

The awareness of differences between psychotherapy and counseling points to the need for the training of professionals in the field of psychological counseling. It seems that education in this field should begin already at the undergraduate level. At any rate, postgraduate training is certainly needed. Meanwhile, even in the curriculum for clinical psychology specialization the topic of counseling is combined with psychotherapy, and the contents of counseling education concern crisis intervention, psychoeducational and preventive interventions, the organization of the therapeutic community, and self-help groups – methods of psychological assistance understood in a completely different way than psychological counseling as described above. Education in the field of psychotherapy is usually a 4-year postgraduate education process. Education in the field of psychological counseling hardly exists at all.

What is necessary for the development of counseling is the interest of the academic community. There is great need for creating and elaborating the theoretical foundations of psychological counseling, also understood more broadly than just as help for people experiencing developmental crises. Scientific exploration

of the types of life crises and the factors that determine their emergence as well as empirical verification of the methods used in coping with them are further important tasks for academic psychologists. Effective counseling is theoretical knowledge, its empirical verification, and professional training based on these.

Conclusion

Psychological counseling and psychotherapy are two different methods of helping people with different problems that have different causes. They are ways of helping people who experience different problems connected with their mental health and who need different changes and different interventions to effect those changes.

1. Psychological counseling is assistance for healthy people who experience a developmental crisis because they either cannot cope with developmental changes and with satisfying their needs or who need help in improving their skills in order to fulfill their needs and developmental tasks. Psychotherapy, by contrast, is a method of curing people suffering from mental disorders.

2. The aims of these two forms of help differ as well.. Counseling offers assistance in regaining emotional balance, in solving current developmental problems and seeking the skills necessary to accomplish that, in regaining the possibility of using other people's support, and in regaining confidence in having influence on one's own life. Psychotherapy helps people become aware of their intrapsychic characteristics that result in inappropriate ways of fulfilling their needs and, in consequence, prevent the satisfaction of those needs.

3. Psychological counseling and psychotherapy also differ in the ways of effecting the changes necessary for the client to regain the possibility of influencing his or her life. Counseling focuses on the client's current difficulties and ways of resolving them, whereas psychotherapy seeks the causes of patients' difficulties in their previous traumatic experiences, focuses on pathomechanisms, and aims at a reorganization of intrapsychic characteristics.

Psychological counseling and psychotherapy are two different methods of providing psychological assistance. The choice of one of them must be based on a reliable assessment of the kind of symptoms experienced by the person seeking assistance and on the assessment of the causes of these symptoms – assessment based on facts, not on fitting facts into psychotherapeutic schemata. That assessment must not only refer to psychopathology and the theory proposed by a particular school of psychotherapy. It also requires the knowledge of developmental psychology and personality psychology as well as familiarity with

methods of psychological assistance other than psychotherapy, including psychological counseling.

REFERENCES

- Aleksandrowicz, J. W. (2000). *Psychoterapia. Podręcznik dla studentów, lekarzy i psychologów*. Warsaw, PL: Wydawnictwo Lekarskie PZWL.
- Altmajer, E. M., & Hansen J. C. (Eds.) (2012). *The Oxford handbook of counseling psychology*. Oxford: Oxford University Press.
- Brzezińska A. I., Appelt K., & Ziółkowska B. (2008). Psychologia rozwoju człowieka. In J. Strelau & D. Doliński (Eds.), *Psychologia* (vol. 2, pp. 95-292). Gdańsk: Gdańskie Wydawnictwo Psychologiczne.
- Corey, G. (2005). *Teoria i praktyka poradnictwa i psychoterapii*. Poznań: Wydawnictwo Zysk i S-ka.
- Czabała, J. C. (2013). *Czynniki leczące w psychoterapii*. Warsaw, PL: Wydawnictwo Naukowe PWN.
- Czabała, J. C., & Kluczyńska, S. (2015). *Poradnictwo psychologiczne*. Warsaw, PL: Wydawnictwo Naukowe PWN.
- Department of Health Care Organization (2010). Zakłady Psychiatrycznej Opieki Zdrowotnej. *Rocznik Statystyczny 2010*. Warsaw, PL: Institute of Psychiatry and Neurology.
- Egan, G. (2002). *Kompetentne pomaganie*. Poznań: Zysk i S-ka.
- Heesacker, M., & Lichtenberg, J. W. (2012). Theory and research for counseling interventions. In E. M. Altmajer & Jo-Ida C. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 71-94). Oxford: Oxford University Press.
- James, R. K., & Gilliland, B. E. (2004). *Theories and strategies in counseling and psychotherapy*. Boston: Pearson Education Inc.
- Norcross, J. C. (1990). An eclectic definition of psychotherapy. In J. K. Zeig & W. M. Munion (Eds.), *What is psychotherapy* (pp. 218-220). San Francisco: Jossey-Bass.
- Okła, W. (2013). *Poradnictwo terapeutyczne*. Lublin: Wydawnictwo KUL.
- Polish Psychiatric Association (1998). Zasady stosowania psychoterapii. *Psychoterapia*, 1(104), 81-83.
- Prochaska, J. O., & Norcross, J. C. (2006). *Systemy psychoterapeutyczne. Analiza transteoretyczna*, Warsaw, PL: Institute of Health Psychology of the Polish Psychological Association.
- Roberts, A. R. (2005). Bridging the past and present to the future of crisis intervention and crisis management. In A. R. Roberts (Ed.), *Crisis intervention handbook* (pp. 3-34). Oxford: Oxford University Press.
- Sęć, H. (2001). *Wprowadzenie do psychologii klinicznej*. Warsaw, PL: Wydawnictwo Naukowe Scholar.
- Statement of the Boards of the Scientific Psychotherapy Section and the Family Therapy Section of the Polish Psychiatric Association concerning the works on the Act on the profession of psychotherapist* (2014). Unpublished.
- Vaillant, G. E. (2012). Pozytywne zdrowie psychiczne: czy istnieje definicja międzykulturowa. *Postępy Psychiatrii i Neurologii*, 21(4), 229-239.