
Developmental Counselling and Therapy: Integrating Constructivism and Cognitive Development in Counselling Settings

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Abstract

Developmental Counselling and Therapy (DCT) is a model of helping which is based on Piagetian and constructivist concepts. Client functioning is understood in terms of four levels of cognitive developmental functioning which parallel the levels of cognitive development described by Piaget. The counselling process facilitates both intra- and inter-level development. The point of departure in DCT is to start with the clients' predominant cognitive-developmental level and then to match counselling strategies which promote client development. Client growth occurs as the client develops more effective constructs at her/his predominant cognitive-developmental level and is further challenged to function at other less utilized cognitive-developmental levels. Early research evidence offers support for DCT.

Résumé

Le counseling développemental et de thérapie (Developmental Counselling and Therapy, DCT) est un modèle d'aide basé sur les concepts piagétiens et constructivistes. Le fonctionnement du client est interprété selon quatre niveaux de fonctionnement du développement cognitif qui est en parallèle avec les niveaux de développement cognitif décrit par Piaget. Le processus de counseling facilite le niveau intra- et inter-développemental. Le point de départ du DCT est de démarrer avec le niveau développemental-cognitif prédominant du client et de là, d'associer les stratégies de counseling qui vont promouvoir le développement du client. La croissance du client apparaît lorsque le client développe des "construits" à son niveau développemental-cognitif prédominant et qui, par la suite, est amené à fonctionner à d'autres niveaux moins utilisés du développement cognitif. Les premières recherches offrent des évidences qui soutiennent la pertinence du DCT.

Introduction

The purpose of this article is to introduce the reader to Developmental Counselling and Therapy (DCT) (Ivey, 1986; 1991). DCT is a new and innovative system for counselling which is attracting wide interest in the field of counselling and is emerging as a valuable approach to counselling in general. DCT not only is a system for counselling but a framework through which counsellors can incorporate other systems or theories of helping into their present counselling style and practice. Because of the developmental focus of DCT, it has wide applicability to those who work with clients at varying ages, and would be of particular interest to those who work in educational settings.

There are a number of techniques unique to Developmental Counselling and Therapy. Therefore, DCT will be of interest to any helper wishing to increase her/his complement of counselling tools. Ivey (1991) provides detailed descriptions of DCT techniques. At least as

valuable as the techniques of this system is the fact that DCT provides an organizing framework for counselling. Through this framework, the helper can organize the approach to counselling in a manner which considers the client's developmental level and the counselling skills and strategies appropriate for that client and her/his concerns.

First reported in 1986, DCT is a relatively new counselling system. Given this, and this author's opinion that DCT is potentially very valuable to practicing counsellors, it was felt that the readership should be acquainted with these new counselling concepts. This article, therefore, is a synthesis of the work of others and will help the reader to become more familiar with DCT and to further investigate it. The background of DCT is presented and the basic framework of this counselling system is outlined. A number of empirical studies of the effectiveness of DCT have been published and this research is highlighted. No attempt is made in this article to critically evaluate DCT in any in-depth manner.

Background

Within the general field of counselling psychology, two important trends represent potentially significant changes in the manner in which counselling is and will be delivered. First, increasing attention is being given to synthesizing and integrating approaches to helping (Garfield & Bergin, 1986; Garfield & Kurtz, 1977; Gendlin, 1978; Goldfried & Padawer, 1982; Ivey, 1991). Arguably, eclecticism is a manifestation of this trend. Furthermore, eclecticism involves a recognition of the limitations of any single theory of helping as well as the realization of the multidimensional nature of human behaviour and particularly human interactions.

Questions have been raised, however, as to whether mainstream counselling and psychotherapy adequately address the variety of social class, race and gender concerns encountered in modern counselling psychology (Garfield & Bergin, 1986; Ivey, 1991; Korchin, 1976). Furthermore, eclecticism has been viewed as both conceptually and functionally weak (Millon, 1988). Millon states that "trying to be nice to all sides" is not a satisfactory organizing principle for conducting therapy (p. 210).

The proliferation of counselling models, now in excess of 250 (Amada, 1985), has done little to assure us as to what is right for a client at a given point in time, let alone suggest a comprehensive model of helping. What is lacking in modern helping is an organizing framework (Millon, 1988).

The second important focus emerging within counselling is an application of developmental theory in counselling practice (Blocher, 1980; Carter & McGoldrick, 1989; Guidano & Lotti, 1985; Ivey, 1986; 1991; Joyce-Monitz, 1985; VanHesteren, 1978). However, developmental approaches to helping have not incorporated into counselling such important dimensions as the integration of complete psychosocial life-span, or moral and personal development (Rigazio-DiGilio & Ivey, 1991). Rigazio-

DiGilio and Ivey have further suggested the need to consider the client's level of cognitive development in the counselling process.

DCT represents an important step in the confluence of both contemporary trends. DCT attempts to integrate a post-eclectic view of helping within the context of Piagetian developmental-theory. Furthermore, it does so in a manner that provides the counsellor with helping strategies (many that are currently available in the field) which consider the cognitive developmental world of the client, as well as the client's other special issues such as social-class, gender, and ethnicity. DCT might therefore be viewed as a post-eclectic-integrative form of counselling.

A CONCEPTUAL FRAMEWORK FOR DCT

Understanding Client Behaviour in terms of Cognitive-Developmental Level

DCT has two primary underpinnings; Piagetian (1985) developmental theory, and constructivist theory (Kelly, 1955). Within DCT, development is viewed from a structural (not functional) perspective as in the manner described by Piaget, and as such describes developmental changes in qualitative terms. This view of developmental helping emphasizes the client's cognitive, affect, and behavioural functioning, particularly those aspects which are repetitive at each developmental stage.

Ivey (1986), finds that a conceptual basis for developmental therapy can be traced back to Plato whose notions of imagining, belief, thinking/knowledge, and intelligence, parallel the Piagetian stages of sensorimotor/preoperational, concrete operations, and formal operations. Furthermore, when these ancient and modern theories are merged, a basis exists for integrating theories of development into the helping model, which is precisely what DCT does (Ivey, 1986).

DCT holds that both the individual and family development occur in four main worlds which are similar to the basic Piagetian (1985) constructs of *sensorimotor*, *concrete-operational*, *formal operational*, and a post-formal level referred to as *dialectic/systemic*. In *sensorimotor* functioning, the focus is on elements of experiencing. Here one contacts the world and receives information through the sensory modalities. Our behaviour and the resultant sensor feedback serve as the basis for our behaving.

Ivey suggests that many clients are functioning at this level as they begin counselling (Ivey, 1991). While such individuals may be in the here-and-now and directly experience life and emotions, sensorimotor cognitions may often be irrational and confusing and highly ruled by emotion. Clients at this stage of development may have little awareness of the relationship between causes and effects in their lives. Ivey and Gonçalves (1988) have suggested that such clients do not only experience anxiety and depression but "are their anxiety and depression" (p. 407). In other words, these clients are their actions, emotions, and environment. Their thinking is irrational and even magical (leaving them domi-

nated by superficial images and impressions of things) and is highly self-focused. It is not uncommon for clients whose cognitions are primarily sensorimotor to have phobias, obsessive-compulsive disorder, and/or depression.

The client operating at the next developmental level, *concrete-operations*, has been successful in organizing information acquired through sensorimotor systems in a manner which allows her/him to act with some degree of prediction in the practical world. This client can be aware of and can describe cause and effect relationships between various aspects of their behaviours and feelings. However, clients operating predominantly at this level may not be able to recognize mixed or ambivalent feelings and may have difficulty taking on the perspective of others. As such, these clients tend to rely on a rather limited repertoire of beliefs and behaviours. Ivey and Goncalves (1988) use as an example a concrete client who learns to be assertive in one situation but is not able to generalize the assertive behaviour to the next situation. Clients at this level are able to overcome the magical thinking evident in the sensorimotor client, but their solutions to their problems tend to be situation specific.

Clients at the *formal operational* level are able to realize, at least at some level, where they fit into the world with its many pressures and complexities. Ivey suggests the focus for such clients is on the nature of "self-in-context." Such individuals are introspective and thus able to reflect on their thoughts and actions and think abstractly. The important issue for the formal-operational client is self-reflection and self-examination. A salient feature of this level of functioning is the ability to take a broader perspective on personal and interrelational issues. However, extreme reliance on formal-operational processes often leads to over-intellectualization and perhaps a detachment from the world of sensory and concrete experiences. The formal client may not think in terms of broader systems (family, culture, gender) and the relation of these to their present difficulties. Ivey and Goncalves (1988) use the example of a client who presents at the formal level with the following overgeneralization, "When I am in public, everybody is always looking at me." The successful resolution here is that this client eventually believed and acknowledged that, "Obviously, some people are looking at me, but most of them don't even notice me."

Finally, the post-formal or *dialectic/systemic* level is reflected in the clients' realization of how they are more fully integrated with the various systems of their lives. At this final level individuals become aware of, and reflect on, the totality of their interactions and see themselves integrated within various systems (family, society and culture). Post-formal clients challenge their own assumptions and revise thinking in the light of new

information leading to change in their patterns of knowledge (Ivey & Goncalves, 1988). Ivey and Goncalves go on to state that clients operating at the dialectic/systemic level “are able to introduce active change on these [their internal] constructs, both through the mobilization of internal change (acting on themselves) and external change (acting on the environment)” (p. 409).

In an effort to adapt variations and changes in the world, Ivey suggests we metaphorically go through all of the stages, and that this process occurs throughout our lifetime (Ivey, 1986). Rigazio-DiGilio and Ivey (1991) state, “Each level involves a different orientation from which we understand and operate in the world” (p. 4). One level of functioning may predominate at any point in time, but each level offers us unique ways to experience and live in the world.

Constructivism

The second underpinning of DCT is constructivism. A significant treatment of constructivism is not possible in an article of this length. Those who wish to read further on this subject should consider Kelly (1955). As well, the entire issue of *Canadian Psychology*, Volume 30, 1989 is devoted to a discussion of constructivism. The importance placed on the role of thinking in human functioning is evident in the writing of any number of philosophers, Kant and Hegel to mention two. In modern psychology, George Kelly’s Personal Construct Psychology provides the foundation for a *model of knowing* which has immense implications for the counselling process (Kelly, 1955).

Kelly built a theory of personality from a theory of knowledge by showing that our individual realities are the sum of the constructs one develops about the world. These constructs are internal representations of the world through which we understand the world; and our constructs form the basis of our behaviour in the world. We are active in both building and organizing our constructs (knowledge structures such as concepts, rules and hypotheses) and therefore active in creating our own psychological experience of ourselves and the world. Kelly argues that there are an infinite number of ways of construing any event we encounter. We use our constructs to understand what is happening, and this plays an important role in how we think, feel and behave in any given situation. The notion of a universally verifiable and objective reality is largely rejected by Kelly, who suggests that our subjective appraisals are what count.

The degree to which we function in a healthy manner is, in part, related to the *goodness-of-fit* between our construct systems and the world of real experiences. Kelly argues that it is through a process akin to the scientific process (checking our hypotheses about things and rela-

tionships) that we establish the validity of our constructs. If there is congruence between our constructs and experiences, our constructs have validity. If this congruence is not there, the basis for anxiety is present; an indication for a need to modify the given construct. Specifically, the validity and usefulness of a given construct is judged in relation to the feedback we receive about our behaviour which in turn reflects the construct.

Ineffective constructions of reality may serve as the basis of much of the dysfunction seen by counsellors. As an example, assume that a given client's construct of *friendship* is described in part by her/his notion *that friends do not disappoint one another*. One can readily see that this person's construct of friendship will eventually lead to troublesome interpersonal relationships. This would be particularly true because, in this particular case, notions of assertiveness could easily be considered antithetical to that of *friendship*.

Piaget's (1985) formulations about cognitive development are entirely compatible with a contemporary constructivist view (Agnew & Brown, 1988a; 1988b; Davidson, 1988; Smith, 1988). Ivey and Goncalves (1988) further suggest that a client's reality is co-constructed with the environment, and that this occurs within a developmental framework. DCT holds that the client's construct system evolves within a developmental framework, and that this construct system is evident in both the client's everyday life and the therapeutic relationship.

Two fundamental principles underlie DCT. The first is reflected in the importance of discovering the salient features of the client's construct system as well as the client's cognitive-developmental level. The second assumes that the adolescent and adult repeat analogues of early forms of cognitions throughout his/her life (Ivey, 1986). This latter principle is congruent with basic tenets of classical Psychoanalysis. DCT, however, provides a framework for understanding the clients' cognitions from a developmental perspective.

DEVELOPMENTAL COUNSELLING AND THERAPY

Most traditional therapy and counselling tend to be formal-operational in nature and as a result tend to assume that the client is operating at the formal-operational level. Much of the cognitive-behavioural therapies, on the other hand, tend to focus on either the concrete and/or formal levels and assume that clients are functioning at these levels as well. Subsequently, much of our field gives insufficient attention to sensorimotor foundations and broad systems (family, culture, etc.) issues. Present and future therapeutic strategies need to be broader in perspective taking into consideration the comprehensive nature of human interactions and the developmental variability of our clients' construct systems.

Phases of Helping in DCT

A more comprehensive presentation of the phases of helping has already been published, and the reader is directed to these sources for the details (Ivey, 1986; 1991; Rigazio-DiGilio & Ivey, 1991). The concepts are new enough, however, that a summarization is offered here.

DCT defines the therapeutic process in two phases. The first is the *assessment phase*. The first part of the assessment phase is to identify the cognitive-developmental level which is influencing the client's understanding of behaviour directed toward the presenting problem (Rigazio-DiGilio & Ivey, 1991). Rigazio-DiGilio and Ivey go on to state that, "This can be accomplished by using accommodative style to join the clients within their frame, and attending to the communication processes that occur. The therapist learns the sensitive language and ideas that the clients use to frame their reality while concurrently forming the therapeutic relationship" (p. 10).

Here Kelly's (1955) personal construct psychology may be applied within the Piagetian framework. The developmental counsellor makes a detailed structural analysis of the client's cognitive developmental world. This analysis includes a judgment about the cognitive-developmental level at which the client is primarily functioning, as well as an exploration to determine the cognitive structure within this level.

This structural analysis facilitates the counsellor's understanding of the constraints of the client's cognitive structure and provides the counsellor with information which can be used to suggest alternate views of the client's problems. The client's problem is therefore viewed from several perspectives including, the cognitive-developmental level of the client, the cognitive structure within the predominant cognitive-developmental level, the client's "problem," and the context within which the problem exists. This context includes the various systems within which the client operates (e.g., family, culture, society).

The goal of the second part of the assessment phase is to determine which therapeutic strategies might promote client exploration within the client's predominant cognitive-developmental level. Rigazio-DiGilio and Ivey (1991) state that this serves two purposes: "(a) to identify the possibilities and constraints of the current cognitive-developmental structure, and (b) to facilitate the co-construction (client together with the counsellor) of alternative views on the problem" (p. 15).

The second phase of helping in DCT, the *treatment*, is primarily concerned with client development. Development can occur in one of two ways, horizontal and vertical. Horizontal development is concerned with the expansion of the number and range of constructs within a given developmental level. The counsellor can also challenge the client to act on the world at a different cognitive level and thus facilitate vertical development.

Therapeutic Strategies in DCT

DCT challenges counsellors to match their style and techniques to the client's predominant cognitive developmental level. For clients functioning at the *sensorimotor* level, *environmental structuring* describes both the counselling style and objectives. The purpose is to help the client get in touch with the "here and now" sensory experiencing. Counselling strategies appropriate for this level are those which facilitate sensory experiencing and might include relaxation therapy, behaviour modification, dance therapy, Gestalt therapy, and family therapies such as structural family therapy.

The counselling style for the *concrete* client is primarily that of *coaching*. Here clients are helped to understand concrete aspects of their situation. Ultimately, clients will discover linear causal relationships among various elements in their experiencing. Counselling appropriate for the concrete client is derived from behavioural and cognitive behavioural strategies. Such approaches might include assertiveness training, RET, decisional counselling, Reality Therapy, and strategic and behavioural family therapies.

When working with the *formal operational* client, *consulting* is the primary counselling strategy. Here clients are helped to reflect on their thoughts, feelings, and behaviours and are encouraged to discover/recognize patterns and cyclical and repetitive aspects of their experiencing. Therapeutic strategies appropriate for these clients may be drawn from humanistic therapies, psychodynamic therapies, Logotherapy, cognitive therapies, as well as person-centred and social-learning family models.

Finally, the counselling strategy at the *dialectic/systemic* level is the *dialectic*. Dialectic awareness is an integral component of the dialectic/systemic cognitive level of functioning. The term dialectic is taken in the Platonic sense, and describes a question and answer conversation, the purpose of which is to search for the truth.

The true dialectic requires both participants to have a dialectic awareness, that is an awareness of the dialectic process itself (Ivey, 1986). Both counsellor and client are affected by each other as a result of the dialectic process. The counsellor and client work together in the co-construction of a more effective reality for the client. There are two objectives to be accomplished with the client at this level. The client is first challenged to develop new constructs of both self and reality through a discovery of basic epistemological and ontological issues. Second, the client is introduced to the dialectic process and resultant dialectical awareness. Counselling strategies appropriate for this level include feminist counselling, encounter groups, object relations therapy, multicultural models, as well as family counselling reflecting a feminist therapy focus, and trans-generational counselling.

The Client's Developmental Level as a Point of Departure

Counsellors are well aware of the various parameters which define effective counselling relationships. One such influential parameter is manifested in the verbal dialogue between counsellor and client. Many of the accepted counselling models are highly verbal in nature, and from the kind of verbal interactions between client and counsellor, it may often be inferred that the client is operating at cognitive/verbal level commensurate with that of the counsellor (Korchin, 1976; Kieth-Spiegel & Spiegel, 1967). A recognition of the limitation of verbal therapies is evidenced in the wide-spread application of behavioural counselling strategies with intellectually disadvantaged clients. Furthermore, in an eclectic approach to counselling, an effort is made to match the counselling to suit client needs (Korchin, 1976; Morrill, Oetting & Hurst, 1974).

The point of departure for DCT is the client. Both the counselling style and strategies are matched to both the client's cognitive-developmental level and developmental needs. Ivey and Goncalves (1988) state, "Start with the client rather than with your theories" (p. 410) as the most basic principle. It therefore holds, that for DCT the primary task is assessment of the client's cognitive developmental level, and behavioural and structural functioning. The counselling interventions follow from this primary analysis of the client.

Promoting Development

While there may be advantages in the ability to function at higher cognitive-developmental levels, technically, DCT holds that no one level is inherently functionally better than any other. Appropriate functioning at each of the levels and balance among the levels, contributes to more effective adaptation and overall healthy functioning. Over utilization of any one level of cognition inherently limits successful adaptation.

Therapeutic movement occurs in two ways in DCT. First, DCT promotes the expansion of the client's constructs within a given developmental level. This horizontal development facilitates a more complete utilization of a given cognitive developmental level and allows the client to experience more fully the possibilities of each level of functioning. Second, DCT promotes inter-level development. This vertical movement provides opportunities for the client to experience the possibilities of the various levels of cognitive functioning. Ideally, clients will have at their disposal a greater range of affective, cognitive and behavioural responses as both horizontal and vertical development occurs.

SUMMARY

Based on Piagetian constructivism, DCT holds that client functioning can be understood in terms of the client's cognitive developmental level.

Movement in counselling is understood in terms of facilitating client adaptation. The counsellor assesses the client's developmental level and introduces counselling strategies which promote intra- and inter-level cognitive development in the client.

While there are specific therapeutic strategies unique to DCT (Ivey, 1991), DCT is in many ways an organizing framework for conducting counselling. As such, all currently available therapeutic strategies are drawn upon. However, DCT is not eclectic in the traditional sense. Rather it is an integrative model which encourages the appropriate use of a wide range of counselling strategies but within a developmental and constructivist framework.

While DCT is a relatively new model, empirical evidence supporting the theory and therapy are starting to be published. The few studies of DCT suggest that the four-level cognitive developmental model has validity (Rigazio-DiGilio & Ivey, 1990), that it can be effective with children (Ivey & Ivey, 1988), and that it can be effective for treating depressed adults (Rigazio-DiGilio & Ivey, 1991). And finally, DCT can be effective with families (Rigazio-DiGilio & Ivey, 1991) and for increasing multicultural and gender awareness (Ivey, 1991). While the evidence is mostly anecdotal, Ivey makes the case for extending DCT to treat post-traumatic-stress-disorder (Ivey & Ivey, 1990), and personality disorders (Ivey, 1991).

Counsellors in the field can readily incorporate principles of DCT into their counselling practice without additional training. In part, this can be accomplished through the DCT framework which allows counsellors to organize their current skills in a manner which goes beyond a relatively unfocused eclectic approach. Our profession recognizes that certain counselling strategies are appropriate for given clients with particular issues, whereas the same strategy may be of limited value to other clients and their particular issues. For example, an argument can be made that where a client's concerns centre around issues of *meaning in their lives*, a Humanistic/Existential approach to counselling might be one approach to use, whereas a strict Behavioural approach may be less valuable. On the other hand, the behavioural and cognitive-behavioural approaches are among the most effective strategies for treating phobias. DCT recognizes this notion of matching strategy to problem and client needs. Furthermore, DCT provides a practical and easy-to-incorporate framework which can be valuable for determining the client's level of functioning in all stages of counselling, from the early stages through to the termination of counselling. DCT does provide a variety of new and innovative counselling techniques which, like techniques of any other system of counselling, need to be learned and practiced.

For those who wish to explore DCT further, a reading of Ivey's *Developmental Therapy* (1986) and *Developmental Strategies for Helpers: Individual,*

Family and Network Interventions (1991) is a good place to start. Furthermore, Ivey offers both training seminars and training videos for those wishing to add new skills to their repertoire.

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