

Unconditional Positive Regard (UPR)

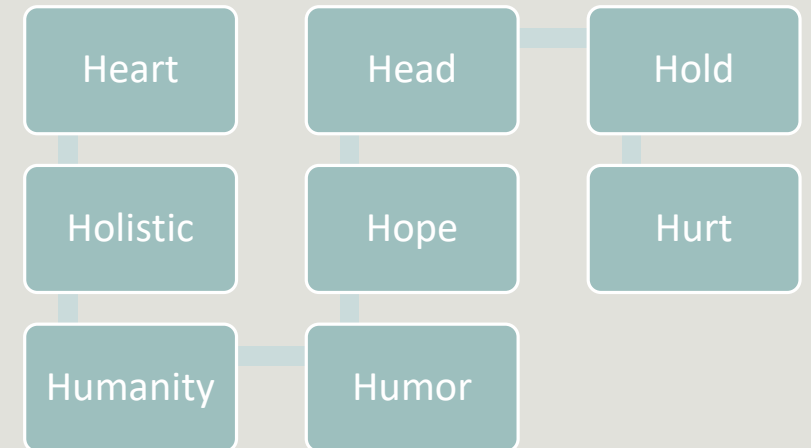
THE ART OF PRACTICING ACCEPTANCE

Objectives

- Define unconditional positive regard (UPR)
- Discuss the link between UPR and working with diverse populations
- Recognize 3 reasons why UPR matters in the counseling field
- Describe the elements of UPR
- Apply the principles of UPR

The 8 H's

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Unconditional Positive Regard - Defined

UPR is the demonstration of complete support and acceptance of a person no matter what that person says or does.

The counselor's acceptance of the client has no conditions.

[It is the] counselor's demonstration that they see the client's strengths and positive aspects and appreciate the client's values and differences.

UPR Simplified

~Alex Shervin

I care about you. You have value, you don't have to do anything to prove it to me, and nothing's going to change my mind.

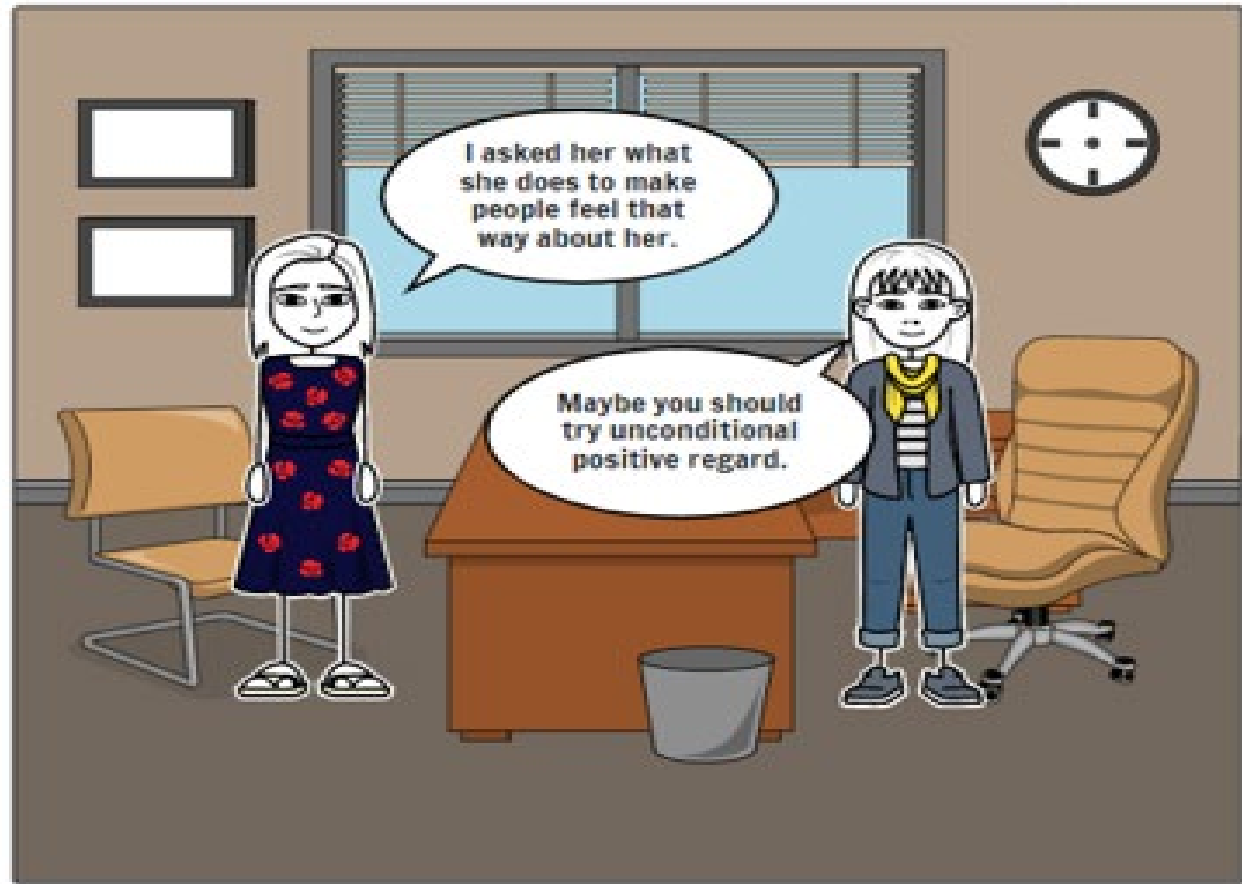
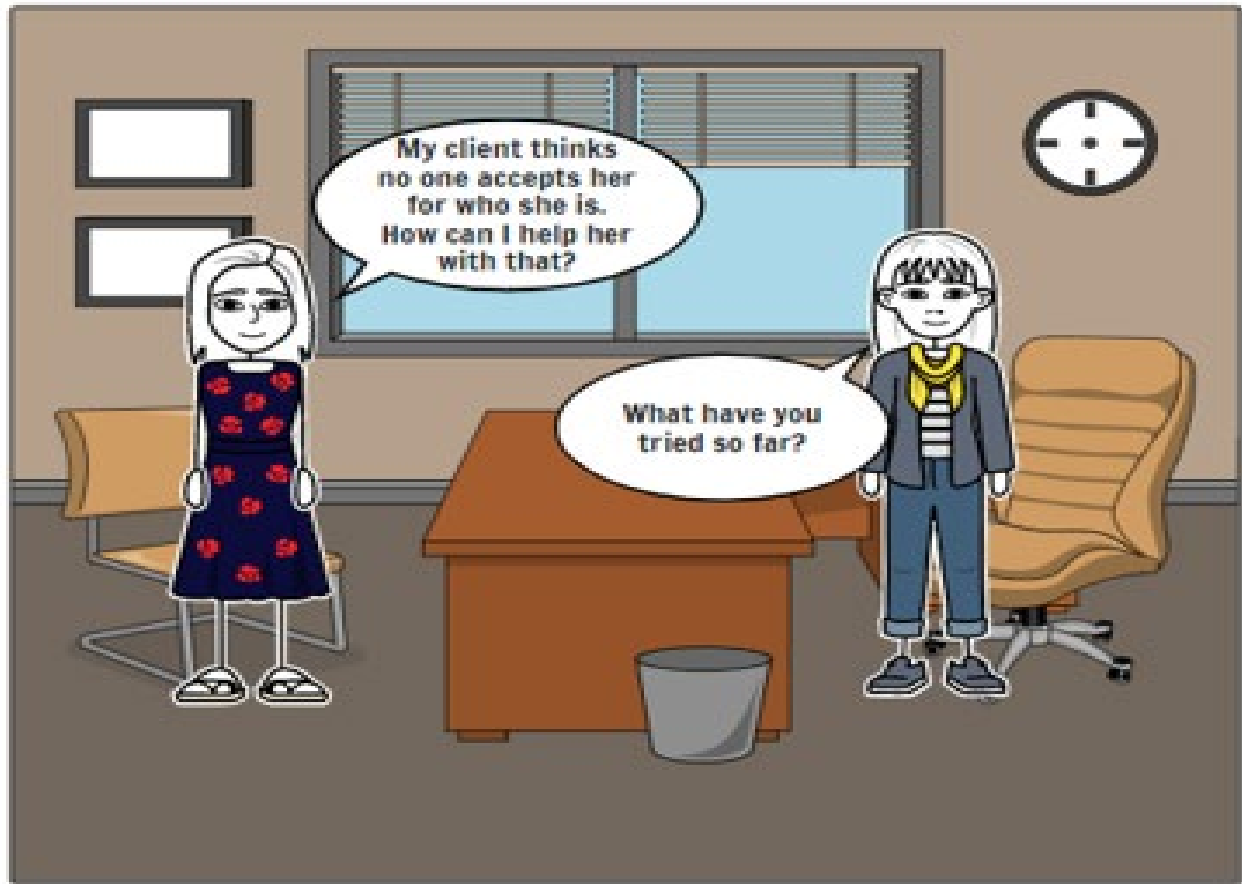
The Common BH Provider Dilemma

Pat is a new BHA-T. She's familiar with the behavioral health (BH) field and worked as a front desk clerk scheduling clients with BH providers for three years before changing roles. Pat is excited about learning new skills to help people make healthy life changes.

During a recent training event, Pat and the other BHA-Ts in attendance were asked to reflect on how they might feel if asked to counsel a client with a criminal history. This was Pat's response:

"I understand people sometimes do bad things. Like drink too much alcohol or steal things if they need them and don't have any money. No one is perfect. I would help people like that learn how to not drink and find a job, so they don't have to steal. If a client hurt kids though, like by molesting them or something, I wouldn't be able to help that person. I would refer them to someone else who can."





Working with Diverse Populations

If we recognize the differences of others but fail to value the person with those differences, we aren't practicing true diversity.

Voluntary or involuntary?

Mandatory or court-ordered clients are voluntary clients.

Diversity: Two Definitions

The state
of being
diverse;
variety

The practice or quality
of **including or
involving** people from
a range of different
social/ethnic
backgrounds, different
genders, sexual
orientations, etc.

Diversity: Two-Step Process



Recognizing



Valuing

Research shows...

- Many clients who participate in community mental health services are Medicaid recipients. Medicaid “provides health and long-term care for millions of America’s poorest and most vulnerable people, acting as a high-risk pool for the private insurance market.”
- Individuals involved in the justice system typically have complex health care needs and are eligible for Medicaid.
- Medicaid plays a central role in supporting individuals involved in the justice system to increase successful reentry (to communities) and reduce rates of recidivism (repeat offenses).

3 Reasons Why UPR Matters in the Counseling Field

UPR matters in the
counseling field because...

Why does UPR matter in the counseling field?

Unconditional
Positive Regard
is ethical.



UPR & The BHA Code of Ethics

BHA/Ps advocate for *all* persons impacted by social or behavioral health related issues.

<https://akchap.org/wp-content/uploads/2020/10/BHA-Code-of-Ethics.pdf>

UPR & The AMHCA Code of Ethics

Community Mental Health Counselors (CMHCs) have a responsibility to educate themselves about their own biases toward those of different races, creeds, identities, orientations, cultures, and physical and mental abilities, and then to see consultation, supervision, and/or counseling *in order to prevent those biases from interfering with the counseling process*

<https://www.amhca.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=24a27502-196e-b763-ff57-490a12f7edb1>

UPR & The ACA Code of Ethics

A.4 - Avoiding Harm & Imposing Values

A.4.b. Counselors are aware of – and avoid imposing – their own values, attitudes, beliefs, and behaviors. *Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.*

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

UPR matters in the
counseling field because...

Why does UPR matter in the counseling field?

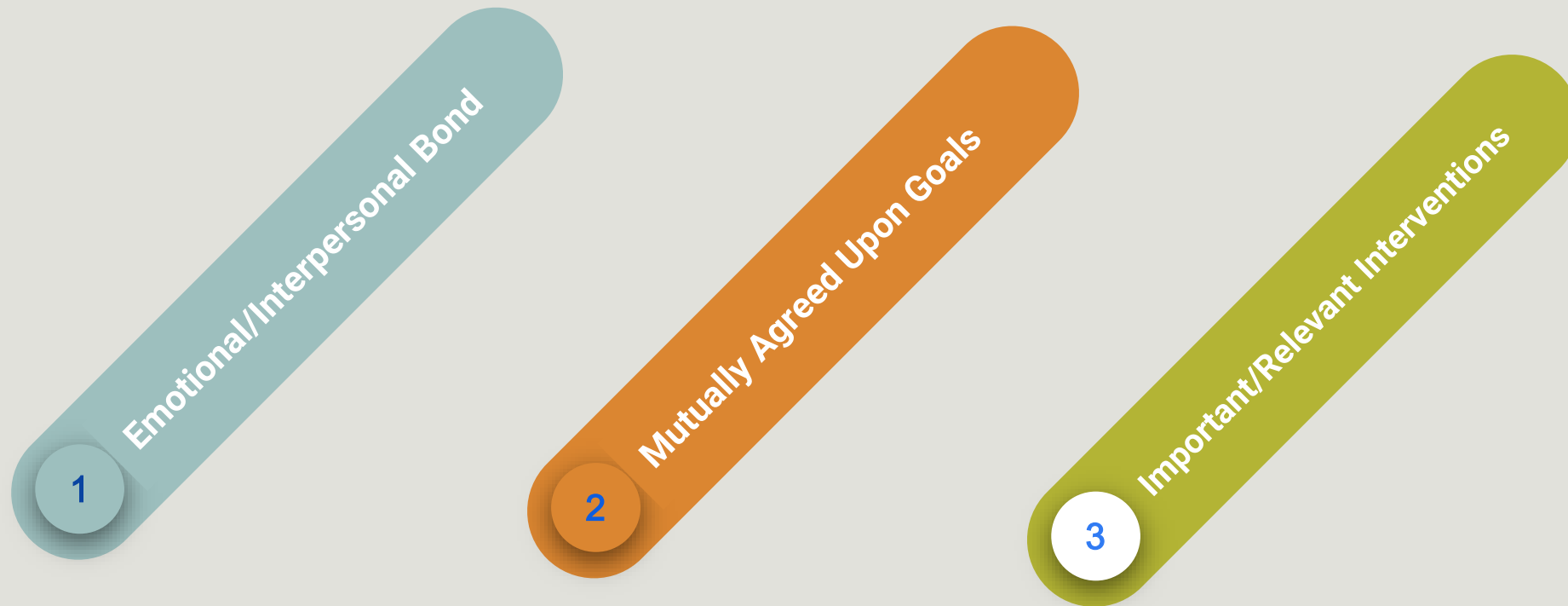
UPR is necessary for creating a strong therapeutic alliance.



The Therapeutic Alliance



Elements of the Therapeutic Alliance



Result in: A collaborative (counselor-client) partnership where the client feels connected, respected, and understood.

The Therapeutic Alliance Outcome

“The importance of **feeling accepted** by a therapist on an emotional and cognitive level seems to be a universal prerequisite for an effective therapeutic alliance” (Sue et al., 2019).



UPR matters in the
counseling field because...

Why does UPR matter in the counseling field?

Unconditional
Positive Regard
is culturally
responsive care.



UPR – Cultural Humility

Acknowledge biases & assumptions



Separate self from biases & assumptions

An ongoing process of self-reflection and self-critique that involves learning about others' cultures while taking inventory of one's own beliefs and cultural identities.

UPR – Cultural Awareness

Acknowledge clients' differences

+

Admit knowledge limitations

+

Learn about clients' cultures

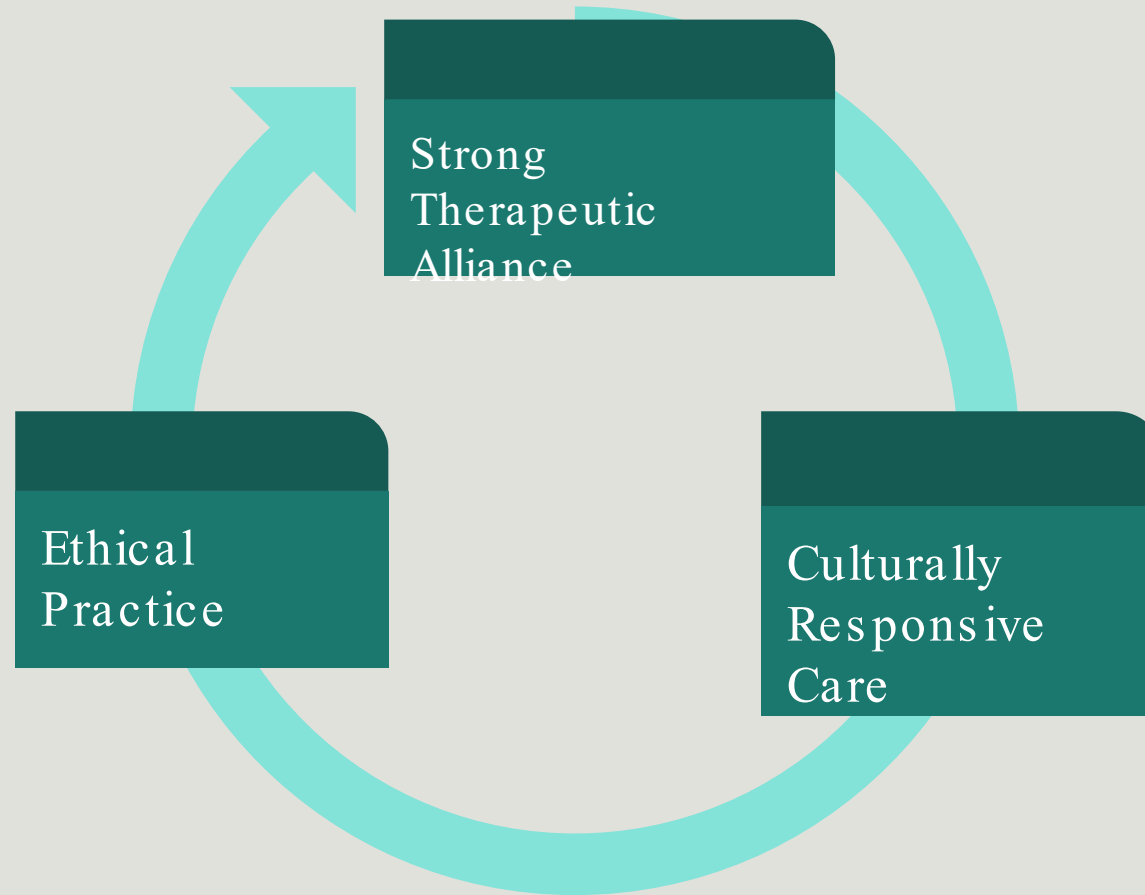
Sensitivity to the similarities & differences between two (or more) cultures and demonstrating this sensitivity when communicating with members of another cultural group.

The Culturally Responsive Care Outcome

When counselors practice culturally responsive care, we increase self-awareness and openness. We approach our clients egolessly and develop supportive interactions through self-reflection and critique.



UPR Matters - A Review



The Elements of UPR

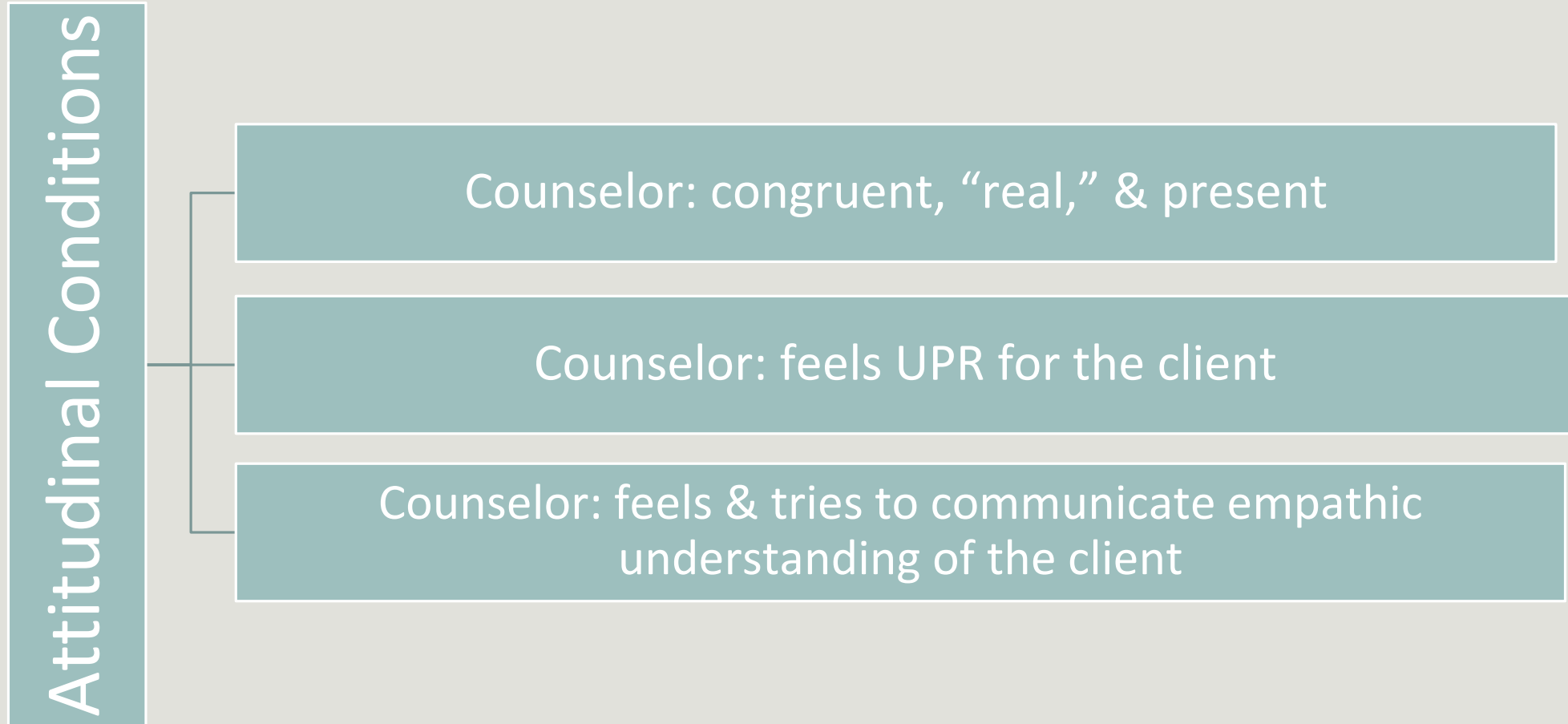
Rogers' 6 Conditions for Personality Change

In 1957, Carl Rogers identified 6 conditions for personality change:

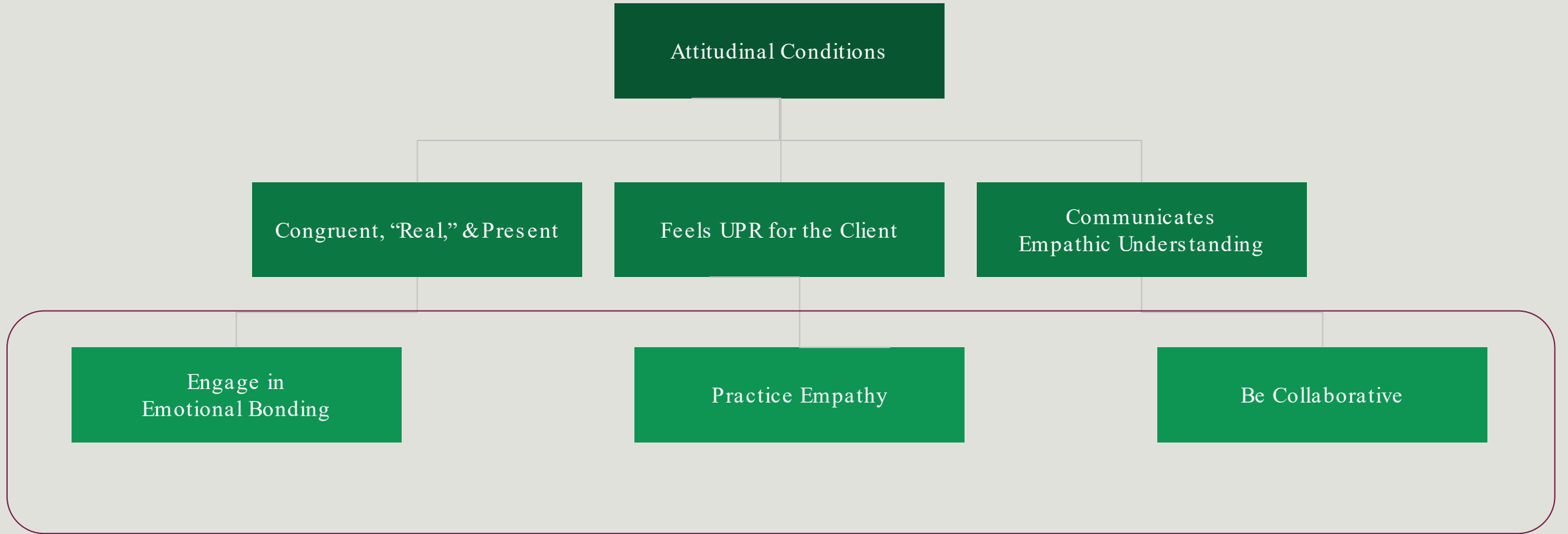
1. Psychological contact exists between therapist and client.
2. The client is incongruent, vulnerable, or anxious.
3. The therapist is congruent, “real,” and fully present in the relationship.
4. The therapist feels unconditional positive regard (UPR) toward the client.
5. The therapist feels and tries to communicate empathic understanding to the client.
6. The client perceives the therapists' UPR and empathic understanding to some extent.



The Counselor's Responsibility



Examining the Elements of UPR



Engage in Emotional Bonding

Emotional Bonding

- starts with the counselor being aware of and identifying their reactions to the client based on the counselor's own personal issues
- involves the counselor's emotional reaction to the client based on the counselor's own set of attitudes, beliefs, values, or experiences

Emotional reactions can

- be positive
- be negative
- bias a counselor's judgment

Counselor: congruent, "real," & present

Emotional Bonding Continued

The Effects of Countertransference are:

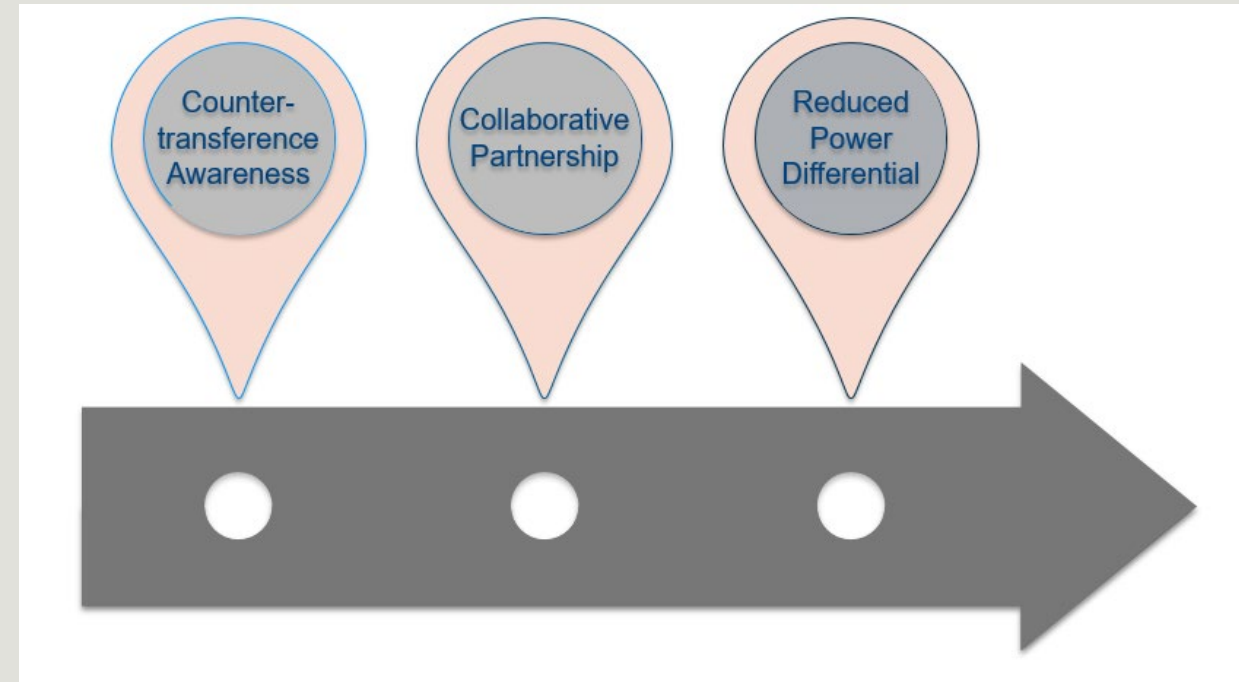
Negative Countertransference

→ might mean the counselor has a negative bias toward the client/client's situation

Positive Countertransference

→ might mean the counselor has a positive bias and is less objective about the client/client's situation

Emotional Bonding In Action...



Practice Empathy

Index Card Activity

Empathy is

- the ability to place oneself in the client's world, to feel or think from the client's perspective, or to be attuned to the client.

Empathic Understanding

- means “clients are given opportunities to share their beliefs, perspectives, and expectations, as well as their explanations of problems” (Sue et al., 2019).
 - Use clinical skill and client perspective to understand the problem.
 - Jointly define the problem.
 - Jointly formulate a hypothesis regarding the cause of the problem.

Counselor: feels UPR for the client

Empathy Continued

Types of Empathy

Emotional empathy

→having an emotional understanding or emotional connection

Cognitive empathy

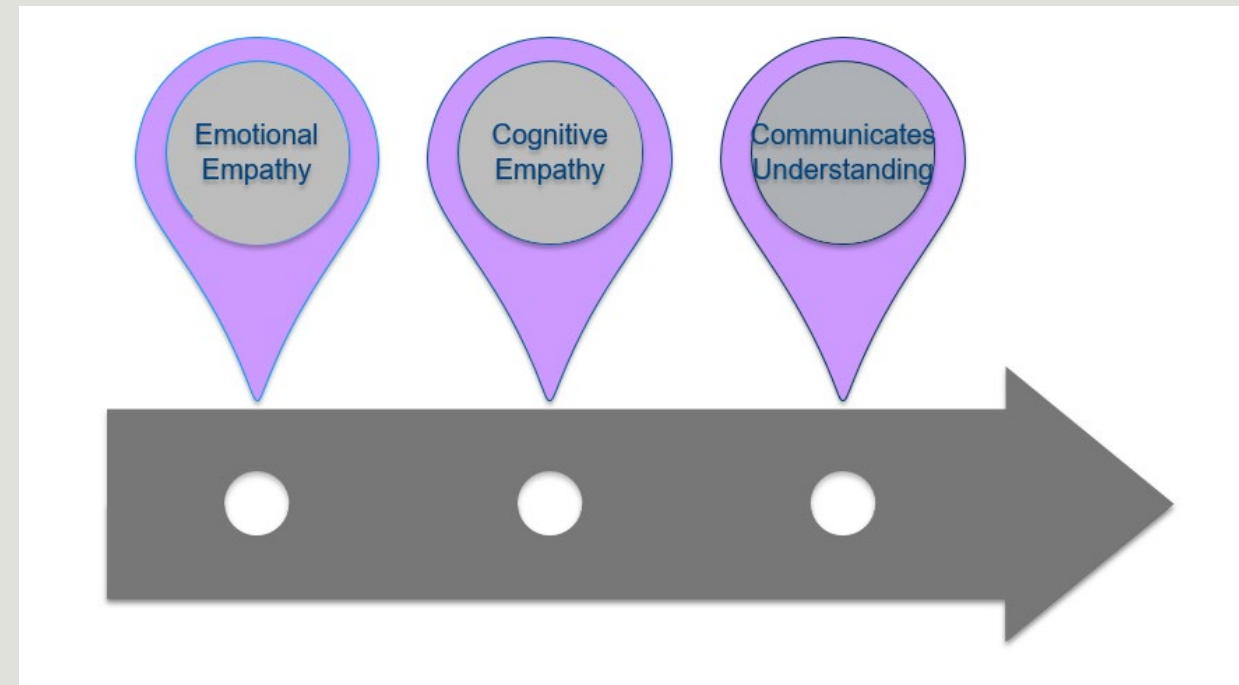
→ understanding the client's predicament cognitively, whether on an individual, family, or societal level.

Counselors can:

→ demonstrate empathy by communicating an understanding of the client's worldview, including the influences of family issues or discriminatory experiences, such as racism, heterosexism, ageism, or sexism. Ask yourself:

- How is the client responding to my words?
- What is their body language telling me?
- What are their non-verbal cues telling me?

Empathy In Action...



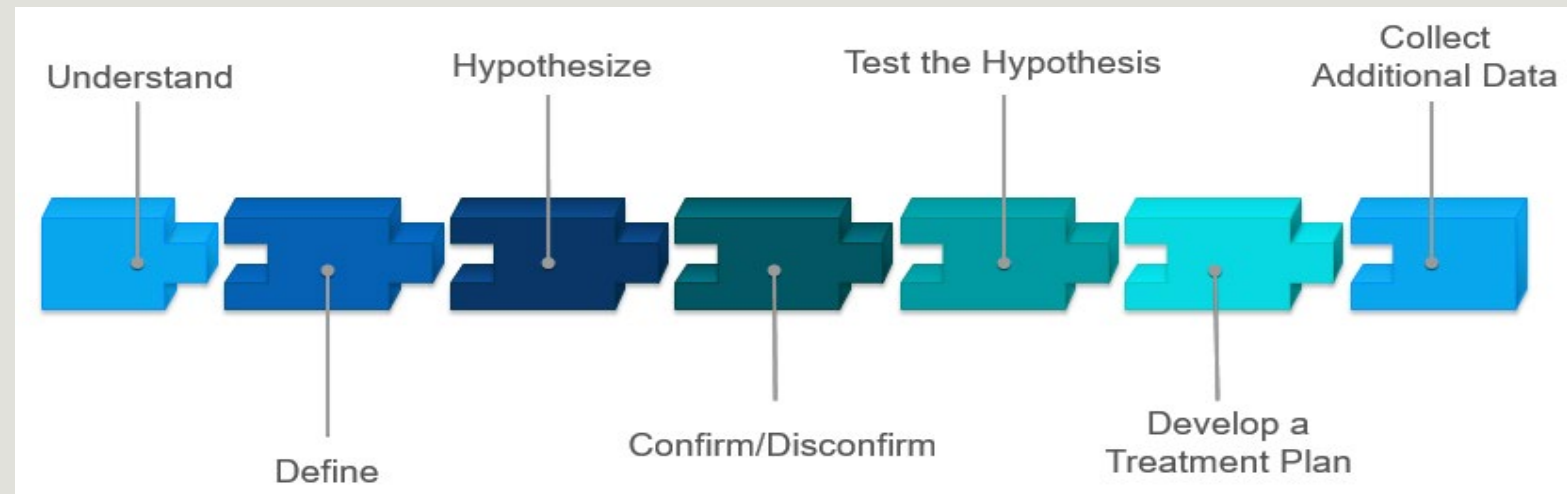
Counselor: feels & tries to communicate empathic understanding of the client

Be Collaborative

Collaboration is

- to work jointly with others or together especially in an intellectual endeavor
- to cooperate with an agency or instrumentality with which one is not immediately connected

A “collaborative approach” to counseling means “clients are given opportunities to share their beliefs, perspectives, and expectations, as well as their explanations of problems” (Sue et al., 2019, p. 290).

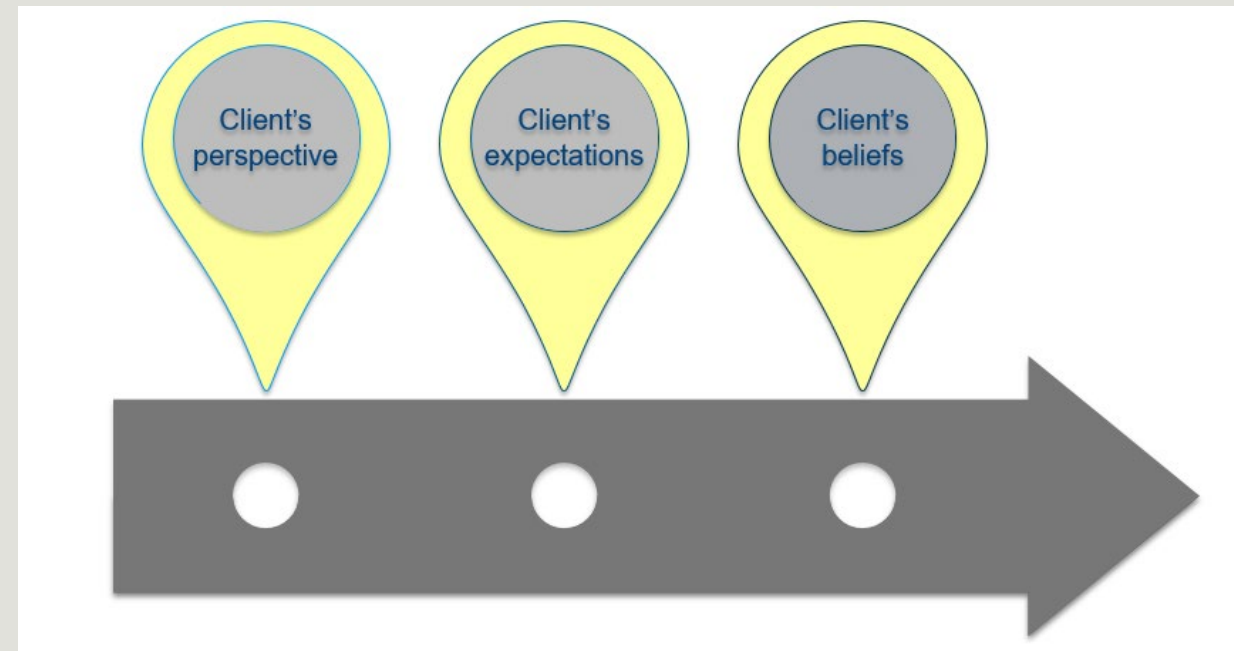


Collaboration Continued

Types of Collaboration

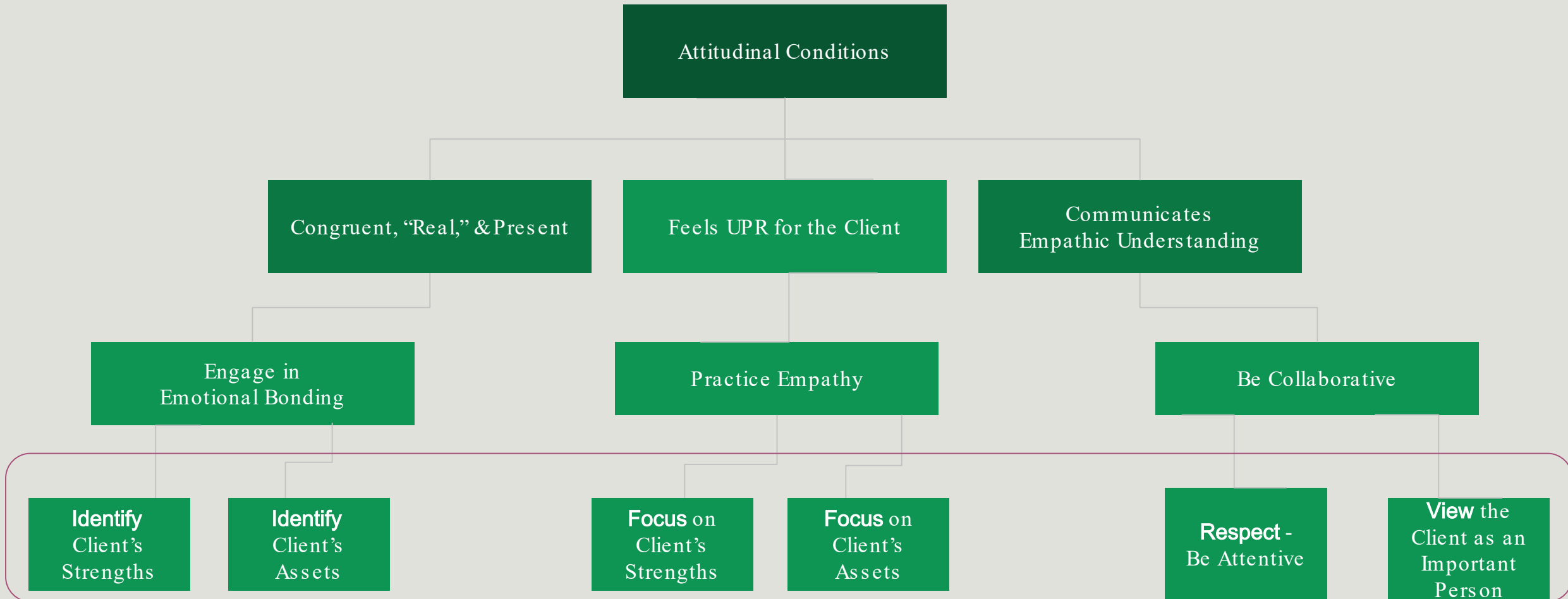
- Counselor invites client to share their perspective on the problem:
 - “Tell me what you think led to your substance use.”
- Counselor invites client to share their perspective on expectations of the therapeutic relationship.
 - “Clients have different ideas about what treatment might or should look like. Tell me what you expect from treatment.”
- Counselor invites the client to share their belief about their readiness to change.
 - “According to you, you know there’s a problem you need to address, but you aren’t sure a change is necessary. Is that what you believe?”

Collaboration in Action



Applying the Principles of UPR

Unconditional Positive Regard - In Action



Paul – A Case Study Example



Paul has always thought of himself as “stupid” and “crazy.” Growing up, he did poorly in school. His parents, teachers, and even his friends had little faith in him. Sometimes, Paul shared his ideas and thought processes with friends. Typically, they disproved of his thinking and labeled him insane.

Several times over the years, Paul got in trouble with the law. He served time in jail. In between serving sentences, Paul experienced homelessness. During his last sentence, Paul was sent to the prison psychologist for testing.

While administering the tests, the psychologist said very little to Paul. Afterward, the psychologist dismissed Paul who returned to his cell. Nothing was the same for Paul after that.

Paul's Case – What might we think or assume?



What might be our initial impression of Paul?

- He's never going to get out of this cycle of incarceration and homelessness.
- Everyone in his life has had low expectations **of him**, why should we be any different?

How might we feel about Paul's situation?

- Nothing has helped so far; what makes us think we have a solution?
- If he would try harder, he wouldn't be in jail or have housing insecurity issues.
- Psychological testing will just confirm that Paul (and the community) are safer when he's behind bars.

Do we have any concerns about working with Paul? Why or why not?

- Based on our understanding of Paul's situation, the biggest concern may be wasting time trying to make positive change.

Paul's Case – Using UPR: Identify - Focus - Respect - View



How can the psychologist be “real” and present? (Emotional Bonding / Identify Strengths & Assets)

- The psychologist identified Paul as a whole person.

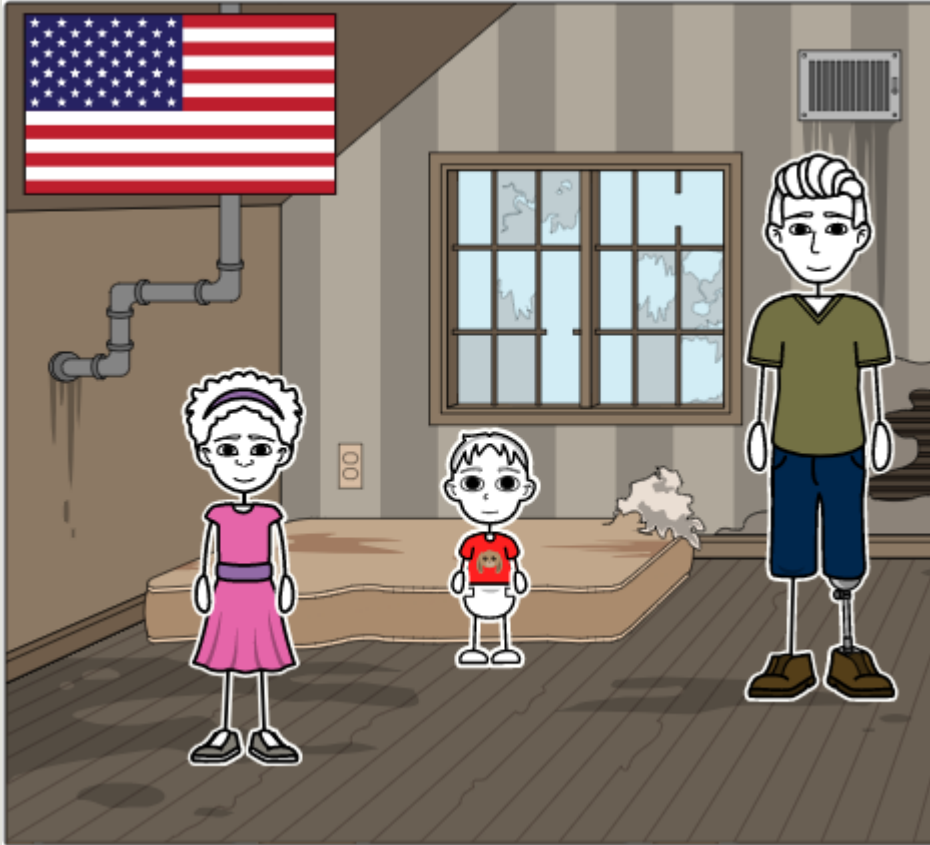
How might the psychologist demonstrate UPR? (Practice Empathy / Focus on Client's Strengths & Assets)

- The psychologist didn't ask Paul about his charges.
- The psychologist treated Paul like any non-incarcerated testing client.
- He didn't conduct the testing through a lens of judgment regarding Paul's legal status.

How did the psychologist communicate empathic understanding? (Collaborative / Be respectful; view the client as an important person):

- According to Paul: You [the psychologist] told me I had a high IQ.

Mark – A Case Study



Mark is a Veteran. Although he had some behavioral problems when he was in the military, he was honorably discharged after being wounded in battle.

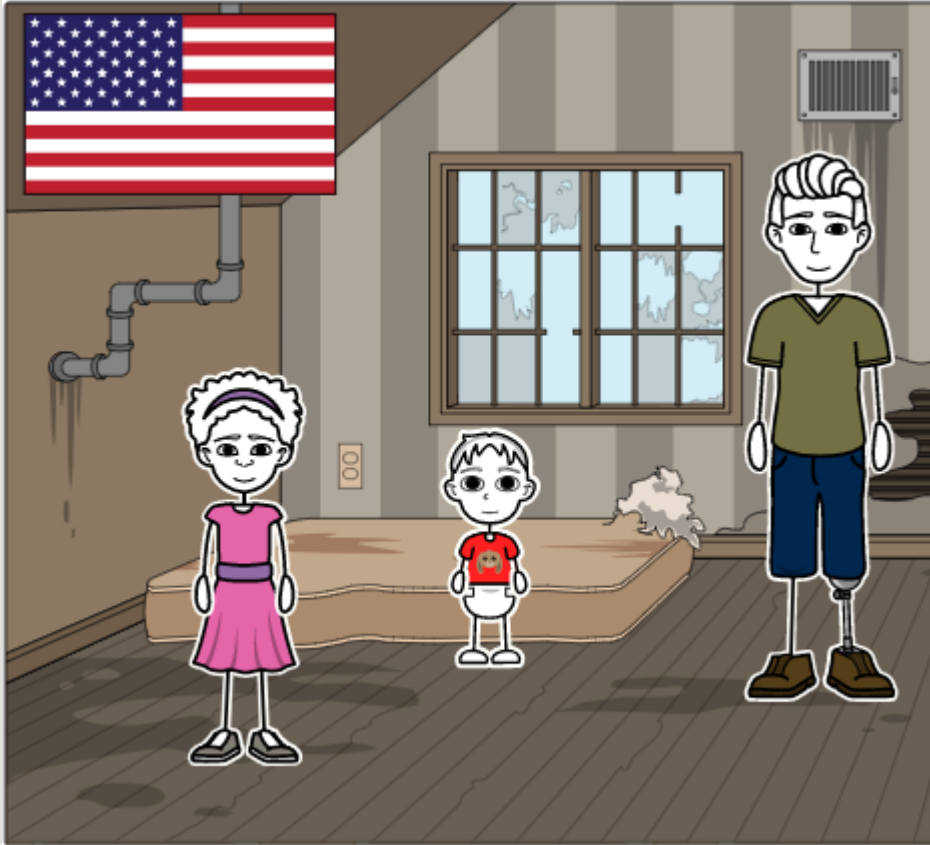
Mark and his fiancé, Liz, have 2 children. Their daughter is 8 and in 3rd grade, and their son is a year old. Liz isn't pictured here. She's in rehab for the 2nd time.

The family lives off Mark's disability check. He also does odd jobs when Becky is in school, and he can find a sitter for George.

Mark is your identified client. He's been struggling with being a single parent, and he's worried his anger will get out of control. Even though Mark knows Liz's issues have been hard on Becky, her tantrums get on his nerves. Things have only gotten worse with Liz in rehab.

Mark is hopeful you can provide some parenting tips, coping skills, and maybe recommend a counselor for Becky also.

Mark's Case – What might we think or assume?



What might be our initial impression of Mark?

- He's doing his best as a "single" father.
- Mark might be better off ending his relationship with Liz.

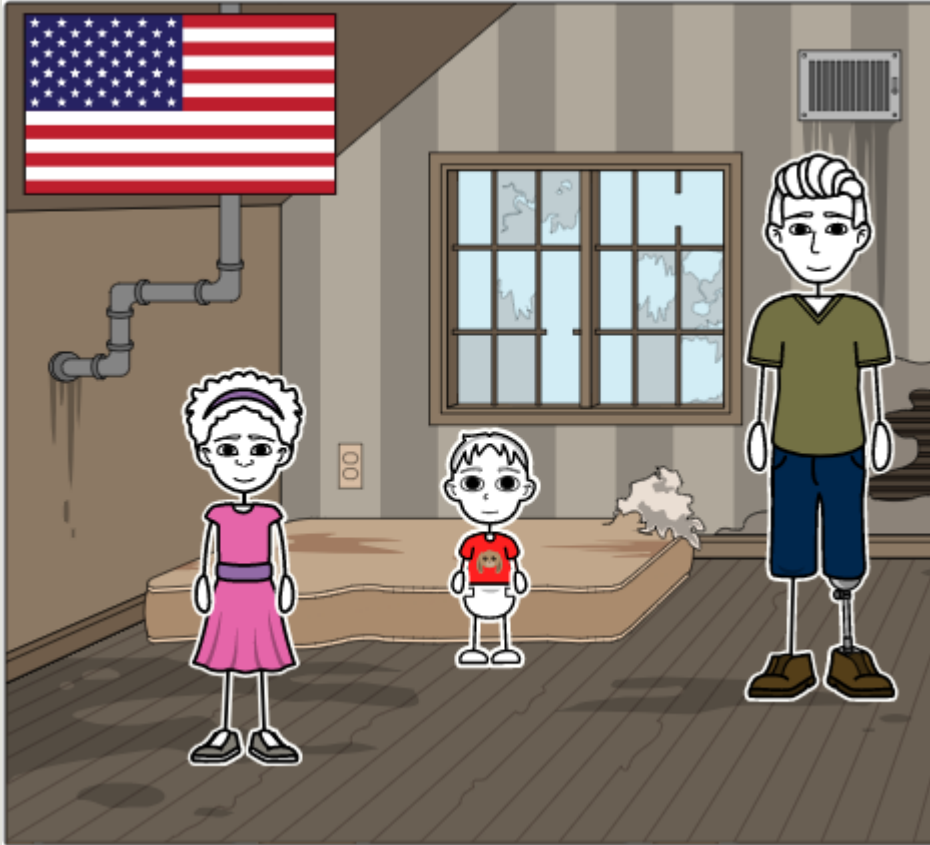
How might we feel about Mark's situation?

- Not all men would step up in a situation like this.
- He's a veteran, cut him some slack.
- Parenting is hard and his relationship is complicated - of course he's angry!
- Liz is lucky to have a fiancé like Mark.

Do we have any concerns about working with Mark? Why or why not?

- Based on Mark's report of his relationship situation, it's understandable how Mark is feeling and reacting to Becky's tantrums. The real issue is Liz. Supporting Mark is crucial and so is helping Becky learn to use her words in place of tantruming.

Mark's Case – Using UPR: Identify - Focus - Respect - View

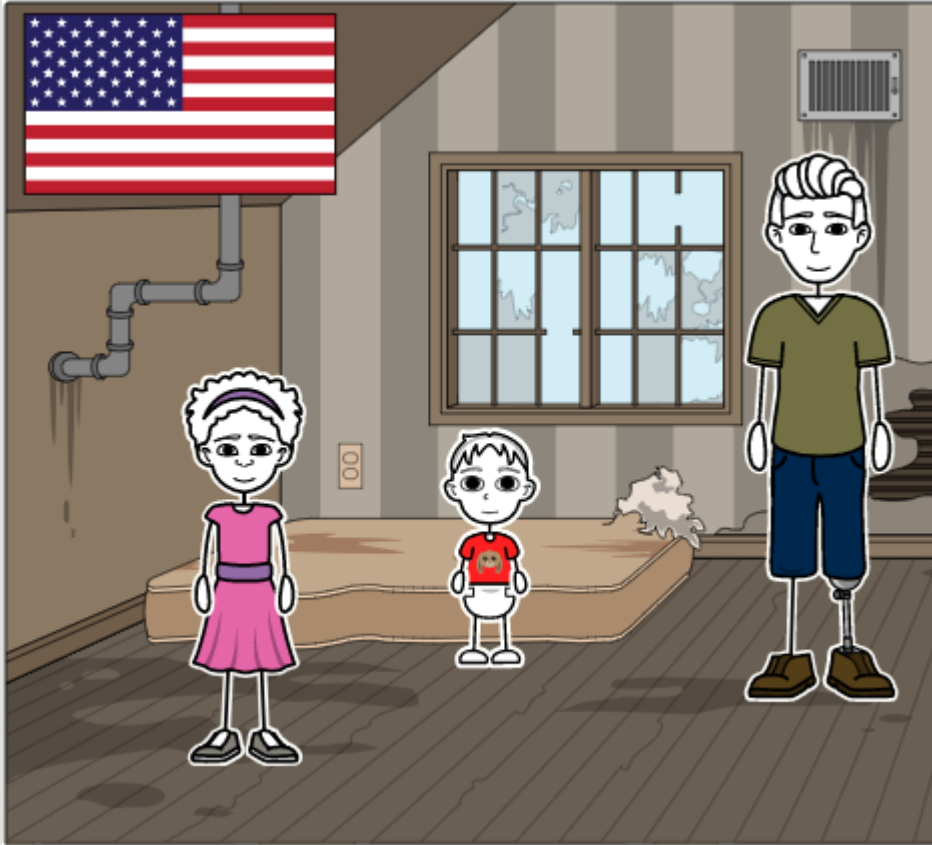


In your groups, take 5 minutes to reflect on the questions below. Select a speaker to share with the larger group.

- Is countertransference present?
- Is countertransference positive or negative?
- How might you be “real” and present?
- How might you demonstrate UPR?
- How might you communicate empathic understanding?

Identify – Focus – Respect – View

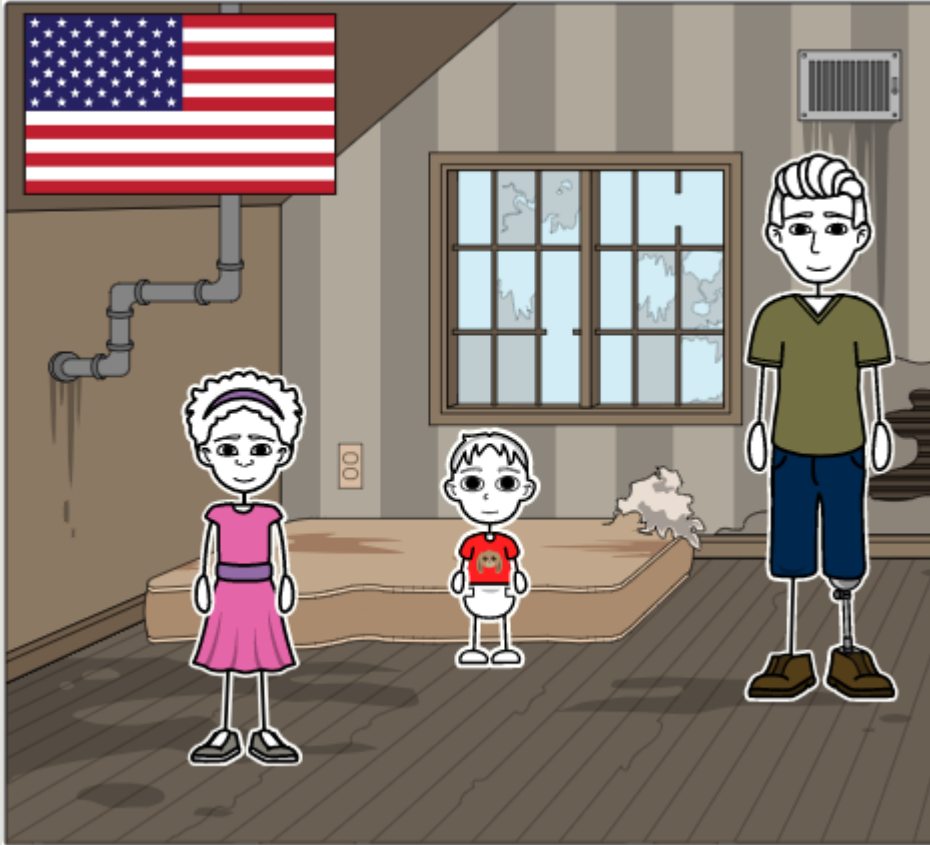
Mark's Case – Using UPR: Identify - Focus - Respect - View



see answer key

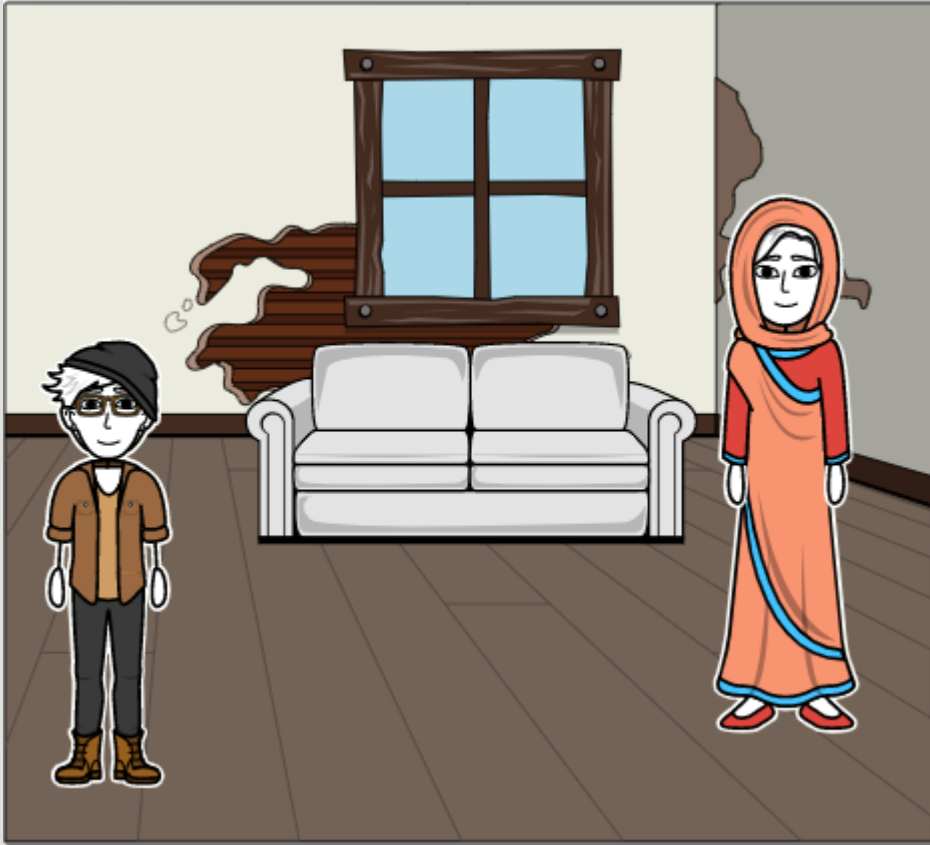
Identify – Focus – Respect – View

Mark's Case – Using UPR: Identify - Focus - Respect - View



- Countertransference - Yes or No?
 - Yes
- Positive or Negative Countertransference?
 - Positive - toward Mark (Veteran status; honorable discharge; holding down the fort)
 - Negative - toward Liz (Failed rehab once; not home with the family)
- “Real” & Present (Emotional Bonding / Identify Strengths & Assets)
 - Seeking counseling
 - Recognizes how Liz’s absence affects Becky
 - Focusing on family’s needs
- Demonstrate UPR (Practice Empathy / Focus on Client’s Strengths & Assets)
 - Capable of multi-tasking (odd jobs, kids, etc.)
 - Understanding re: Becky’s struggle
 - Supportive re: Liz in rehab
- Communicate Empathic Understanding (Collaborative / Be Respectful; View the Client as an Important Person)
 - What skills did Mark learn in the military?
 - How can he transfer those skills to family life?
 - What parenting skills is he currently using that can be expanded upon
 - How can Mark help Liz remain connected with the family which would help Becky?

Connie – A Case Study



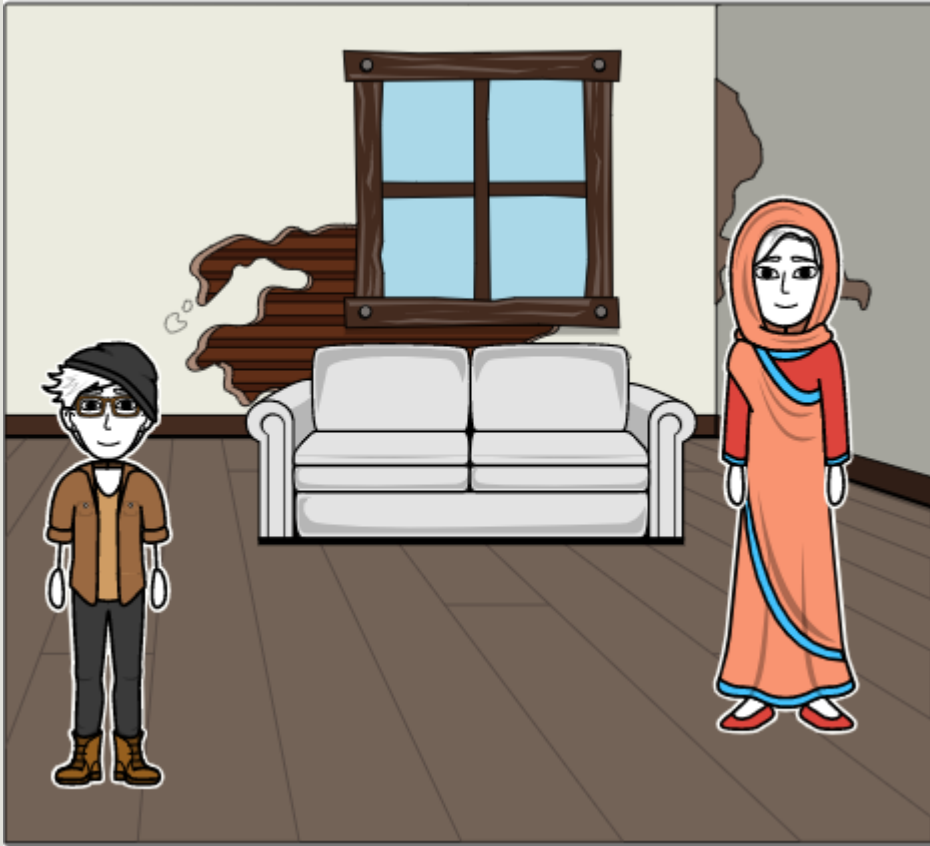
Connie initiated counseling services for her 15-year-old son, James. Although James gets good grades, he has been having some behavior issues at school. One of James's teachers reported James has been caught picking on other students and recently got into a verbal argument with the bus driver.

James informs you that he "still has a lot of anger" about his mom "missing out" on parts of his childhood. At James' next appointment, you ask Connie about this. She informs you:

"Well, when he was little, about 6 or 7, my sister took care of him while I was away. She took good care of him, but James can't seem to get past that for some reason."

You inquire a bit more and learn that Connie was separated from James because she was incarcerated "for attempted murder."

Connie's Case – What might we think or assume?



What might be our initial impression of Connie?

- Connie is the one who needs counseling.
- If it hadn't been for Connie's past, James wouldn't need counseling.

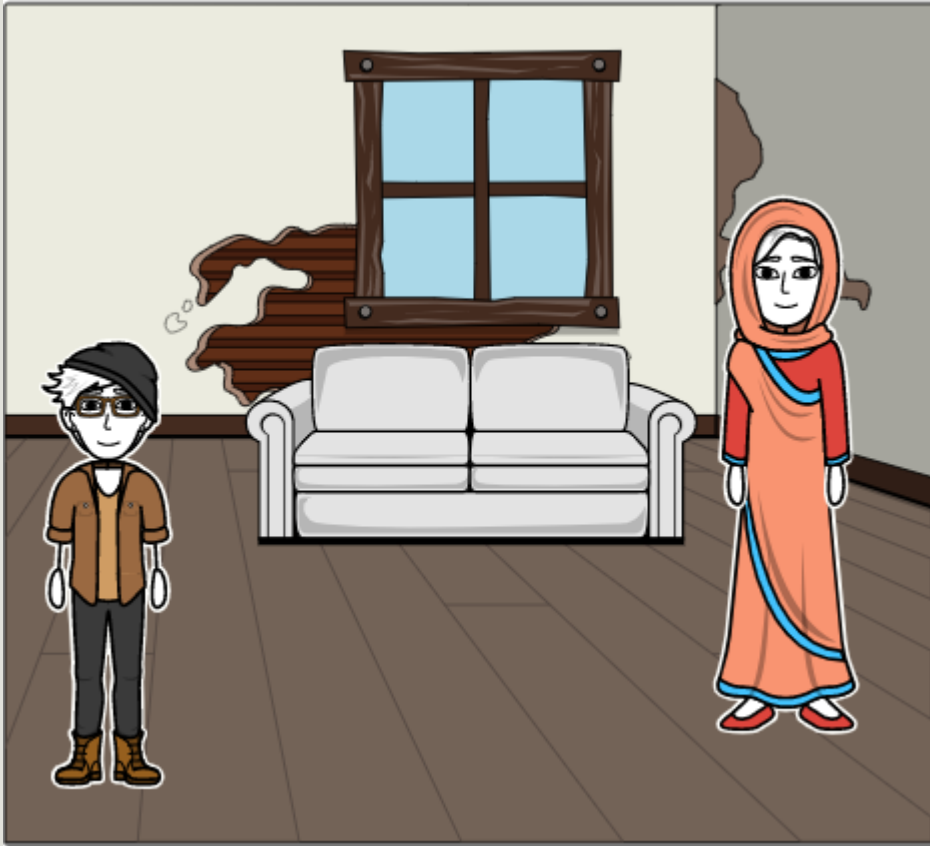
How might we feel about Connie's situation?

- Connie should feel some/more remorse.
- James has a right to be mad and acting out.
- Connie doesn't seem to be taking her past behavior seriously.
- Connie needs individual counseling.

Do we have any concerns about working with Jill? Why or why not?

- Based on Connie's report of having been incarcerated for attempted murder, we might feel unsafe being around her or that there is cause for making a mandated report.

Connie's Case – Using UPR: Identify - Focus - Respect - View

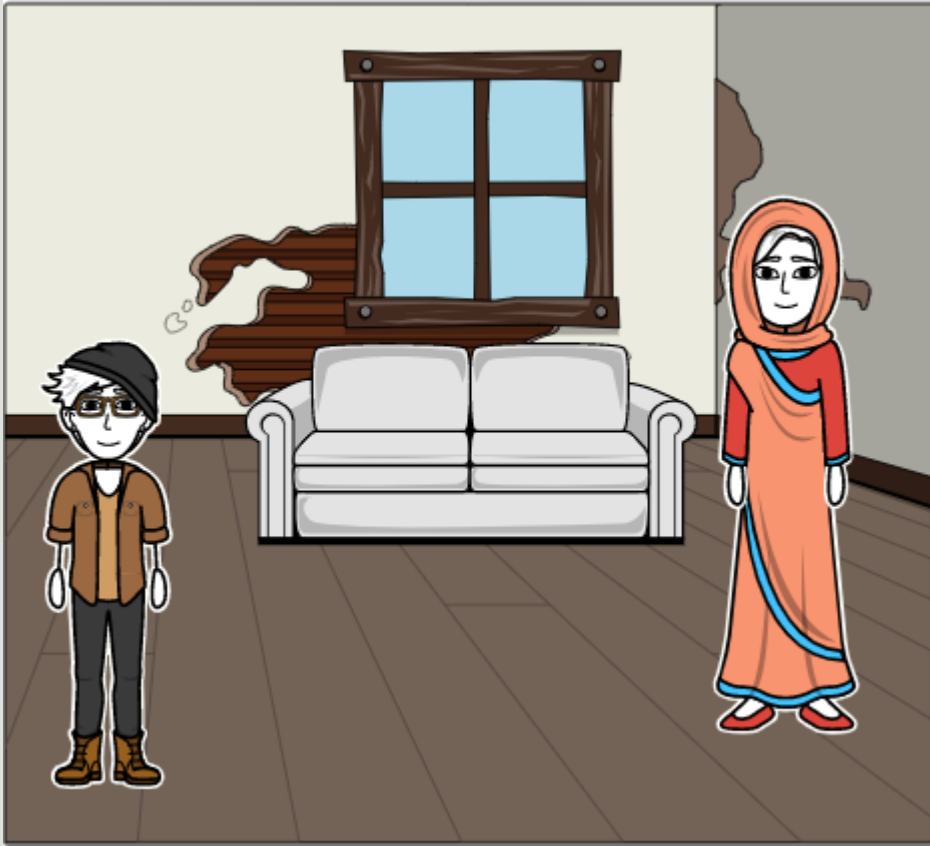


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- Is countertransference positive or negative?
- How might you be “real” and present?
- How might you demonstrate UPR?
- How might you communicate empathic understanding?

Identify – Focus – Respect – View

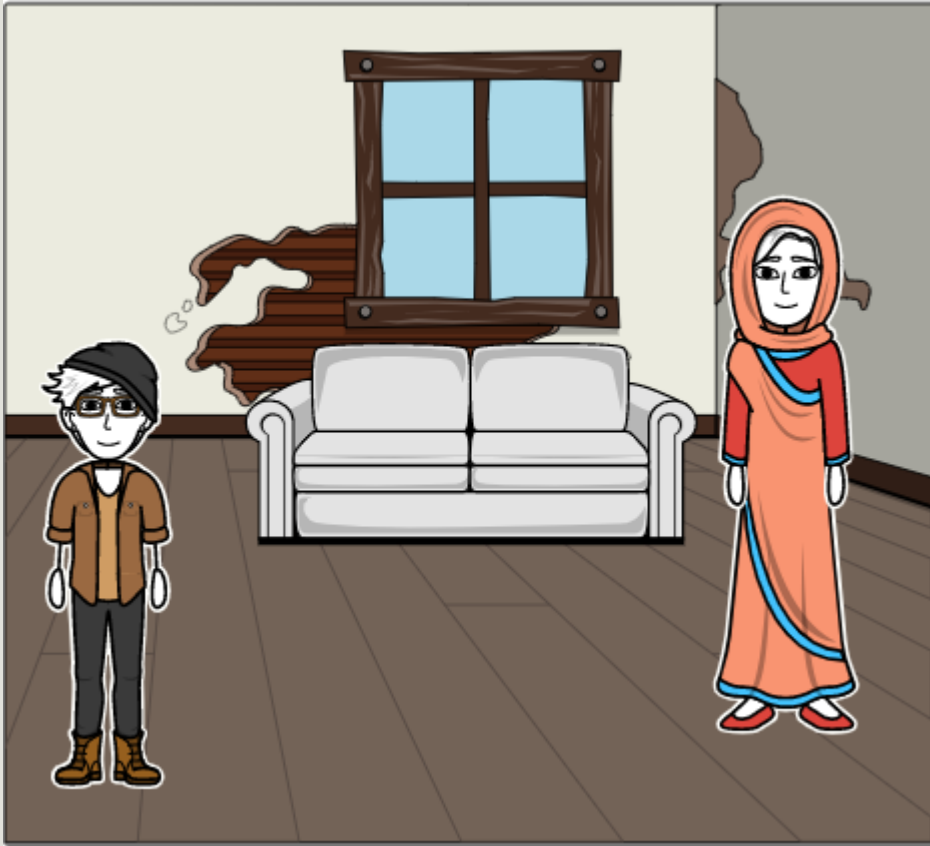
Connie's Case – Using UPR: Identify - Focus - Respect - View



see answer key

Identify – Focus – Respect – View

Connie's Case – Using UPR: Identify - Focus - Respect - View



- Countertransference - Yes or No?
 - Yes
- Positive or Negative Countertransference?
 - Negative - due to attempted murder charge; missing out on son's childhood
- "Real" & Present (Emotional Bonding / Identify Strengths & Assets)
 - Seeking counseling for James
 - Recognizes that her absence was significant
 - Participating in family counseling
- Demonstrate UPR (Practice Empathy / Focus on Client's Strengths & Assets)
 - Connie served her jail sentence and supported her sister taking care of James
 - Connie returned for her son after serving her jail sentence
 - Connie acknowledged her past - not keeping secrets
- Communicate Empathic Understanding (Collaborative / Be Respectful; View the Client as an Important Person)
 - What do James and Connie want to see in their relationship improve?
 - How can Connie support James in working through his anger while still addressing his behavior issues?
 - What have Connie and James done to reestablish their relationship after Connie returned home?
 - Are Connie and/or James interested in participating in a support group, if one is available?

Jill – A Case Study



Deena and Jill have been dating for almost a year. They describe their relationship as “committed and healthy.” Jill is your identified client. She has initiated services to address feelings of anxiety related to a recent job change that required Deena and Jill to move across the state.

During the intake, Jill explains that she’s feeling irritable, edgy, and having difficulty concentrating because she’s “excited about this new adventure but also worried about making mistakes. I just want everything to be perfect, and Deena doesn’t seem to understand.”

Jill is eager to start counseling and wants Deena to participate with her to help mend the growing rift between them.

On the day of the scheduled appointment, Jill arrives in tears. When you ask her what’s wrong, she replies, “ Deena moved out today. She said she can’t do this anymore. She thought she could, but my past relationship with a minor is something she can’t get over. She left, and now I don’t know what I’ll do.”

Jill's Case – What might we think or assume?



What might be our initial impression of Jill?

- Jill is a perfectionist.
- Jill has high/unreasonable expectations of her partner.

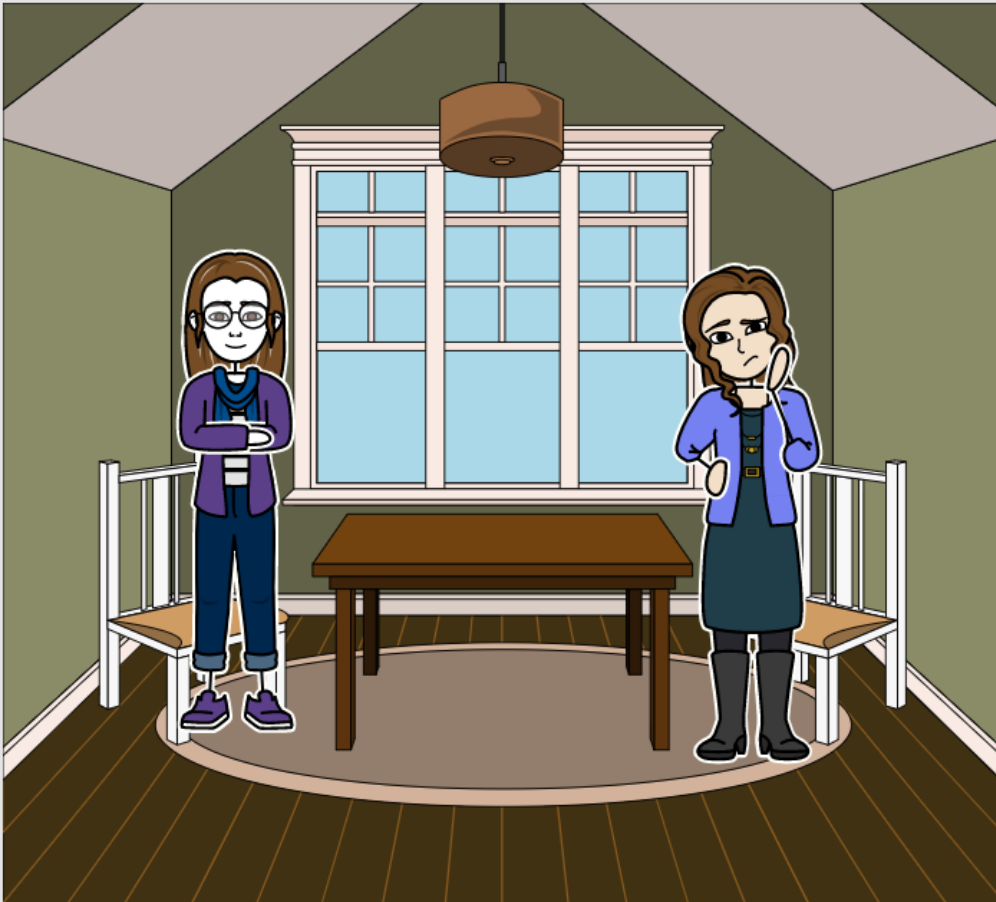
How might we feel about Jill and Deena's situation?

- Jill is being selfish.
- Jill isn't hearing/listening to Deena's concerns.
- Jill is avoiding an issue that's relevant to their relationship.
- Deena made the right choice to leave.
- Why did Deena wait until now to leave? She should have left sooner!

Do we have any concerns about working with Jill? Why or why not?

- Based on Jill's report of having a past relationship with a minor, she may fall into the client-type category that we said we could never work with.

Jill's Case – Using UPR: Identify - Focus - Respect - View

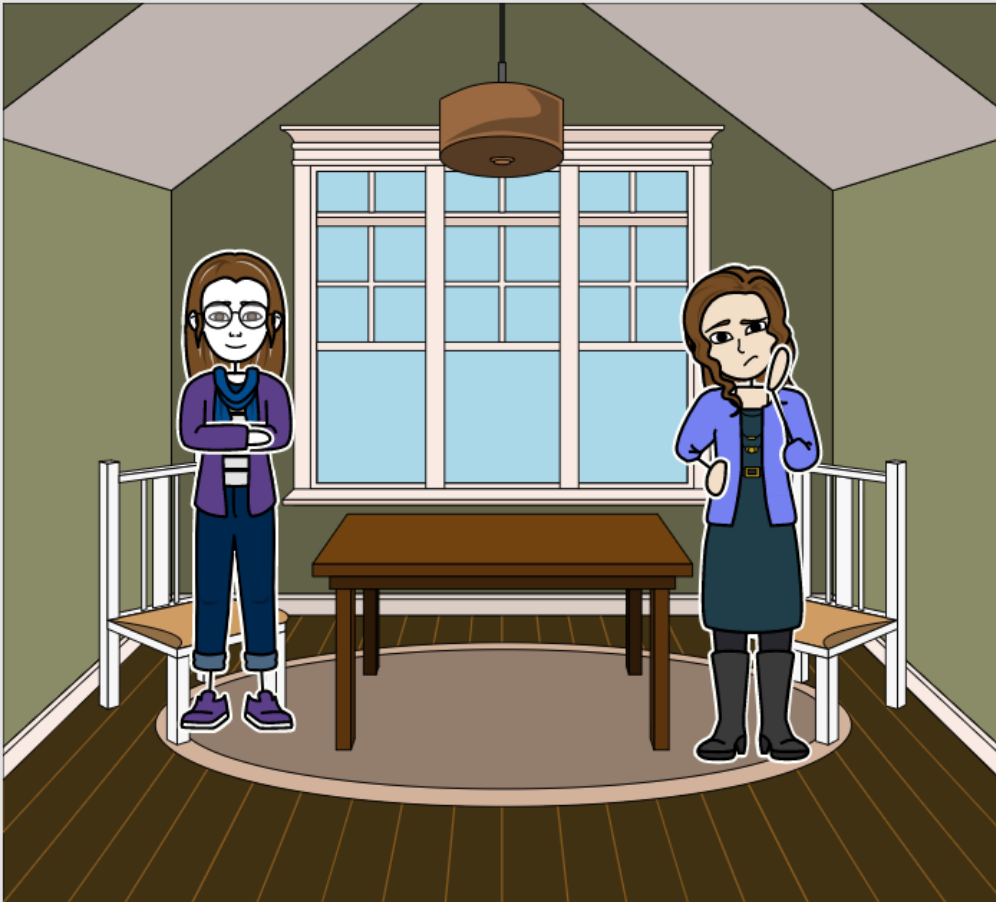


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- Is countertransference positive or negative?
- How might you be “real” and present?
- How might you demonstrate UPR?
- How might you communicate empathic understanding?

Identify – Focus – Respect – View

Jill's Case – Using UPR: Identify - Focus - Respect - View



see answer key

Identify – Focus – Respect – View

Jill's Case – Using UPR: Identify - Focus - Respect - View



- Countertransference - Yes or No?
 - Yes
- Positive or Negative Countertransference?
 - Negative - Jill doesn't seem to respect Deena's feelings/concerns; Jill was involved with a minor
- "Real" & Present (Emotional Bonding / Identify Strengths & Assets)
 - Motivated to participate in counseling
 - Wants her partner to participate - enhance relationship
 - Recently got a new job
- Demonstrate UPR (Practice Empathy / Focus on Client's Strengths & Assets)
 - Hardworking; employed
 - Adventurous re: willingness to move across the state
 - Cares a great deal about her partner
- Communicate Empathic Understanding (Collaborative / Be Respectful; View the Client as an Important Person)
 - How would Jill like to move forward with therapy?
 - What is she doing independently to reduce/alleviate anxiety symptoms?
 - How can the counselor help Jill to grow in self-worth and independence?

Identify – Focus – Respect – View

Questions / Comments?



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