

Changing views of theory and practice in counselling: Multiple intelligences, eclecticism and the therapeutic alliance

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Introduction

This article discusses three theories and approaches in the field of counselling that have the potential to advance understanding of counselling processes. One, developed within educational psychology and first published in 1983, is Gardner's theory of multiple intelligences (MI) ([Gardner, 1983, 2006](#)). Gardner argued against a one-dimensional view of intelligence, in favour of a pluralistic view that recognises that people have different cognitive strengths and contrasting cognitive styles ([Gardner, 2006](#)). His theory has become instrumental in school curriculum planning, and widely adopted in the field of education. His theory delineates eight distinct intelligences, each one representing a different way that people can reflect, communicate and learn.

The next could be seen as a therapeutic approach in search of a theory: eclecticism, a trend that has been developing for over 70 years ([Lampropoulos, 2000](#)). The term eclecticism has been used to describe informal and more systematic ways counsellors and psychotherapists gather and apply theories and methods into a preferred therapeutic style or an individual approach for specific client needs ([Hollanders & McLeod, 1999](#); [Lampropoulos, 2000](#); [Lazarus, Beutler & Norcross, 1992](#)).

The third is a collection of theoretical views of the therapeutic alliance, that have evolved throughout Western psychotherapy, first appearing in 1912 in Freud's early work ([Elvins & Green, 2008](#)). The counselling and psychotherapy literature throws light on the influence and the value of a strong therapeutic alliance, defined broadly as "the collaborative and affective bond between therapist and patient" ([Daniel, Garske, & Davis, 2000, p.438](#)).

The implications of bringing together these theories may provide a foundation for eclectic decisions in therapy. The authors propose that the integration of MI theory into the field of counselling would provide a framework for counsellors to develop an eclectic practice approach, contribute to the development of a broad theoretical underpinning for eclecticism, and may strengthen counsellor – client rapport that contributes to the therapeutic alliance.

Philosophic assumptions underlying counselling

Over the years of its evolution in Western culture, counselling as a profession can be seen to have constructed and applied collective theories to individuals. Initially modernist conceptions maintained that objectivity, certainty and reason were fixed (Guterman & Rudes, 2008), and approaches to therapy were developed on fixed notions. In the field of therapy, modernist theorists assumed they were describing the psyche and its functioning accurately and that it was indeed knowable (Hansen, 2006). However, postmodernist assumptions have become more dominant in the field of counselling over the last two decades. These assumptions see reality as a human construction, noting that observers create realities, and knowledge is a result of intersubjective communication (Hansen, 2006; Guterman & Rudes, 2008). As a result new approaches that are more flexible and responsive to the client have emerged. A postmodernist theory would be one that, when applied, has useful consequences and becomes a tool rather than a representation of reality (Hansen, 2010). Overall, both MI and therapeutic alliance theories are flexible and highly useful, and usefulness is at the heart of eclectic approaches (Lampropoulos, 2000).

Hansen (2006) argued that postmodern thought can use theories in a more flexible way that provides expanded usefulness in supporting joint meaning-making between counsellor and client. The counsellor no longer must maintain allegiance to a particular theory, but has as a priority the co-construction of meaning within the therapeutic relationship and has the opportunity to adapt processes in the light of what has a useful impact on counselling objectives (Hansen, 2006).

An integrative movement in the field of counselling and psychotherapy has seen increased interest in trans-theoretical research and building a body of psychotherapeutic knowledge that applies more directly to the daily practice of therapists (Silverman, 2000). This movement brings increased research focus on the core ingredients of therapy, such as the therapeutic alliance and client expectancies.

Without reference to research, counsellors' beliefs and assumptions may become fixed over time, reducing openness to a client's unique experience, characteristics and wishes (Cooper, 2010). However, most research into therapy is designed to explore generalities about clients' experiences. The more research has to generalise, the more findings may not be relevant or helpful for particular clients. Nonetheless, there is a need to tailor therapeutic practices to suit specific clients (Cooper, 2010). Therefore the overarching question is whether there can be research-based theories that attract counsellors to move beyond their own beliefs and biases and to encompass flexibility in responding to clients.

While comparative outcome studies on the effectiveness of a variety of theoretical and practical orientations "almost invariably find that they are of about equal efficacy" (Cooper, 2010, p. 187), different kinds of clients may benefit from different kinds of therapy (Lyddon, 1989). For example, cognitive behavioural approaches may be more helpful when clients have greater cognitive functioning, and non-CBT approaches may be more helpful for clients who have greater relational needs and where difficulties appear to be expressed in an internal way (Cooper, 2008). Matching counsellors and clients in terms of cognitive and attitudinal styles results in more positive subjective ratings of counsellors by

clients (Fry & Charron, 1980). Clients prefer a counselling approach “that is consonant with their dominant epistemological commitment” (Lyddon, 1989, p. 427), in other words, working in a way that makes sense to them, and may be close to the ways that they already employ to solve problems. Therefore a shared world view between client and counsellor may be an important component of a client’s preference in seeking therapy (Lyddon, 1989; Lyddon & Adamson, 1992). Over twenty years ago Lyddon showed that clients displayed preferences for a therapeutic style that in some way matched their pre-conceptions, and natural problem-solving preferences.

Can theory, practice, and therapists remain flexible enough to respond effectively to the wide range of client preferences? Cooper (2010) recommends that being open to a range of frameworks may prove to be more useful than attempting to identify an approach that accounts for all styles and preferences. The current authors suggest that MI theory may prove an effective meta-theory, from which treatment methods can be tailored to individual client preferences.

Background of counselling

The peak professional counselling body in Australia, the Psychotherapy and Counselling Federation of Australia (PACFA), defines both psychotherapy and counselling as:

“professional activities that utilise an interpersonal relationship to enable people to develop self understanding and to make changes in their lives. Professional counsellors and psychotherapists work within a clearly contracted, principled relationship that enables individuals to obtain assistance in exploring and resolving issues of an interpersonal, intrapsychic, or personal nature” (PACFA, n.d.).

It is this relational aspect of counselling, the development of which is a core component of the therapeutic alliance, that has been shown to be a significant contributor to outcomes. That counselling is, in general, effective is considered by many writers to be conclusive (e.g. Lambert, 2004; Luborsky, Singer, & Luborsky, 1975; Rosenthal, 1990). Meta-analyses of counselling and psychotherapy outcome research in recent years have moved away from comparing differing theories and styles of conducting counselling – finding all approaches are equally effective – to the identification of common factors that account for positive outcomes (Hubble, Duncan, & Miller, 1999; Messer & Wampold, 2002). Among the most influential common factors is the strength or depth of the counsellor-client relationship i.e. the therapeutic alliance. Reviewers of the research are “virtually unanimous in their opinion that the therapist-patient relationship is crucial to positive outcomes” (Lambert & Ogles, 2004, p. 174).

Trends in the field of counselling have been moving towards eclectic practice for many years, bringing together theories and practices from several approaches (e.g. Howard, Nance, & Myers, 1986; Lampropoulos, 2000; Rivett, 2008). This trend away from maintaining rigid boundaries between theories and methods is supported by research (Lambert, Garfield & Bergin, 2004).

Eclecticism and integration of approaches in counselling

Eclecticism is the "...use of various theories and techniques to match client needs with an average of 4.4 theories making up their therapeutic work with clients" (Gladding, 2000, p. 190). Eclecticism "advocates the selective combination of the most efficient techniques, regardless of their theoretical origin, in order to achieve optimal therapeutic results for a specific client" (Lampropoulos, 2000, p. 287).

Eclecticism has been described as an important and essential perspective in the provision of effective therapy (Larsen, 1999). It may be a challenge for counsellors to become knowledgeable about the theories and methods of a variety of approaches. However, this open-minded eclectic stance allows for a holistic view of the client (Larsen, 1999), and the inclusion of both a social constructionist and individual constructivist perspectives.

Eclectic practice emerged informally into the field of psychotherapy about 77 years ago (Lampropoulos, 2000). In 1992 Lazarus, Beutler and Norcross stated that therapists have realised "that one true path to formulating and treating human problems does not exist" (p. 11). A survey of British counsellors indicated that 87% revealed some form of eclecticism (Hollanders & McLeod, 1999). A similar study in the United States of America (Jensen, Bergin & Greaves, 1990) found that 68% of therapists indicated that they approached their practice from an elective perspective.

In an Australian survey of counsellors and psychotherapists (Schofield, 2008) 26% of respondents identified themselves as eclectic/integrative (the second highest category after 'psychodynamic'). The seemingly low percentage of participants in this study who identified themselves as eclectic may be due to respondents being limited in category options in the survey used. In another Australian survey, Poznanski and McLennan (2004) found that almost all participants described using additional theoretical approaches.

Lampropoulos (2000) identified a need to focus on developing systematic treatment selection methods and organisational schemes to guide therapists. He also called for more research on developing "aptitude by treatment interactions" where different interventions are matched to client variables (Lampropoulos, 2000, p. 286), and "personality-matched eclecticism" (p. 288).

The term integrative has also been used widely to indicate a more formal, intentional and theoretically coherent way of combining 'what works best' in psychological treatment (e.g. Hollanders & McLeod, 1999; Lazarus, Beutler & Norcross, 1992; Long & Young, 2007). For many years the term integrative has also been used to describe the way many counsellors think and work (Hollanders & McLeod, 1999). Fosha (2004) considers that "the essential nature of treatment is integrative" (p. 67). Trends in the field of counselling are towards using integrative or eclectic practice, bringing together theories and practices from several approaches (e.g. Howard, Nance, & Myers, 1986; Rivett, 2008), and the appropriateness of this trend has been supported by Lambert, Garfield and Bergin (2004).

In the Hollanders and McLeod (1999) study of British therapists' styles, the counsellors and psychotherapists based their combination of approaches on personal choice, on "intuitive or idiosyncratic criteria" (p. 413), not on an organised or theoretically coherent foundation. Lazarus, Beutler and Norcross (1992) suggest that the blending of concepts and methods from the various psychotherapy schools has been conducted in "an arbitrary, subjective, if not capricious manner" (p. 11). They argue that "haphazard eclecticism" (p. 11) should be replaced by particular organising principles that are needed to guide therapists.

A significant theme to emerge from the Poznanski and McLennan (2004) study of Australian clinical psychologists was that "theoretical orientation to therapeutic practice is linked to the person of the practitioner, with its underpinning theoretical beliefs deeply rooted in his or her personal development history" (p. 65); in other words, therapists' orientations are based on their personal constructs. Surprisingly, reasons for choice of orientation did not include the needs of clients, with the exception of experiential practitioners who believed it was important to validate clients' personal experience (Poznanski & McLennan, 2004).

Some weaknesses in the eclectic movement have been identified. There is a requirement that counsellors become familiar with many techniques and theories, and that there is a "lack of basic guiding structure" to the core of therapy (Lampropoulos, 2000, p. 289).

The therapeutic alliance in counselling

The therapeutic alliance is also termed in the literature the 'helping alliance', the 'working alliance', and the 'treatment alliance' and is a term for "the degree to which the patient experiences the relationship with the therapist as helpful or potentially helpful in achieving the patient's goals in psychotherapy" (Luborsky & Luborsky, 2006, p. 63). While there is some disagreement about the therapeutic alliance construct, there is widespread agreement that the relationship is crucial (Lambert & Ogles, 2004).

Interest in the importance of the therapeutic alliance to the psychotherapeutic process has recently grown, and in the "robust empirical literature the therapeutic alliance consistently predicts psychotherapeutic outcome" (Arnd-Caddigan, 2012, p. 77). The psychotherapy and counselling literature identifies the therapeutic alliance as one of the reliable ways to predict positive outcome (Luborsky & Luborsky, 2006), and as contributing to up to 30% of positive outcomes (Lambert, 1992).

Early writers (such as Freud, 1912/1958; Rogers, 1951; Zetzel, 1956) claimed that a positive connection with clients was a basic requirement for effective therapy. These claims have been echoed and supported through more recent meta-analytic reviews of the literature (e.g. Daniel, Garske, & Davis, 2000) and neuroscience findings that highlight increases in the effectiveness of therapy and higher neuro-plasticity (leading to the possibility of change) when positive therapeutic alliances are present (e.g., Barletta &

Fuller, 2002; Schore, 2002; Siegel, 1999; Wright, 2000). In recent decades the exploration of mirror neurons as a biological basis for empathy suggest that humans are hard-wired for empathy and connection (Prestona & de Waal, 2002).

Many early studies proposed and consolidated concepts of the alliance in therapy (e.g. Bordin, 1979; Luborsky, 1976; Saltzman et al., 1976; Strupp, 1973), and showed the significant correlation between the therapeutic alliance and therapy outcomes, in that the quality of the therapeutic alliance was shown to be a reliable predictor of therapy outcomes from a variety of approaches to counselling and psychotherapy (e.g. Barber, Connolly, Crits-Christoph, Gladis, & Siqueland, 2000; Horvath & Symonds, 1991; Klee, Abeles, & Muller, 1990; Luborsky, 1994; Luborsky, Crits-Christoph, Alexander, Morgolis, & Cohen, 1983; Luborsky, McLellan, Woody, O'Brien, & Auerbach 1985; Marmar, Horowitz, Weiss, & Marziali 1986; Safran, & Wallner, 1991; Weerasekera, Linder, Greenberg, & Watson, 2001).

More recent studies have investigated a wide range of variables that influence the alliance e.g. differences between therapists' and clients' perceptions of the alliance. Some examples of the recent research on the impact of variables on the alliance include: therapists' characteristics (Zimmerman & Bambling, 2012), therapists' predictions (Nissen-Lie, Monsen & Ronnestad, 2010), clients' pre-treatment expectations (Patterson, Uhlin & Anderson, 2008), personality congruence between counsellor and client (Taber, Leibert & Agaskar, 2011), therapists' genuineness (Lo Coco, Gullo & Prestano, 2011), and the quantity and quality of time provided for the client (Topor & Denhov, 2012).

The therapeutic alliance has been demonstrated to play a central role in predicting psychotherapy outcome, and there was a significant correlation between the therapeutic alliance and the level of clients' improvement (Bottella, et al., 2008). A weaker alliance in early sessions proved a more reliable risk factor for client termination of therapy than the seriousness of the client's problem (Bottella, et al., 2008). Motivational factors for participating in counselling have been shown to develop through the development of the therapeutic alliance (Emmerling & Whelton, 2009).

Over thirty-five years ago Luborsky (1976) identified two types of alliance: Type 1 is typical of the early stages of therapy and is centred on the client's perception of the support they receive. Type 2 is typical of the later phases of treatment where a feeling of joint work can emerge. For counsellors whose work with clients may be shorter than for psychotherapists, the establishment of a Type 1 alliance may be a central focus, i.e. the client's perception of support.

There are some differing views in the literature as to exactly when an alliance forms and when it can be reliably measured. However, Sexton, Littauer, Sexton, & Tømmerås (2005) found that clients consider that a good alliance is usually established early in the first session (the type 1 alliance). This suggests that counsellors might make the development of connection, trust, and relationship central aims of early sessions. Clients perceive relational depth within counselling as contributing to enduring positive outcomes (Knox, 2008).

Cebero (as cited in Soares, Botella & Corbella, 2010) suggested that a priority in applying interventions to support the alliance, is the ability to “sense the most appropriate moment and introduce the best type of intervention together by evaluating which one best suits that particular client” (p. 177). In other words, Cebro seems to be recommending eclecticism, although this author points out that the ability to match the treatment to the client requires more training than other skills (Cebero).

Multiple intelligences theory

The theory of multiple intelligences (MI) (Gardner, 1983, 2006) delineates eight distinct intelligences, each one representing a different ability through which clients can communicate, process their difficulties, and learn. The implications for MI theory, as applied to counselling with young clients has been described by Booth and O'Brien (2008) and O'Brien and Burnett (2000a, 2000b). The authors' clinical observations, as well as previous research (e.g. Booth & O'Brien, 2008; O'Brien & Burnett, 2000a, 2000b; Pearson, 2003), suggested that there was an improvement in the alliance and overall therapeutic effectiveness when MI theory was used as a basis for selection of treatment modalities by counsellors working with children.

Gardner's eight intelligences (Nolen, 2003) can be summarised as verbal linguistic (strong ability to use words), mathematical logical (ability with deductive reasoning), visual spatial (ability to use images and graphic designs), musical rhythmic (ability to express through music and rhythm), bodily kinaesthetic (ability with movement and use of the body), intrapersonal (awareness of internal moods and thoughts – also termed “emotional intelligence” [Mayer & Salovey, 1995, p. 197]), interpersonal (ability to learn and express through relating to others), and naturalist environmental (affinity with nature and living things).

MI theory has been widely and enthusiastically applied in the field of education since its first appearance (e.g. Hoerr, 1992; Kelly & Tangney, 2006; Smagorinsky, 1995), particularly in widening the ways teachers teach, so as to support a higher level of student inclusion in the learning process. Teachers have included more experiential teaching methods and deliberately selected learning tasks that relate to students' cognitive styles. Over many years, pre-school to tertiary educators have found improvements in learning when MI methods have been introduced (e.g. Gardner, 2006; Greenhawk, 1997; Hopper & Hurry, 2000; Kezar, 2001; Vialle, 1997). Educational curriculum planning and new methods of teaching have been developed based on MI theory (e.g. Kelly & Tangney, 2006). MI interventions, where students have been enabled to identify their own dominant intelligences, and educators have responded to these, have been shown to have a positive impact on study skills and habits, and on students' attitudes towards educators (John, Rajalakshmi & Suresh, 2011). This finding illuminates a potential field for counselling research i.e. to explore whether a client's ability to identify their own intelligence preference might have a positive effect on their therapy as well as attitudes towards their counsellor.

Several intelligences may operate concurrently and typically complement each other (Brualdi, 1996). Each person is different, says Gardner (1997, p. 21), “we have here a distinctive, and possibly changing, profile of intelligences, and there can never be a formula for reaching each individual”. The theory of MI can be used to discern a client’s communication style, suggesting that focussing on individual communication styles can guide the way interventions are selected and utilised and enhance creativity in the counselling relationship (Keteyian, 2011). In addition Keteyian points out that the more counsellors are able to fully understand their own style, they will potentially make fewer assumptions about others.

Criticism of multiple intelligences theory

A critique of Gardner’s early work has suggested that what he labelled as intelligences could more accurately be called “cognitive styles” (Morgan, 1996). While supporting Gardner’s move – in the field of research on intelligence – away from the use of a single-factor descriptor for intelligence, Morgan (1996) argued for the use of the term “cognitive style”, rather than “intelligence”.

Lohman (2001) argued that Gardner’s (1983) denial of the existence of a central working memory and the importance of inductive reasoning abilities was misleading. While Lohman acknowledged that the research on the practical application of Gardner’s ideas within education has been positive, it seems to be the use of the term “intelligence’ rather than “cognitive abilities” that has caused the most criticism.

White (2004, 2008) and Eysenck (1998) presented several challenges to the way Gardner originally identified the intelligences. However, White (2008) acknowledged that the implementation of MI theory in educational settings may have increased students’ self-esteem and motivation for learning.

These criticisms have been strongly rebuffed by Kornhaber (2004), describing the source of Gardner’s data in cognitive developmental psychology. In responding to critics, Gardner (2006) has outlined his own criticisms of the methods used in an attempt to empirically test his theory, and has expressed willingness to change terminology if necessary and adapt to new data emerging in the future.

While careful review of the criticisms of MI theory is essential, these have not been shown to reduce the positive outcomes from almost thirty years of application – particularly in the field of education.

Multiple intelligences theory may contribute to counselling effectiveness

Given the positive outcomes from the application of MI theory in the field of counselling with children (e.g. Booth & O’Brien, 2008; O’Brien & Burnett, 2000a, 2000b), do the criticisms of MI theory weaken the value of using it as a foundation for systematic eclecticism in counselling? The authors suggest that if there is acknowledgment that the terms “cognitive abilities” can be used interchangeably with “intelligences”, and if the ideas are clearly labelled as theory, it is possible to proceed to researching its use.

Counselling in Western countries has focused primarily on the verbal / linguistic and the logical / mathematical intelligences as vehicles for activating and using the interpersonal relationship, or intelligence. With the notable exception of creative arts-based approaches and somatic therapies, western counselling operates on the assumption that most clients communicate and process information in a similar way. By contrast, educational research has explored the improvement of learning outcomes when students' individual learning styles – or intelligence preferences – are used to construct learning tasks (e.g. Gouws & Dicker, 2011; Griggs et al., 2009; Kelly & Tangney, 2006). Perhaps similar advantages may result from counsellors adapting their methods and frameworks to individual client's intelligence preferences, or strengths.

Research in multi-cultural counselling suggests that the narrow range of methods previously employed in western-based counselling should be widened (Abreu, Gim Chung & Atkinson, 2000; Laungani, 2004; Silverman, 2000). Multicultural counselling competence refers to counsellors' attitudes or beliefs, knowledge, and skills in working with culturally diverse clients (Sue, Arredondo, & McDavis, 1992; Sue et al., 1998). MI theory may also have a contribution to make in this specialised field, as activities that utilise a wide range of the intelligences have been used effectively in multicultural support of traumatised clients (e.g. Gerteisen, 2008; Henderson & Gladding, 1998; Webber & Mascari, 2008).

Clients draw on a number of largely separate information-processing devices, memory and intelligence-specific language systems in order to make meaning of the world around them (O'Brien & Burnett, 2000a, 2000b). It is recommended that counsellors draw on a combination of the clients' preferred intelligences, to strengthen the therapeutic relationship (Booth & O'Brien, 2008). Booth and O'Brien (2008) suggest that using a MI approach to counselling may be more effective and lead to more positive outcomes, particularly for clients whose preferred intelligences during counselling are not within those predominantly used, i.e. the traditional verbal linguistic and logical mathematical intelligences.

One of the defining criteria Gardner (1983) used to identify an 'intelligence' as a separate ability, was that it had to be socially valued. He argued that the field of western education had come to over-value some intelligences (as Western therapy also tends to do). He also claimed that there should be no hierarchy within the intelligences.

Seeing clients' learning and communication styles – or intelligence preferences – as beyond hierarchy, and hence beyond judgement, may have a liberating and esteem-building impact on clients (as it does within education, e.g. Mettetal, Jordan & Harper, 1997). Helping clients find a range of ways that enable them to communicate and process their challenges effectively will most likely enhance self-esteem, build confidence, and strengthen the therapeutic alliance.

There are several simple surveys or tests that, in conjunction with counsellor-client discussions, allow clients to identify some of their intelligence strengths. The surveys are equally useful for counsellors to identify their own intelligence preferences – and possibly

their own underlying assumptions or biases about ways of working with clients. Two popular surveys, that the authors have found most useful, are the Chislett and Chapman (2005) “Multiple Intelligences Test – Based on Howard Gardner’s MI Model”, and the Multiple Intelligence Developmental Assessment Scale (MIDAS) (Shearer, 1996). Use of these surveys provides a basis for beginning to privilege the client’s voice “as the source of wisdom, solution, and model selection” (Duncan & Miller, 2000, p. 170).

Eclectic practice would be an inevitable outcome if MI theory were applied to matching treatment to the preferences of individual clients. The integration of MI theory into the field of counselling could reduce haphazardness in eclectic practice, provide a clear theoretical underpinning, and support counsellor choices in developing eclecticism. The current authors are proposing that MI theory and practice may have a significant contribution to make in the ultimate development of a reliable guiding structure for eclectic practice that aims to tailor treatment to the needs of individual clients.

The introduction of MI theory may also make a contribution to a counsellor’s ability to “sense the most appropriate moment and introduce the best type of intervention together by evaluating which one best suits that particular client” (Ceberio, as cited in Soares, Botella & Corbella, 2010, p. 177). It may also be possible to strengthen the therapeutic alliance through the utilization of interventions relevant to clients’ preferred or natural intelligences (Gardner, 2006), as a way to build rapport.

Providing the means for counsellors to identify their own intelligence preferences – or biases – and to ascertain, and respond to, their clients’ preferences, may impact positively on the early alliance and the effectiveness of their practice in general. After establishment of the alliance, a focus on using the full range of intelligences could proceed.

As well as efforts to understand a client, the therapeutic process might benefit from efforts to understand the “styles of each of the figures involved in a psychotherapy process” (Soares, Botella & Corbella, 2010, p. 181). From an MI perspective this would include a counsellor’s knowledge of their own style (or intelligence) preference, as well as the client’s. Remaining unaware of their own intelligence preference, a counsellor may make assumptions about the effectiveness of how they work and interact through unrecognised biases.

Expressive therapies as MI practice

Expressive Therapies (ET) are an effective way to implement MI theory in counselling practice (Booth & O’Brien, 2008; O’Brien & Burnett, 2000a, 2000b; Pearson, 2011; Pearson & Wilson, 2008). ET is a synthesis of client-centred expressive counselling principles and activities, utilising creative arts therapies; approaches to counselling that utilise art, music, writing, drama, movement, play, visualisation and relaxation. In other words, ET activities utilise the full range of intelligences. This style of ET has been evolving in Australia since the 1980s (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009).

There are many reports on the positive impact of using art and drawing as part of therapy (e.g. [Henley, 1999](#); [Klorer, 2005](#); [McNiff, 1992, 2004](#); [Malchiodi, 2005](#); [Oster & Montgomery, 1996](#); [Pearson, 2003](#); [St Clair Pond, 1998](#)). Difficult behaviour can be channelled and transformed into socially constructive forms of self-regulation through supported creative activities ([Henley, 1999](#)). The use of imagery has been shown to be highly effective in helping people change in positive ways ([Hass-Cohen & Carr, 2008](#); [Lazarus, 1982](#); [McNiff, 1992, 2004](#); [Rogers, 1993](#); [Skovholt, Morgan & Negrón-Cunningham, 1989](#); [Wolpe, 1958](#)). The successful use of writing as a therapeutic tool has been documented (e.g. [Baker & Mazza, 2004](#); [Waters, 2002](#); [Wright & Chung, 2001](#)). The use of the body has been incorporated into somatically focused therapies ([Diamond, 2001](#); [Levine, 2004](#); [Roberts, 2004](#)), dance therapy ([Levy, 1988](#)), bioenergetics ([Lowen, 1975](#)), as well as relaxation strategies ([Charchuk, 2000](#); [Moroz, 2000](#); [Pearson & Nolan, 2004](#)). ET has been used successfully in schools for working through loss and grief ([Rogers, 1993](#); [Tereba, 1999](#)), and as a foundation for critical incident debriefing ([O'Brien, Mills, Fraser, & Andersson, 2011](#)).

Metaphor, which often combines imagery, language, narrative, stories, and is developed and encouraged through the application of ET, has been described as a significant support for positive change within counselling ([Lyddon, Clay & Sparks, 2001](#)). Emotional health can be enhanced by accessing, symbolising and externalising internal conflicts so they can be recognised and worked with, through a range of expressive modalities (e.g. [Klorer, 2005](#); [Malchiodi, 2005](#); [McNiff, 2004](#); [Pearson & Wilson, 2009](#)).

ET brings together a number of modalities that in total provide avenues for counsellors to use whatever their client's preferred intelligences are. It includes modalities that clients might enjoy, experience some competence at, and which might seem close to their interests. In this way, ET may make an effective entrée into therapy for the client since a positive early engagement within counselling can strengthen the therapeutic alliance.

Conclusion

MI theory has been applied in many areas of education and in counselling with young clients (e.g. [Booth & O'Brien, 2008](#); [Gardner, 1999, 2006](#); [Longo, 2004](#); [O'Brien & Burnett, 2000a, 2000b](#); [Waterhouse, 2006](#)). A large number of counselling activities that utilise MI theory have been trialled and published as part of ET ([Pearson, 2003](#); [Pearson, 2004](#); [Pearson & Nolan, 2004](#); [Pearson & Wilson, 2001, 2009](#)). Useful tests are available to help identify counsellors own preferred intelligences and to discern their clients' natural or stronger intelligences (e.g. [Chislett & Chapman, 2005](#); [Shearer, 1996](#)). The ET activities, in conjunction with the MI tests, practically equip counsellors to move beyond assumptions and respond in a more flexible way to clients.

As stated previously the authors' clinical observations, as well as previous research, suggest improvement in the alliance and overall therapeutic effectiveness when MI theory is a basis for selection of treatment modalities by counsellors working with children. Further research is needed to confirm and illuminate the application of MI theory to counselling with adult clients.

The study of MI theory and practice within counselling may provide several contributions. Future study may identify new ways to understand and enhance the early therapeutic alliance, and may provide a model for extending counsellor training with integrative and multi-cultural approaches. A framework for counsellors to be more flexible and intentionally eclectic in the delivery of service to clients may emerge from future studies, so that new ways emerge to match counselling treatments to clients' preferences.

The application of MI theory may contribute to best practice in the support of clients. The integration of MI theory and practice may provide new ways to understand and enhance both the personal and interpersonal components of the therapeutic alliance. With further research, a broader, reliable model may emerge for enhancing counsellor training with MI theory. This model could provide a framework for counsellors to be more flexible in the delivery of service to clients, and utilise new ways to match treatment to clients' abilities and strengths.

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