BSW-124
Human Growth, Behaviour and Counselling

Block

4

BASICS OF COUNSELLING

Expert Committee (Original)

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Jamia Millia Islamia
New Delhi

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Indore School of Social Work, Indore

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University of Delhi
New Delhi

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Aditi Mahavidyalaya,
University of Delhi

Dr. Rose Nembiakkim,
School of Social Work,
IGNOU

Dr. Sayantani Guin,
School of Social Work,
IGNOU

Course Preparation Team (Original)

Unit Writers
Prof. Chittaranjan Andrada, NIMHANS, Bangalore

Content Editor
Prof. Stephen Mavely

Block Editor and Programme Coordinator
Prof. Gracious Thomas
IGNOU, New Delhi

Course Preparation Team (Revised)

Unit Writers
Prof. Chittaranjan Andrada, NIMHANS, Bangalore

Content Editor
Dr. Sheeba Joseph, BSSS, Bhopal

Language & Block Editor
Dr. Sayantani Guin,
School of Social Work, IGNOU

Programme & Course Coordinator
Dr. Sayantani Guin,
School of Social Work, IGNOU

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BLOCK INTRODUCTION

Block four of the course on 'Human Growth, Behaviour and Counselling' deals with the 'Basics of Counselling'. In Unit 1 on 'Introduction to Counselling', the discussion is on the nature of counseling, difference between psychotherapy and counseling, general characteristics of a good counselor and a good client as well as communication skills required for a good counselor. Unit 2 is on the 'Processes Involved in Counselling'. It deals with the initial interview, assessment, middle phase, and the termination phase in counselling process. Unit 3 talks about 'Supportive and Behavioural Techniques in Counselling', while Unit 4 describes 'Cognitive and psychoanalytical techniques in counseling". Unit 5 deals with 'Practical issues involved in counselling'. The main discussion in this unit is on practical arrangements for counseling, handling difficult situations, problems to be confronted and other miscellaneous practical issues.

This block provides you with all the basic components of good counselling, details of the process involved in counselling, techniques involved in counselling and the practical issues involved in counselling.

UNIT 1 INTRODUCTION TO COUNSELLING

* Prof. Chittaranjan Andrada

Contents

1.0 OBJECTIVES

This Unit will present to you a general introduction about counseling. After completing this unit, you will be able to understand:

- the nature of counseling;
- the difference between psychotherapy and counseling;
- indications for counseling;
- disorders for which counseling is not the primary therapy;
- general characteristics of a good counselor;
- characteristics of a good counsellor during therapy;
- the characteristics of a good client.

1.1 INTRODUCTION

The importance of counselling in the area of HIV/AIDS can no longer be ignored. Unlike other diseases, HIV/AIDS requires special care and attention to the client. Although the concept of counselling in medical services is well known, the practice of this strategy in developing countries is almost absent. In India, efforts have been made to provide counselling services at least in some of the medical institutions. However, much needs to be done so that more and more people may take up counselling as their profession and may seek the required training in this field. In this unit we shall try to define the concept of counselling and other introductory characteristics pertaining to the areas of counselling. This will enable some of you, who are either involved or interested in getting involved in pre-test and post test counselling of the HIV/AIDS patients, to understand the basic aspects related to counselling.

1.2 WHAT IS COUNSELLING?

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Let us try to understand the concept of counselling by defining the term counselling and by examining other related components of counselling.

Definition: Counselling is an interpersonal process through which guidance and support is provided to persons with psychological problems. These problems may be personal or interpersonal in nature.

The persons involved in counselling: The individual who provides the support and guidance is known as the counsellor. The individual who receives the support and guidance is known as the client or conselee.

What counselling seeks to do: Counselling seeks to resolve personal and interpersonal problems through a variety of approaches, and in a way that is consistent with the values and goals of society in general, and that of the client in particular.

Goals**:** Specifically stated, counselling has four important goals, namely:

1) To reduce the emotional distress of the client,

2) To reduce the dysfunctional behaviours of the client,

3) To promote better adaptation of the client to his environment, and to develop his potential, and

4) To assist the client in making important personal decisions.

5) To enhance the self determination of the client.

Counselling is a special relationship. From the preceding discussion, it should be clear that counselling is a unique, helping relationship that allows the client an opportunity to learn, feel, think, experience, and change in ways that are socially desirable.

Most clients enter the counselling relationship voluntarily. Although clients typically expect the counsellor to resolve their difficulties, the counselling relationship is actually collaborative: client and counsellor collaboratively work towards the goals of counselling, with the counsellor acting chiefly as a facilitator of behavioural change.

How the counsellor works: To facilitate the achievement of the goals of counselling, the counsellor uses his understanding of behaviour, learning and interpersonal relationships to establish conditions favourable to client change.

While much of the work in counselling may involve one-to-one interaction with the client, interaction with ‘significant other’ persons in the client’s life can also contribute towards the attainment of the goals of counselling.

Counselling is a very variable process: The nature, course, and techniques of counselling vary widely across categories of counselling, such as crisis counselling, career counselling, marital counselling, family counselling, geriatric counselling, HIV/AIDS counselling, etc.

The nature, course, and techniques of counselling vary widely also across client groupings, such as is seen in individual counselling, couple counselling, group counselling, etc.

The nature, course and techniques of counselling also vary widely across categories of clients, such as children, adolescents, families, alcohol and drug addicts, etc.

Finally, the nature, course, and techniques of counselling vary widely across clients even if the clients belong to the same category and are receiving the same category of counselling. This is because each client is a unique person, different from everyone else.

1.3 THE DIFFERENCE BETWEEN PSYCHOTHERAPY AND COUNSELLING

Having defined counselling, let us try to learn what is psychotherapy? Psychotherapy is the treatment of psychological disorders by psychological means within the framework of an existing psychological theory. Psychotherapy is conducted by psychologists, psychiatrists, or other mental health professional who are highly trained in the field. Psychotherapy is a formal and structured process.

Differences between counselling and psychotherapy: Counselling is not the same as psychotherapy. Both normal and psychologically disordered persons can benefit from counselling (consider processes such as career counselling, premarital counselling, etc.). Counselling does not depend on psychological means alone to provide benefits to the client. Counselling may utilize processes such as restructuring the client's environment or recommending leisure pursuits. Counselling is not based upon any one specific psychological theory; rather, it is a commonsense approach to problems. Counselling also utilizes practical techniques derived from several different forms of psychotherapy, as appropriate to the situation.

Persons do not need extensive training to become counsellors. While a degree of training can prove extremely helpful, research has shown that, for persons with mild emotional disorders or interpersonal problems, teachers, elders and other experienced persons can produce as good results as do professional psychotherapists. Finally, counselling is far less formal and structured than psychotherapy. Counselling is also more flexible.

This discussion should not be interpreted to suggest that counselling is superior to psychotherapy because each process has its advantages and limitations. Perhaps, the best way to view counselling is to consider it as a first line of management for individuals with interpersonal problems.

Check Your Progress I

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of the unit.

1) Define counseling.

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2) What does counseling seek to do?

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3) What are the specific goals of counseling?

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4) List a few differences between psychotherapy and counseling.

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1.4 NOT EVERYBODY NEEDS COUNSELLING

Nobody is in total physical health. This does not mean that we need to consult a doctor for every cough and cold, or for each ache and pain. Likewise, nobody is in total mental health. However, this does not mean that we need to consult a mental health professional each time we feel anxious or unhappy. Thus, while counselling may be helpful, it is not essential for everyone who has to deal with problems. So, who is counselling necessary for?

Indication Criteria for Counselling

After understanding the concepts of counselling and psychotherapy, let us now try to see the main criteria indicating the need for counselling.

Counselling should be considered for everybody with stress-related mood disturbances and adjustment problems that additionally fulfill the following criteria:

1) The symptoms are related to stress, but are out of proportion to the stress in duration or severity. For example, even if there is a death in the family, after a few days or weeks we are able to pick up the pieces of our lives and carry on with our regular responsibilities. If somebody is unable to adjust after several weeks, and/or if the degree of emotional disturbance is so great that the individual is unable to attend to his or her regular work, then the individual would probably benefit from counselling.

2) The symptoms interfere with psychological, cognitive, biological, social, personal, and/or occupational functioning. Associated physical symptoms may be present. Interference with psychological functioning means that depression, anxiety, fear, anger or other dysfunctional emotional states are present more than is characteristics of the normal state.

Interference with cognitive functioning means that attention and concentration are poor, and forgetfulness develops. Mental slowness and mind blocks may become common. The individual begins to feel that his or her intellectual capacity is becoming affected. Interference with biological functioning means that there is impairment of sleep, appetite and sexual functioning. Disturbed sleep can be either sleeping too little or too much. Disturbed appetites can mean either eating too little or

too much. This is often associated with weight loss or weight gain. Disturbed sexual functioning is most commonly characterized by decreased sexual drive and capacity.

Interference with social functioning means that there is impairment in the ability and desire to interact normally in social situations. Often, the individual may prefer to avoid company. Interference with occupational functioning means decreased work efficiency, making errors at work, avoidance of responsibilities, and/or absenteeism. Interference with personal functioning means decreased involvement in the usual recreational and leisure activities such as reading, watching television, and hobbies. Associated physical symptoms include fatigue, lethargy, aches and pains, headaches, psychosomatic problems, etc.

Common Disorders that might benefit from counselling:

There are several disorders that might benefit from counselling. These include:

- Most forms of depression, Most forms of anxiety,
- Most disorders which are characterized by a failure to adjust to some recent or longstanding stress,
- Most conduct and emotional disorders of childhood and adolescence,
- Most kinds of interpersonal problems, Alcoholism and drug abuse, etc.

1.5 COMMUNICATION DISORDERS FOR WHICH COUNSELLING SHOULD NOT BE THE PRIMARY THERAPY

Many mental disorders are partly or wholly biological in origin. These include: dementia, schizophrenia, mania, and other psychotic states, obsessive-compulsive disorder, certain forms of depression, such as endogenous depression, certain forms of anxiety, etc.

Such disorders require primary medical management, such as the use of drugs or electroconvulsive (electric shock) therapy. Counselling may, however, be useful as an adjunctive intervention. It is impossible to develop proficiency in the diagnosis and management of psychiatric disorders through distance teaching since exposure and practical training components are not included in distance teaching. If you are interested in gaining more information in psychotherapy, you may refer to standard textbooks of psychiatry or join a full-fledged regular course from a recognized institution.

Warning for Counsellors

The counsellor should ensure that the client who comes for counselling has first been screened for suitability for counselling by a medical professional, preferably a psychiatrist. This is because a counsellor will not have the skills to identify psychiatric states that have subtle medical origins, and which consequently require medical management.

If the counsellor does not take this warning seriously, there is a definite possibility that, by attempting to counsel a client for whom medical therapy is more appropriate, the client's situation may deteriorate.

Warning symptoms that suggest that medical intervention is necessary for the following:

- Grossly abnormal behaviour (e.g. being violent, not taking care of personal hygiene);
- Abnormal talk (e.g. being irrelevant and incoherent);

- Presence of delusions (these are false beliefs, such as that of being persecuted, followed, talked about, poisoned, etc.)
- Presence of hallucinations (e.g. hearing voices, seeing visions);
- Presence of obsessions or compulsions (these are repeated thoughts and actions that are beyond the subject's control);
- Severe abnormality of mood (that markedly interferes with normal life);
- Loss of judgment; and,
- Loss of insight (that is, the failure to acknowledge that one is ill).

Check Your Progress II

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at eh end of the unit.

1) When is counseling indicated?

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2) Which are the common disorders that might benefit from counseling?

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3) List important disorders for which counseling is not the primary therapy.

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1.6 GENERAL CHARACTERISTICS OF A GOOD COUNSELLOR

Everybody can provide counselling, but not everybody has the skills to be a good counsellor. This section discusses the characteristics of a good counsellor. In the process, some of you who are already involved in counselling can introspect and see to what extent you possess the characteristics of a good counsellor.

1) A good counsellor must be fluent in the language of his client in order to guess what is unsaid, and to correctly interpret nuances in communication.

2) A good counsellor must understand the culture to which the client belongs. Without such an understanding, the counsellor may misinterpret various behaviours that the client shows.

3) A good counsellor should have charisma and personality. He should inspire confidence and respect in his client.

4) A good counsellor must have a rich experience of life. Without such an experience, it is difficult to put the client's problems and behaviour in the correct perspective, or to provide the most appropriate guidance.

5) A good counsellor must be reasonably mature and intelligent to understand the client's problems, formulate an appropriate plan of management, and carry it through. A counsellor without maturity and intelligence is one who may show poor judgment while counselling clients.

6) During therapy, the counsellor's values invariably percolate down to the client. Therefore, a good counsellor must have a healthy set of values.

7) A good counsellor's mind should be always oriented towards gaining in depth understanding that is, he should understand the intricacies and the workings of the human mind.

8) A good counsellor should be knowledgeable about the range of psychological disorders that individuals experience, and the characteristics thereof. To use a parallel, a doctor who is not knowledgeable about malaria will not be able to diagnose and treat it competently.

9) A good counsellor should be knowledgeable about the client's problem field. For example, unless a counsellor knows much about children, he will find it hard to competently counsel a parent who is having difficulties with his offspring. It can help if the counsellor is also experienced, in addition to being knowledgeable, in the client's problem field. For example, a counsellor who is a parent (as compared to one who is not a parent) will be able to better understand and counsel a client with parenting problems.

10) A good counsellor should have few emotional problems. This is because a counsellor who is unhappy may not be able to give the client his undivided attention. Furthermore, his judgment may be clouded by his personal problems. A good counsellor must be particularly free of problems in his client's area of difficulties.

11) A good counsellor must be well trained. To use a parallel, a doctor who is poorly trained may be competent in treating straightforward coughs, colds and fevers, but will be out of his depth with conditions such as heart disease or kidney failure.

12) A good counsellor should have good communication skills; he must know what to say, how to say it, and when to say it.

13) A good counsellor should be genuinely motivated to help persons in distress. He should not counsel merely out of a feeling of duty.

While counsellors can be of any age or sex, most clients tend to prefer their counsellors to be older than they are. Some clients may find it easier to confide in a counsellor of a particular gender. In India, many clients (particularly females) prefer same-gender counsellors.

1.7 PROFESSIONAL EHTICS TO BE HELD IN COUNSELLING

Counselling is a therapeutic interaction between two people; it is an honest contract of being in a genuine professional relationship. There are certain ethical principles to be held in this relationship. They are:

1. Confidentiality: The counsellor must keep all the information shared by the client under lock and key. He must not reveal any confidential information to anyone without getting the permission of the client with the primary focus of helping the client better.

2. Respecting the Right to Privacy: The client has a right to privacy and hence the counselling room should provide facilities to keep the privacy of the client. Taping the sessions either through audio or video without permission is unethical.

3. Respecting the gender identity of the client: In counselling, the counsellor has to respect the gender identity of the client, especially in courtesy greeting and behaviour patterns. Although touching is deep communication, it has to be done according to the mores and customs of the society.

4. Respecting the Profession: One should not criticize or condemn others in the same profession. It can spoil the professional relationship.

5. Intake of the Client: The counsellor should normally accept a client who is already reviewing help from another person only by mutual agreement or only after termination of the counseling relationship with the previous counsellor.

6. Unnecessary Probing: In the counselling process one has to avoid unnecessary probing especially into delicate issues. Each client has some sensitive areas and one should not compel the client and yank information from sensitive areas. The counsellor should use appropriate techniques to find the information.

7. An appropriate Time and Place: Counselling is a professional service and one should use appropriate time and place for counseling. The time should be conducive for better therapeutic interaction.

8. Prolonging the Counselling Session: The counsellor should not extend the counselling session for more than 45 minutes.

9. Respecting the freedom of the client: The counsellor has to respect the freedom of the client and should not inject his own values or philosophy into his client.

10. Unnecessary Dependency: The counsellor should not encourage dependency of the counselee on him and terminate the counselling when goals are at least partially achieved.

1.8 CHARACTERISTICS OF A GOOD COUNSELLOR DURING THERAPY

During therapy too, a counsellor must demonstrate some good characteristics which may include:

1) A good counsellor easily establishes rapport with the client. He readily makes the client feel comfortable with him.

2) A good counsellor shows empathy; that is, he understands what the client is experiencing. He is able to make his client feel understood.

3) A good counsellor is intuitive. He is able to read between the lines; from what has been said, he is able to understand what has been left unsaid.

4) A good counsellor feels warmth towards his client, and is able to make his client perceive the warmth and the desire to see him well again.

5) A good counsellor is able to accept his client as a good and deserving human being irrespective of the problems under consideration. He does not feel contempt for or hostility towards the client. He is able to communicate this acceptance to the client.

6) A good counsellor realizes that it is more important to listen than to talk.

7) A good counsellor is able to gain his client's confidence such that the client is willing to express the most personal details of his life to the counsellor. A good counsellor also respects these confidences. Nothing that the client reveals should be shared with anybody else without the client's permission.

8) A good counsellor does not criticize or sit in judgment upon the client (It is important to remember that several persons would already have criticized and judged the client before he/she came in for counselling). A non-critical atmosphere is one in which the client becomes willing to share his/her innermost thoughts and feelings without fear of negative reactions.

9) A good counsellor does not offer advice; rather, he understands and guides. In order to do so, he discusses the subject with the client, leading up to the suggestion in such a way that, sometimes, the client may himself propose it. Tact and timing are important in this context. Remember, several of persons (who did not take the trouble to understand the client) would already have offered advice to the client before he came in for counselling.

10) A good counsellor does not impose his opinions, beliefs, and values upon his client, particularly if the client already has a valid opinion, belief, or value system.

11) A good counsellor is sensitive to the client's emotional state. For example, he/she does not probe sensitive areas until she/he is certain that the client is ready to disclose the desired information. Or, he does not advise until he is certain that the client is ready to receive that piece of advice. Or, he does not convey to the client an interpretation of behaviour until he is certain that the client is ready for the understanding.

12) A good counsellor is not a voyeur. He does not ask for information that will make the client uncomfortable during the process of ventilation.

13) A good counsellor is patient. He does not expect the client to reveal everything at once. He does not expect the client to show dramatic improvements with counselling. He understands and is accepting when the client experiences 'slips' after improvement.

14) A good counsellor is optimistic, and is able to convey this optimism to the client.

15) A good counsellor has a sense of humour. This can produce transient lightening of the client's mood, and help him feel more positively about the counselling sessions.

16) A good counsellor focuses the session around the patient alone, and does not allow any aspect of his personal life to contaminate the session. If events in the counsellor's life have provoked irritation, impatience, sadness or any other emotion, he avoids allowing these to become visible to the client. Although this is a controversial subject, most believe that counsellors should avoid self-disclosure. Most clients wish to believe that their counsellor is infallible, and do not want to know about problems that their counsellor is facing, or has faced.

1.9 COMMUNICATION SKILLS OF A GOOD COUNSELLOR

Counselling is an interpersonal process, and good communication skills are therefore essential if a counsellor is to be effective. Let us now examine some of the communication skills of a good counsellor.

1) A good counsellor is conscious of his body language and the impact that it has on the client. He makes eye contact with the client, nods to convey his interest to the client, and avoids signs of boredom (e.g. yawning) or restlessness (e.g. fidgeting).

2) A good counsellor listens far more than he talks. He practices reflective listening; that is, saying a few words every now and then that reflect the gist of what the client just said. He does not interrupt unless absolutely necessary.

3) A good counsellor is polite, courteous, and tactful. He is aware of the client's sensitivities. He does not make his client feel guilty for past mistakes. He practices good timing in conveying his insights to the client.

4) A good counsellor is clear and unambiguous in his communication. He sticks to the point, taking one problem (and only one) at a time. His statements are relevant and meaningful.

5) A good counsellor encourages; he talks positively. He makes supportive and appreciative statements to his client, and gives praise whenever due.

6) Some frequent statements that a counsellor may make is:

In enquiring:	Tell me about it/tell me more…
In summarizing:	So, basically, this is what you mean…
In understanding:	Is this what you are trying to say?
In handling silences:	Take your time; there's no hurry, what are you thinking of?

1.10 CHARACTERISTICS OF A GOOD CLIENT

Counselling can benefit everybody, irrespective of age, sex, culture, creed and other characteristics. Intelligence is also not a prejudicial issue, provided that the client is sufficiently intelligent to understand what is happening during counselling. In most cases, the client approaches the counsellor of one's own choice or through referral services. However, in most cases of alcohol and drug addiction, a client is motivated and sometimes forced to seek counselling.

There are certain client characteristics, however, which can increase the extent to which a client may benefit from counselling. These characteristics describe a 'good' client, and are discovered below:

1) A good client is self-motivated for therapy. A friend or family members do not bring him unwillingly.

2) A good client is flexible, and is willing to accept that his point of view may be incorrect. He is willing to consider alternate options that may facilitate his adjustment.

3) A good client is psychologically minded. He accepts that his behaviour may be influenced by unconscious impulses. He is able to introspect and analyze his moods and behaviour with the help of the counsellor.

Client characteristics that suggest a favourable outcome: In addition to the characteristics of a good client discussed in the previous section, certain client characteristics suggest an increased likelihood that the client will respond favourably to therapy. These client characteristics are:

4) Fewer past problems,

5) Better previous adjustment in social and other walks of life,

6) Healthy family life,

7) Healthy social life,

8) Good physical health,

9) Ability to relax and enjoy leisure pursuits,

10) Emotional maturity, and

11) Good judgment.

Check Your Progress III

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of the unit.

1) List any three general characteristics of a good counsellor.

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2) List any three characteristics of a good counsellor during therapy.

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3) Write any one of the characteristics of a good counsellor with regard to communication skills.

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1.11 LET US SUM UP

In this unit, we discussed the basic concepts of counselling. Counselling is a simpler, broader, more flexible, and more informal way of helping people. In this regard, it is rather different from psychotherapy. Differences between counselling and psychotherapy were examined.

People require counselling only if they desire guidance, and if there is some significant disturbance of their mood or behaviour. Criteria were provided to help the counsellor identify individuals who need counselling. Common disorders that might benefit from counselling were listed, as also disorders for which counselling is not the primary therapy.

Not everybody can be a good counsellor. Various characteristics of a good counsellor were described under the headings of general characteristics, characteristics during therapy, and communication skills. Not everybody will benefit from counselling to the same extent. Characteristics of a good client were also described towards the end of this unit.

1.12 KEY WORDS

Counselling : An interpersonal process through which guidance and support are provided to persons with psychological problems; these problems may be personal or interpersonal in nature.

Counsellor : An individual who provides support and guidance during therapy.

Client : An individual who receives support and guidance during therapy.

Psychotherapy : The treatment of psychological disorders by psychological means, within the framework of an existent psychological theory.

1.12 LET US SUM UP

Mcleod J. 1998. *An Introduction to Counselling*. Open University Press, Portland.

Trower P. 1998. *Cognitive-behavioural Counselling in Action*, Sage Publications, London.

Seden J. 1999. *Counselling Skills in Social Work Practice*. Open University Press, Portland

Geldard K, Geldard D. 1999. *Counselling Adolescents*. Sage Publications, London.

Tudor K. Group *Counselling*. Sage Publication, London.

Chunkapura Joan (2000), Psychotherapies and Counselling, Trada Publications, Kottayam.

1.14 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) Counselling is an interpersonal process through which guidance and support are provided to persons with psychological problems; these problems may be personal or interpersonal in nature.

2) Counselling seeks to resolve personal and interpersonal problems through a variety of approaches in a way that is consistent with the values and goals of society in general and the client in particular.

3) The specific goals of counselling are:

   i) To reduce the emotional distress of the client.
   ii) To reduce the dysfunctional behaviours of the client

iii) To promote better adaption of the client to his environment, and to develop his potential.
iv) To assist the client in important personal decisions.

4) i) Psychotherapy is based upon a specific school of psychology while counseling is eclectic.
ii) Psychotherapy requires extensive training while counseling employees a more common sense approach.
iii) Psychotherapy is relatively formal and structured whereas counseling is less formal and more flexible.

Check Your Progress II

1) Counselling is indicated:

- When symptoms arise in the absence of comparable stress;
- When symptoms experienced are out of proportion to the stress in duration and severity; and,
- When biological, psychological, personal, social, occupational and other functions are disturbed.

2) Anxiety and depressive disorders, adjustment disorders, conduct disorders, alcoholism, and drug addiction.

3) Organic brain disorders such as dementia, psychotic disorders such as schizophrenia, and other biological disorders such as endogenous depression.

Check Your Progress III

1) During therapy, the counsellor's values invariably percolate down to the client. Therefore, a good counsellor must have healthy set of values.

A good counsellor should understand the intricacies and workings of the human mind.

A good counsellor should have excellent communication skills, he must know what to say when to say it, and how to say it.

2) A good counsellor shows empathy; that is, he understands what the client is experiencing. He is able to understand what has been left unsaid. A good counsellor feels warmth towards his client, and is able to make his client perceive the warmth and the desire to see him well again.

3) A good counsellor listens far more than he talks. He practices reflective listening; that is, saying a few words every now and then that reflect the gist of what the client just said. He does not interrupt unless absolutely necessary.

UNIT 2 PROCESSES INVOLVED IN COUNSELLING

* Prof. Chittaranjan Andrada

Contents

2.0 OBJECTIVES

Counsellors who are new to the field often do not know how to begin counseling or what to do with the client after the initial few sessions. Often, counselors-in-training lose their direction during therapy. It has also been observed that counsellors do not know how to identify when the process of counselling is approaching its end.

This unit therefore presents a bird's eye view of the counselling process, from beginning to end. The beginning and the end have been discussed in depth because techniques for the middle phase of counseling are discussed in detail in later units of this block. After completing this unit you will be able to understand:

- the process involved in counseling,
- how a counsellor can learn to structure the course of therapy; and
- how a counsellor can locate his/her position and progress during the treatment process.

2.1 INTRODUCTION

The need for counselling has become ever more increasing in present times. Counselling can help people living with diseases like HIV to live a life of dignity and also help to prevent further spread of the infection. In fact, anyone who feels that he has been involved in risky behaviour, which can cause HIV infection, needs counselling. Similarly, those who have been already infected require counselling services, which will enable them to plan their future course of action to live a meaningful and productive life. In the previous unit, we discussed the concept of counselling, the characteristics of a counsellor in various settings as well as about the possible characteristics of the client which suggest a favourable outcome. In this unit, let us concentrate on the process involved in counselling while dealing with various scenarios that are likely to arise during counselling.

* Prof. Chittaranjan Andrada, NIMHANS, Bangalore

Counselling comprises of the following processes:

Phase One: The Initial Interview

Phase Two: The Assessment

Phase Three: The Middle Phase

Phase Four: The Termination

2.2 THE INITIAL INTERVIEW

The initial interview describes the first contact with the client who is the individual in need of counselling. It completes the intake process, a sort of admission of the client into the formalities of counselling.

Importance of the Initial Interview: the initial interview is of much importance for several reasons:

1) It helps the counsellor to get to know the client and his conditions better, and make appropriate plans for intervention. These plans include taking up the client for counselling or referring the client to another, appropriate, treatment service.

2) It helps the client to get to know the counsellor better, and to obtain reassurance and even crisis support, when necessary.

3) It offers the counsellor the opportunity to explain the nature and goals of counselling, and to agree upon the practical arrangements for counselling with the client.

In short, the initial interview will help the client and the counsellor to begin the process of understanding and accepting one another.

The initial interview should normally proceed along the following lines:

1) Statement of the problem in clear, unambiguous terms.
2) Systematic evaluation of the problem, its causes and its effects.
3) Identification of circularity.
4) Feedback to the client.
5) Evaluation of the client's motivation for counselling
6) Clarification of expectations
7) Setting of goals
8) Establishing a contract
9) Making the practical arrangements for counselling.

Let us examine each of these steps that will enable us to actually understand the process involved.

Statement of the Problem in Clear, Unambiguous Terms

Clients who come into therapy are seldom clear and concise in their communication. More frequently, their thoughts are muddled, and heavily laden with emotional content. Clients do not say, "I am anxious", or "I am depressed". Instead, they frequently commence with an account of what happened, and where, when and how it happened. Often, a client comes for counselling because he has been compelled to do so by a family member, friend, or well-wisher. Such clients are, more often than not, unlikely to cooperate whole-heartedly with counselling.

Clients sometimes have difficulties in complying with the practical arrangements for counselling; for example, they may reside too far away, or may not be able to obtain leave from work.

A greater problem, however, is that many clients are unwilling to make the personal or lifestyle changes that are necessary if they are to benefit from counselling. For example, a husband, who is convinced that all his problems originate due to his wife's behaviour, may not be willing to accept that he is responsible in many ways for them, and that he needs to make certain changes in his attitudes and behaviour if his marriage is to survive. Or, while a drug addict may realize that his addiction is ruining his life, he may not be willing to give up the company of the friends who are encouraging him in his deviant habits.

It is important that the client realises that the counsellor can only facilitate change; the client must make the primary effort. Breaking maladaptative habits is difficult. Making lifestyle changes is difficult. The client must be willing to make the necessary efforts with the guidance of the counsellor.

It is important, for several reasons, to assess motivations that led the client to seek counselling. If the counsellor understands that the client is poorly motivated for counselling, he can provide an appropriate feedback to the client. Then, in consultation with the client, he can arrive at a pragmatic decision concerning whether or not to proceed with counselling.

If a client shows poor motivation and the counsellor decides not to go ahead with counselling, he saves for himself, and his client, a lot of time. He also saves himself a lot of heartburn; had he proceeded with therapy, and had the client shown poor progress, he would in all likelihood have blamed himself, or questioned his competence. If a client shows poor motivation and the counsellor does decide to proceed with therapy, he would probably set far more modest goals than he would have had the client been more motivated.

It may be noted here that the evaluation of motivation is an ongoing process. A client may begin counselling enthusiastically but may later weaken his resolve when he realizes what behavioural changes are necessary.

Clarification of Expectations

The counsellor needs to find out what the client expects from counselling. Some clients tend to believe that once they tell the counsellor their problems, it is the counsellor's responsibility (and not their own) to find the solutions. Some clients believe that the counsellor will magically work out solutions for problems that have existed for years.

The counsellor should, right from the early stages of counselling, put his client on guard against unreasonable expectations, such as expectations of dramatic cures, total cures, one-sided compromises, etc.

From a practical perspective, it is imperative to ascertain what the client believes will occur during counselling. Some clients believe that the counsellor will put them on a couch and psychoanalyze them. Other clients believe that the counsellor will ask questions about their childhood. Doubts, misconceptions and myths that clients come with should, therefore, be probed and clarified.

Setting of Goals

General goals of counselling are to reduce emotional distress, to reduce dysfunctional behaviour, to promote adaptation, to develop potentials, and to assist in decision-making. After obtaining a general understanding of the client's problems and expectations, specific goals of therapy need to be set. The counsellor needs to guide the client in the setting of specific goals because the client is quite likely to be uncertain of what may be expected from counselling.

Such goals are best explicitly stated as specific emotional and behavioural changes that are acceptable and desirable to the client and to society. Thus, an ethical element exists in all goal-setting exercises.

It is important to break down important goals into their logical subcomponents or sub goals, which, by virtue of such identification, are more easily tackled.

For example, when engaging in marital counselling, goals may be stated as follows:

1) Mrs. A should feel less depressed.
2) Mr. & Mrs. A should improve their understanding and cooperation on the following issues:
    a) Disciplining of their children;
    b) Distribution of household responsibilities;
    c) Sex;
    d) Relationship with the in-laws, etc.

Stating goals in such a specific manner may generate a long, laundry-like list; however, there is no bar to the number of goals as long as all the goals are specific, clearly defined, reasonable, and attainable. There are many reasons why goals should be so specifically set. These are briefly discussed below.

Setting very specific goals allows an objective evaluation of the progress of therapy. Counselling seldom concludes with perfect results; and this could lead both the counsellor and the clients to consider the therapy a failure. By listing specific goals, both counsellor and clients can identify the goals that have been attained, and feel satisfied that some of these goals have been met partially or fully.

The goals of therapy should be modest; ambitious goals often lead to frustration and end up discouraging both the clients and the therapist. It helps to have the goals stated in writing. Clients and counsellor alike should be aware of these explicitly stated goals.

Establishing a Contract

In formal psychotherapy, the therapist and client sign a contract with each other. While a formal contract is unnecessary during counselling, an informal understanding between client and counsellor is essential and should be clearly established. The terms of this understanding are that the counsellor will work sincerely to accept, understand and help the client, while the client will cooperate too in the best possible manner in matters such as self-revelation, truthfulness, and adherence to the counsellor's suggestions.

Discussing the Practical Details of Counselling and Making the Practical Arrangements

The last step during the initial interview is to discuss practical details about counselling, and to make the necessary arrangements for counselling such as duration and timing of therapy, the frequency of sessions, payment schedule, etc.

The counsellor needs to explain to the client what counselling can and cannot do. The client needs to be told in particular that while counselling does provide the guidance, working towards behavioural change and adaptation is the responsibility of the client.

The counsellor needs to impress upon the client that he/she could trust him/her and that whatever is discussed during therapy remains absolutely confidential and will not be revealed to anybody else under any circumstance.

Duration of the Initial Interview

With a bit of experience, the initial interview can usually be concluded over a single session of about one hour in duration. Sometimes, the initial interview may spill over into a second session due to a variety of reasons, such as the non availability of a key family member, the inability of the client or the counsellor to agree on the definition of the present problem, etc.

Provision of Initial Support

Levels of distress are highest during the initial sessions of counselling. The counsellor should therefore ensure that the first session, that of intake, is not sterile. Further, he/she should be prepared to provide counselling for whatever emergencies may occur; and, as the situation demands, offer support, encouragement and guidance to the extent possible.

2.3 ASSESSMENT

For a few sessions after the initial interview, the counsellor needs to continue to assess the client's psychological framework and his problem situation. The procedure for evaluation is the same as that followed during the initial interview; however, more detailed clarifications are sought.

During this assessment phase, the counsellor modifies and updates his working model of the client's psychological build and the definition of the problem. During assessment, the counsellor continues to provide support, guidance and other elements of counselling as the situation demands.

Information in the assessment phase is obtained primarily from the client, but it may also be sought, with the permission of the client, from significant others in the client's life, if the counsellor deems it necessary.

Areas of enquiry include the following.

1) The primary problem, and its effects on the client and his environment;

2) Accessory problems, and their effects on the client and his environment;

3) Factors that generate and maintain these problems;

4) Factors that relieve these problems;

5) The client's understanding of these problems; and,

6) The client's efforts to tackle these problems.

Information should be obtained about the client's personality and life. Areas of enquiry include the following:

1) The client's adjustment at home, at work, with his friends, with members of the opposite sex, and with society in general;

2) The client's strengths and weaknesses, good and bad habits, likes and dislikes; and

3) How the client spends his time or runs his life.

Information should be obtained about the client's environment. Areas of enquiry include the following:

1) The family;

2) Friends, including members of the opposite sex;

3) The workplace; and,

4) Other social, occupational and leisure areas.

The information obtained should include not just the present but also the past. Depending upon circumstances, the counsellor may request information about the client's early childhood, emotional development, education, work record, etc.

Family information may be obtained through the use of psychological tests; these, however, need to be administered and interpreted by an appropriately trained professional.

Check Your Progress I

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of the unit.

1) List the important processes in counselling.

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2) What are the components of the initial phase of the interview?

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2.4 THE MIDDLE PHASE

The middle phase occupies the bulk of the period of counselling. It is the phase during which the counsellor analyzes the client's feelings and behaviour, provides a feedback to the client, and provides support and guidance to effect behavioural change.

Towards effecting behavioural changes, the following factors need to be considered:

1) What are the emotional factors that have to be corrected to resolve the dysfunctional behaviour?

2) What are the faulty ways of thinking that the client manifests that need to be corrected for a resolution of the dysfunctional behaviour?

3) What are the social and environmental factors that have to be addressed to resolve the dysfunctional behaviour?

Therapeutic gains during the middle phase might include the following:

1) Resolution of the emotional crisis;

2) Resolution of the problem behaviours;

3) Improved self-confidence and self-esteem;

4) Improved self-control and frustration tolerance;

5) Improved reality orientation and appraisal of threats;

6) Improved communication and problem-solving skills; and

7) Improved overall adjustment, judgment, and emotional stability.

These gains are obtained through the use of supportive, psychoanalytical, cognitive, problem solving and other techniques. These techniques are discussed in detail in later units of this block.

2.5 TERMINATION OF COUNSELLING

Counselling should never be abruptly terminated; rather; it should follow a series of formal stages, letting the client down gradually, so to speak.

The stages of termination are as follows:

1) Evaluate readiness for termination;

2) Provide advance notice of termination;

3) Discuss readiness for termination;

4) Review the course of therapy;

5) Emphasise on the client's role in effecting change;

6) Warn against 'flight into health';

7) Give instructions for maintenance of adaptive functioning;

8) Discuss follow-up sessions, and

9) Stress 'open doors'.

Each of the above has a specific purpose or set of purposes, and is discussed in detail below; although the order specified is logically ideal, in practice, the counsellor may have to judiciously blend the components of the various stages to suit the need of the hour.

Evaluation of Readiness for Termination

Counselling is always conducted with predetermined goals, set in consultation with the client, and modified as required during the course of therapy. The counsellor also approaches each case with a

specific plan in mind. Accordingly, as therapy progresses and the goals of therapy are progressively attained, the counsellor must evaluate readiness to terminate by asking the following questions:

- Is the plan of therapy running its course?
- Has the client grasped the principles of the therapy?
- Are the goals of therapy in the process of being attained?
- Will the client's morale stand up to termination? And.
- Is the client able to maintain functional equilibrium?

The last question is particularly important because clients enter therapy with hope, and often show greater adaptation during active therapy than their degree of internal adjustment actually warrants. Therefore, if therapy is prematurely terminated under the assumption that the client has attained functional equilibrium, disequilibrium and decompensation may occur soon after the constant modifying effect of the therapy is withdrawn.

If the answer to all the above questions is 'yes', then the counsellor can conclude that the therapy is approaching the termination phase.

Sometimes, therapy termination may depend not upon intra-therapy factors (the ones assessed by the above questions), but upon external influences, such as time constraints or unforeseen contingencies. Wherever possible, the counsellor would be well advised to keep such constraints in mind and plan for termination accordingly. However, even if the termination of therapy is unplanned, the steps of termination are best religiously followed to the extent permitted by the circumstances.

Therapy may also terminate because the client feels that he does not wish to continue; or, because both or either decide that no progress is being made towards the set goals. The counsellor must endeavour to adhere to the steps of termination again as may be applicable under the circumstances, unless, of course, the client drops out of therapy abruptly.

Provision of Advance Notice of Termination

Many counsellors fail to realize that while they are following a specific plan during therapy, the client is merely following the counsellor's lead. The client has no concept of the phases of therapy. The client does not know what further assignments the counsellor wishes him to undertake, or what further techniques in therapy the counsellor wishes to employ. Therefore, unless the counsellor provides sufficient advance notice of termination, the fact of termination is likely to catch the client by surprise.

Adequate advance notice of termination is necessary so that clients can psychologically orient themselves towards independent functioning (i.e. unsupervised by the counsellor). This psychological orientation refers not only to an unconscious preparation for independence but also a conscious preparation as evidenced by seeking appropriate clarifications regarding handling of possible post-termination contingencies.

Adequate advance notice of termination is also necessary to give the client an opportunity to raise issues that he had hitherto left undiscussed, and to clarify doubts and misconceptions. Failure to provide adequate notice of termination may lead to crises in functioning when the subject is discussed. The crises are a result of poor self-confidence, which in turn, is a result of the unconscious and conscious unpreparedness for the termination.

Crises resulting from poor self-confidence must be differentiated from temporary storminess in the course of therapy when the beginning of the termination is announced; such storminess often occurs and is a result of repressed or uncommunicated issues suddenly taking on an important dimension in view of the beginning of the termination of therapy.

Discussion of Readiness to terminate Therapy

The counsellor should always be aware that, while she may consider therapy to be approaching completion, the client might have many internal problems to resolve. Therefore, the client's appraisal of the situation is essential before termination is formally announced.

The discussion of readiness to terminate therapy should cover, inter alia, the client's understanding of what has transpired during therapy, his doubts and misconceptions, and his confidence to handle future situations on his own.

The counsellor should usually bow to the client's judgment if he wishes to prolong therapy. This is particularly applicable when the client wishes to resolve certain additional issues that had not been previously specified. However, the counsellor must guard against dependency on the counsellor, and the counselling process that often underlie the wish to prolong therapy.

Review of the Course of Therapy

Assuming that the therapy has succeeded in establishing a functional equilibrium, it is necessary that the client understand the dynamics of such equilibrium. This understanding provides the client with the tools necessary to maintain this functional equilibrium after termination of counselling.

The counsellor, therefore, draws to the client's attention the problems with which he had initially presented himself, the goals that were agreed upon for therapy, techniques that were employed in therapy to attain these goals, assignments that were given, interpretations and insights that resulted, progress and setbacks in therapy, and other issues germane to the course of the therapy.

The client thus obtains a 'bird's eye view' of his therapy, or a somewhat objective perspective, much as though he were looking at himself from the outside. It hardly needs to be stressed that the counsellor should elicit the above from the client using appropriately worded questions rather than summarize the course of therapy himself/herself.

Emphasise on the Client's Role in Effecting Change

Clients, particularly in India, tend to glorify the counsellor for having made them functional again. This may be gratifying to the ego of the counsellor. However, it is more important for the client to understand the role that he has himself played. As change of any nature is difficult to effect, the client should be complimented for having made a positive effort for effecting the change.

Such a compliment should positively reinforce the client's functional (as opposed to dysfunctional) behaviour, and should give him the confidence that he can handle crises in future without lapsing into a dysfunctional state. The counsellor should also explain that his role has been that of a guide to the client on his road to functional mental health.

Warning against 'Flight into Health"

'Flight into health' refers to the phenomenon of dramatic recovery occasioned ostensibly by therapy, but, in fact, by non specific factors such as hope, temporary benefits stimulated by the novelty of therapy, belief that a resolution of superficial issues has solved the entire problem, euphoria over minor or transient gains, etc. Such a reaction is quite common early on in therapy.

However, there is a definite possibility that, although the goals of therapy may have been attained, they may not be long-lasting and the client may relapse shortly after he has been returned to the unsupervised environment with its former stressors. This often occurs because of the short duration of therapy courses.

Warning the client against the danger of 'flight into health' keeps him aware of the realities of the situation and guards against unwarranted euphoria; it most importantly serves to protect against discouragement should difficulties in adjustment resurface after therapy has concluded. Such difficulties are far more common than expected or acknowledged.

Giving Instructions for the Maintenance of Adaptative Functioning

Since the risk for setbacks, temporary or otherwise, after termination is high, the client should receive adequate counselling about how to handle potential troublesome situations. Such counselling should cover all levels of primary prevention aimed at precluding the development of crises, secondary prevention to identify destabilization early as well as to defuse the crisis with the minimum of disturbance, and the tertiary prevention to minimize the damage done, if any, and to set in motion the necessary steps for correction.

Types of situations and how they are to be dealt with are ideally discussed in detail with specific references to examples from the course of the therapy. As earlier, it is preferable that the counsellor elicits the examples and the solutions from the clients rather than didactically bringing them up himself.

Elicitation from the lips of the clients is always best because it tests and confirms the client's understanding of the therapy and the therapeutic process, and because the clients tend to remember and accept best what they themselves have spoken of, and the clients are more likely to select the most important client-relevant contexts in the discussions.

Discussion of Follow-Up Sessions

It is never advisable to conclude therapy abruptly. However well motivated the clients, however painstaking the efforts of the counsellor and however seemingly successful the therapy, many clients run into problems soon after termination. This can be attributed to issues that arise de novo, or simply to issues that were, for some reason or another, just not resolved during the actual therapy.

It is therefore, necessary for the clients to continue to maintain contact with the counsellor for continued assistance for the maintenance of the functional equilibrium. The frequency of such follow-up sessions is based upon individual circumstances, and can increase or decrease depending upon the need.

Stressing of 'Open Doors'

'Open doors' refers to continued, uncritical accessibility of the counsellor to the clients. The clients have to clearly understand that they need not feel guilt in case they relapse into dysfunction – guilt that they have '*failed*' the counsellor. Instead, they should be made to feel that the counsellor will always be available to them, and that he/she will uncritically resume therapy as and when needed. This gives the clients the confidence that all is not lost even if they relapse.

When the above is completed to the satisfaction of both the client and the counsellor, the therapy is terminated formally.

Check Your Progress II

Note: a) Use the space provided for your answers.

b) Check Your answers with those provided at end of the unit.

1) What are some of the therapeutic gains made during middle phase?

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2) What do you understand by the warning against 'fight into health'?

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2.6 LET US SUM UP

In this unit we discussed the processes involved in counselling, from start to finish. The first session comprises the initial interview, which initiates the client into counselling. During the initial interview, the counsellor attends to a number of procedural matters, including assessment of the client's suitability for counselling, and making the practical arrangements for therapy. After the initial interview comes the session of assessment during which the counsellor gets to understand the client and his problems better with a view to formulating a plan of management. The next phase is the middle phase, the major part of counselling devoted to the actual therapeutic interventions. The final phase is that of termination to assess and prepare the client for the termination of counselling.

2.7 KEY WORDS

The initial interview : The first meeting between client and counsellor, During which the counsellor assesses the client's suitability for counselling, and makes the practical arrangements for therapy.

The assessment phase : The sessions that follow the initial interview, during which the counsellor gets to know the client and his problem better, with a view to formulating a plan of of management.

The middle phase : The phase of counselling,` which comes after assessment, during which the bulk of the actual treatment occurs.

The termination phase	**:**	The phase of counselling during which the counsellor assesses the client and prepares him for the termination of counselling.
Motivation	**:**	Willingness of the client for therapy, and for the behavioural changes that therapy may require.
Circularity	**:**	Problems and circumstances in the client's life, each of which causes and perpetuates the other.
Contract	**:**	The terms and conditions under which counselling is initiated.
Flight into health	**:**	Rapid initial improvement in mood and behaviour, which may arise from non-specific factors such as optimism, rather than from a true and enduring adaptation to the environment.
Open doors	**:**	Willingness of the counsellor to see the client after termination of therapy especially if the client show worsening of his problem.

2.8 SUGGESTED READINGS

McLeod J. 1998. *An Introduction to Counselling*. Open University Press, Portland.

Trower P. 1998. *Cognitive-behavioural Counselling in Action*, Sage Publication, London.

Seden J. 1999. *Counselling Skills in Social Work Practice*, Open University Press, Portland.

Geldard K, Geldard D. 1999. *Counselling Adolescents*. Sage Publication, London.

Tudor K. *Group Counselling*. Sage Publication, London.

2.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) The counselling process comprises of the following:

The initial interview

The assessment phase

The middle phase

The termination phase

2) 1) Systematic evaluation of the problem, its causes and its effects

2) Identification circularity

3) Feedback to the client

4) Evaluation of the client's motivation for counselling

5) Clarification of expectations

6) Setting of goals

7) Establishing a contact

8) Making the practical arrangements for counselling.

Check Your Progress II

1) Therapeutic gains during the middle phase might include the following:

1) Resolution of the emotional crisis;

2) Resolution of the problem behaviours;

3) Improved self-confidence and self-esteem;

4) Improved self-control and frustration tolerance;

5) Improved reality orientation and appraisal of threats;

6) Improved communication and problem-solving skills; and

7) Improved overall adjustment, judgement, and emotional stability.

2) 'Fight into health' refers to the phenomenon of dramatic recovery occasioned ostensibly by therapy but by non-specific factors such as hope, temporary benefits stimulated by the novelty of therapy, beliefs that a resolution of superficial issues has solved the entire problem, euphoria over minor or transient gains, etc. Such a reaction is quite common early on in therapy.

UNIT 3 SUPPORTIVE AND BEHAVIOURAL TECHNIQUES IN COUNSELLING

* Prof. Chittaranjan Andrada

Contents

3.0 OBJECTIVES

In the previous units, we studied the concept of counselling and the process involved in counseling. Now it is appropriate that we examine the techniques involved in counselling. Therefore, in this unit, let us learn the important techniques that are used during the middle phase of counselling.

After completing this unit, you should be able to know what are:

- the supportive techniques in counselling and the various elements thereof; and
- behavioural techniques in counselling with specific references to problem-solving, rehearsal and role play, and contracting.

3.1 INTRODUCTION

Overall, there are four objectives of counselling:

1) To reduce the emotional distress that the client may be experiencing,

2) To reduce the dysfunctional behaviours that the client may be manifesting,

3) To promote better adaptation of the client to his environment by developing his/her potential, and

4) To assist the client in important personal decisions.

During the initial session of counselling, these objectives are spelt out into clearly stated and specific goals. The counsellor needs to use his/her intelligence, wisdom, interpersonal skills, and experience to help the client achieve and attain the goals listed under these three objectives.

* Prof. Chittaranjan Andrada, NIMHANS, Bangalore

To achieve the objectives of counselling, the counsellor needs to familiarize himself/herself with the important techniques that are used in counselling. Although these techniques are chiefly employed during the middle phase, they can be used at all phase of counselling, from beginning to end. The appropriate use and timing of these techniques depends upon the situation, and upon the judgment of the counsellor. The techniques that are described in this and the next unit originate in different schools of psychology and psychotherapy. No attempt is made to present a comprehensive account of these schools.

The unit describes techniques that a counsellor may employ during the course of counselling. The techniques are considered under the following headings:

- Supportive Techniques and
- Behavioural Techniques.

3.2 SUPPORTIVE TECHNIQUES

Supportive techniques are general measures that comfort and guide the client. They are directed at reducing client-distress without specifically addressing the psychological and behavioural causes. Thus, supportive procedures are non-specific in nature.

Supportive techniques can be used at any time during therapy, but are most commonly employed during the early phases of therapy. This is because during the later phases of therapy, more specific techniques maybe required. There are many supportive techniques. These are briefly discussed below.

Ventilation

Ventilation means allowing the client to speak about his/her problems without restriction or inhibition. Ventilation is an important technique in therapy, particularly during the early phases. The importance of allowing the client to talk cannot be overemphasized for a variety of reasons:

1) It provides the counsellor with the opportunity to learn about the client and his/her problems. This helps the counsellor to understand his/her client better.

2) It provides the client with an opportunity to speak. It is very likely that, prior to entering therapy, the client has listened to a lot of people giving him/her advice but rarely listening to him/her or his/her problems. Ventilation enables the client to 'get everything off his/her chest' during these initial stages of counselling.

3) As the client speaks, he obtains a feeling of relief because his/her problems are no longer his/her own. They are now shared with the counsellor who, by virtue of his/her position, will take up at least some of the responsibility for finding solutions.

4) As the client puts his/her feelings into words and communicates them to the counsellor, he/she begins to see his/her problems in a more objective light, thereby gaining objectivity over the problems. He/she therefore becomes more likely to think of solutions for the problems, and to accept the guidance given by the counsellor.

Catharsis

Catharsis refers to the tumultuous expression of emotions, a letting off of steam. This often takes the form of tears, but may include expressions of anger and rage. Catharsis can be useful at any time

during therapy, but may be more helpful during the early phases. Most persons feel better after they have had a good cry, or after they have let of the steam in some appropriate way. The release of pent-up emotions in itself can be therapeutic.

Clarification

Clarification refers to the process whereby confused thoughts in the client's mind are sorted out so that he understands better the 'why' and 'how' of his/her feelings and reactions. To some extent, clarification occurs spontaneously during ventilation. The counsellor then helps the client clarify further his/her thoughts and feelings. Clarification is an ongoing process, right through all stages of therapy.

Education

Often, the provision of information or knowledge about a subject can have a therapeutic impact upon a client. For example, a short, educative discussion about the harmful effects of alcohol and drugs on the body can have far-reaching effects on subsequent behaviour. Or, a little education about the need of adolescents to develop their own identities may reassure a parent who is anxious about his/her son's newly developed rebelliousness. Education can be imparted at any time, provided the client is sufficiently calm to absorb what is conveyed.

Guidance

The role of guidance in counselling is largely to provide the clients with an assurance of and accessibility to advise during periods of uncertainty and to prevent the clients from embarking upon any inadvisable course of behaviour. For example, a depressed client may contemplate resigning from his/her job because he/she believes that he/she is no longer competent in his/her work. Counsellors need to be constantly alert to situations in which their guidance may prove invaluable.

Observe that guidance is not the same as routinely advising the client on various courses of action. The client would no doubt have been advised on innumerable occasions by significant other persons in his/her life.

Guidance should be provided in a tactful manner; and the client should gradually be led up to the suggestion, almost as though the idea came from the client himself/herself, lest the suggestion be perceived as an infringement of personal space and responsibility of the client.

Often, clients desire several forms of reassurance, such as, that they are not mad; that their problems are not beyond remedy; that what they have done is forgivable, etc. The counsellor as a trusted and impartial confidant is in a unique position to provide such reassurance. While this does not mean that the counsellor should blindly lie, words of comfort can go a long way in reassuring an unhappy and apprehensive client.

Prestige Suggestion

Most clients, who enter therapy, suffer from low self-esteem and a loss of self-confidence. The counsellor constantly needs to remind these clients of their positive attributes, their achievements, and capabilities. Clients are better equipped to face their problems when they understand that there is much that deserves appreciation in their personality and behaviour.

Environmental Manipulation

Often, some aspect of the client's environment may be contributing to the problem situation. Effecting changes in the environment can then be helpful. For example, a drug addict could be advised to avoid

the company of persons who encourage his addiction. An alcoholic's wife can be advised to take extra care not to vex him, thereby providing him with an excuse to revert to drinking. Quarrelling siblings could temporarily be advised to stay apart. Spouses, who are constantly at loggerheads, could be advised to go on a short holiday during which, away from daily stresses, they could rediscover each other.

Externalisation of Interests

Persons who seek counselling are frequently overwhelmed by their problems. These problems, along with their dysfunctional reactions and their consequent unhappiness, dominate their lives. It does help if a client learns to take his/her mind off the problems, even if it is only for a short while. Externalisation of interests seeks to divert the client's attention from the oppressive ideas in his/her mind through the pursuit of some activity or interest.

Externalisation of interests is of special value with clients who are experiencing genuine, seemingly irremediable stresses. For example, a client who is subjected to continuous nagging by his spouse could be encouraged to take up a hobby that will engage his interest and take his mind away from his domestic difficulties. A client, who is convinced that he has no compelling reason to live, could be encouraged to do some volunteering at a local orphanage or old age home. Other possibilities are discussed below.

The Deliberate Pursuit of Pleasure

When clients are unhappy, particularly when the stresses felt by them are genuine and irremediable, the counsellor could prescribe the deliberate pursuit of pleasure. For example, he/she may suggest that the client visit the theatre once a week along with a good friend. He may ask the client to think, each morning, "What can I do today to make my getting out of bed worthwhile?"

The deliberate pursuit of pleasure is a technique that must be pursued with much caution. Of course, the client should never be encouraged to engage in any activity that may be illegal, immoral or in any other way harmful. An example of a harmful pursuit of pleasure would be that many men, living below the poverty line, often foolishly adopt alcoholism as their only source of comfort in a cruel world.

The Utilisation of Social Support

Many persons in distress can benefit from an increase in their social networks. For instance, an unhappy married woman could be encouraged to build up her social networking with relatives, friends, and neighbours. The increased socialisation will provide her with an outlet for her suppressed feelings as well as afford her greater emotional and material support when she needs it.

As a special extension, alcoholics could join Alcoholics Anonymous while their wives could join Al-Anon, and their children Al-Teen. Clients with drug-related problems could try out the Narcotics Anonymous.

Physical Exercise

Physical exercise is well known as a promoter of physical health. What is less well known is that vigorous physical activity too can promote mental health. Exercise stimulates the release of beneficial chemicals, especially serotonin, in the brain and relaxes the body. Exercise in groups carries greater benefits than solitary exercise. Participating in games, such as volleyball, table tennis and badminton can be particularly exhilarating.

Meditation and Other Forms of Relaxation

There are several forms of relaxation that can benefit persons who are anxious or worried. One such form of relaxation through biofeedback is Jacobsen's progressive muscular relaxation. Various meditation techniques can, however, be equally relaxing. These include yoga, transcendental meditation, vipassana, etc. These procedures may also benefit mild depression.

Prayer

If the belief systems of the counsellor and client permit it, a recommendation to prayer could be of immense psychological and spiritual comfort to the client. Religious groups could also offer much emotional and material support to clients in distress.

Medication

Clients with even minor psychological problems, such as anxiety or depression, may sometimes require medication, at times just to sleep better at night. Medication to improve other aspects of health can also improve the quality of their life, and facilitate the progress of therapy and counselling.

Exercises to Keep Happy

Concrete precepts of supportive therapy in the form of exercises to the client are indicated in the suggestions given below, which the counsellor could offer to the clients:

- Meet and talk with close friends more often.
- Meet and talk often with people whom you love.
- Make an effort to meet and talk with cheerful persons. Meet and talk with people who make you laugh.
- Do things that you really love to do. Do things that make you laugh?
- Do things that make you happy. Keep active.
- Exercise, play games, especially those that make you sweat.
- Get adequate rest.
- Plan leisure hours, leisure activities, entertainment and hobbies into your schedule.
- Each day, as you get out of bed, concentrate on something you look forward to.
- Each day, do something (albeit small) which makes you happy.
- Make it a point to do something for someone else. Take religion seriously.

Live in the present: concentrate on appreciating the pleasure and happiness that arise from moment to moment rather than on the problems that exist or the sorrows that had befallen you.

- Emphasize positive experiences.
- Practice smiling, laughing and telling jokes.

Check Your Progress I

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of the unit.

1) List important supportive techniques in counseling.

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2) Why is ventilation important?

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3) What is environmental manipulation?

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3.3 BEHAVIOURAL TECHNIQUES

Problem Solving

Many clients enter counselling because of difficulties that they have not attempted to resolve or difficulties that they have failed to resolve. These difficulties can be resolved into specific problems, which can then be addressed by conventional problem-solving methods. The steps involved in problem solving are:

1) Listing the problems (My wife is messy around the house. She is uninterested in sex. She is rude to my parents, etc.)

2) Breaking each problem into sub-problems and listing each of the ones that can be specifically discussed and tackled (My wife does not keep her shoes and clothes in the proper place; she leaves them laying about the house. She does not clear the dining table after a meal; she leaves everything on the table, and the maid has to do the cleaning up the next morning, etc.)

3) Selecting a problem to be addressed: While it may seem logical to tackle the most important problem first, it may sometimes be advisable to begin with the easiest problem. Such a procedure succeeds in inducing confidence in the client for tackling more problematic issues in the future.

4) Listing several possible approaches to solving each sub-problem. (I ask my wife to clear up in as polite a manner as possible. I ask her to clear up and assist her as she does so. I clear up everything myself. I ask the children to help out. I engage a day maid to help out, etc.)

5) Selecting the most viable approach.

6) Implementing this approach.

7) Evaluating the results.

8) Returning to an earlier step if the results are unsatisfactory.

This process might seem to be a rather elaborate way to handle difficulties. However, it is very effective because it encourages clear thinking, leads to practical solutions, and goes beyond thinking into doing (implementation and evaluation). Problem solving is a practical, sensible, 'get-off-your-backside-and-see-what-you-can-do-now' approach.

Rehearsal and Role Play

Clients can at times improve their assertiveness, self-confidence, and ability to handle difficult situations by anticipating these situations and rehearsing their responses early on. A degree of role-play between client and therapist may be called for.

An example is the teenager who is not confident of his ability to refuse to smoke a cigarette in his peer group. The counsellor can play the role of a student who offers the client a cigarette. The client could then rehearse several responses until he and the counsellor are satisfied that he could tackle the situation on his own when the situation arises the next time.

Contracting

Contracting seeks to effect behaviour change by offering incentives that are contingent on the client's compliance. There are two important kinds of contracts: good faith contracts, and 'quid pro quo' contracts.

In a good faith contract, the client is given an incentive with the hope and expectation that he/she will show the desired behaviour change. For example, a father may consent to buy his son a bicycle provided that the son promises to study for at least one hour daily.

In a 'quid pro quo' contract, the client receives an incentive for each occasion that he/she shows the desired behaviour. For example, when counselling a couple with marital discord, a 'quid pro quo' contract may link a husband's attention to his wife's emotional needs to his wife's attention to his sexual needs. For example, if he agrees to take her for a movie at least once a week, she cooperates with him for sex at least twice a week. Thus, a 'quid pro quo' contract is a 'you-scratch-my-back-and-I-scratch-your-back' arrangement.

Although contracting may seem to be a very artificial way of effecting behavioural change, it serves two very useful purposes: the desired behaviour is brought about; and this behaviour could, in course of time, possibly become spontaneous after sufficient repetition.

Check Your Progress II

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of the unit.

1) List the steps involved in problem solving.

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3.4 LET US SUM UP

We have discussed in this unit supportive and behavioural approaches that are used to achieve the goals of counselling. The supportive approaches discussed included ventilation, catharsis, clarification, education, environmental manipulation, relaxation and other techniques. The behavioural approaches discussed were problem-solving, rehearsal and role play, and contracting.

3.5 KEY WORDS

Techniques of counselling : These are the methods that are used to achieve the goals of therapy.

Eclectic counselling : This term describes the counselling of clients using techniques derived from different schools.

Supportive techniques : These are general measures that comfort and guide the client. They are directed at reducing client's emotional distress without specifically addressing the underlying psychological and behavioural causes.

Ventilation : This is a supportive technique wherein in the client is encouraged to talk about his/her problems. By talking, the client's emotional distress decreases, and both he and the counsellor obtain a clearer picture of the problem situation.

Catharsis : This is a supportive technique wherein the client is allowed to let his/her negative emotions flow freely: as a result, these emotions, to a certain extent, are 'drained out of the system'.

Clarification : This is a supportive technique wherein the confused thoughts in the client's mind are sorted out so that he/she can better understand the 'why' and 'how' to his/her feelings and reactions.

Education : This is a supportive technique wherein information is provided to the client on topics pertinent to his/her emotions and behaviour.

Guidance : This is a supportive technique wherein practical advice is provided to a client during therapy.

Prestige suggestion : This is a supportive technique wherein the positive attributes and behaviour of the client are highlight and appreciated with a view to enhancing his/her self-confidence and self-esteem.

Environment manipulation : This is a supportive technique wherein changes are made in the client's environment to reduce his/her distress levels and/or to facilitate his/her adjustment.

Externalisation of interests : This is a supportive technique wherein the client is encouraged to take up activities that divert his/her attention from the area of distress.

Rehearsal : This is a behavioural technique in counselling, wherein the client is encouraged to practice the desired behaviours with the counsellor, so that he/she will be able to repeat this behaviour more confidently in real life situations.

Role play : This is a behavioural technique in counselling, wherein the client and the therapist act out certain roles with a view to help the client understand or practice certain behaviours.

Contracting : Contracting is a technique in counselling that seeks to effect behavioural change by offering incentives that are contingent on the client's compliance.

Good faith contract : This is a type of contracting wherein the client is given an incentive with the hope and expectation that he/she will show the desired behavioural change.

Quid pro quo contract : This is a type of contracting wherein the client receives an incentive each time he/she shows the desired behaviour.

3.6 SUGGESTED READINGS

McLeod J. 1988, *An Introduction to Counselling*. Open University Press, Portland.

Trower P. 1998, *Cognitive-behavioural Counselling in Action*. Sage Publications, London.

Seden J. 1999, *Counselling Skills in Social Work Practice*. Open University Press, Portland

Geldard K, Geldard D. 1999, *Counselling Adolescents. Sage Publications*, London

Tudor K. *Group Counselling*. Sage Publications, London.

3.7 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) Important supportive techniques are ventilation, catharsis, clarification, guidance, environmental manipulation, externalisation of interests, mobilisation of social support, the deliberate pursuit of pleasure, physical exercise, relaxation, prayer, etc.

2) Ventilation is important for the following reasons: a) It allows the client to get his/her problems off his/her chest; b) It enables the counsellor to learn more about the client; and c) It leads the client to evaluate himself/herself more objectively.

3) Environmental manipulation is the making of adjustment in the client's environment so as to facilitate his/her short-and/or long-term adjustment.

Check Your Progress II

1) The steps involved in problem solving are:

   i) Listing the problems (My wife is messy around the house. She is uninterested in sex. She is rude to my patents, etc.)

   ii) Breaking each problem into sub-problems and stating each of them so as to understand that each can be specifically discussed and tackled (My wife does not keep her shoes and clothes in the proper place; she leaves them laying around the house; she does not clear the dinning table after a meal; she leaves everything on the table, and the maid has to do the cleaning up the next morning, etc.)

   iii) Selecting a problem to be addressed. While it may seem logical to tackle the most important problem first, it may sometimes be advisable to begin with the easiest problem. Such a procedure succeeds in inducing confidence in the client for tackling more problematic issues in the future.

   iv) Listing several possible approaches to solving each sub-problem. (I ask my wife to clear up in as polite a manner as possible. I ask her to clear up and assist her as she does so. I clear up everything myself. I ask the children to help out. I engage a day maid to help out, etc.)

   v) Selecting the most viable approach.

   vi) Implementing this approach.

   vii) Evaluating the results.

   viii) Returning to an earlier step if the results are unsatisfactory.

UNIT 4 COGNITIVE AND PSYCHOANALYTICAL TECHNIQUES IN COUNSELLING

* Prof. Chittaranjan Andrada

Contents

4.0 OBJECTIVES

We have seen in the previous unit, basic supportive techniques as well as behavioural techniques in counselling. There are two other important techniques used in counselling: the cognitive techniques and psychoanalytical techniques. These are two important techniques that are used during the middle phase of counselling. On completion of this unit, you will be able to know:

- The cognitive techniques in counselling which are aimed at correcting faulty ways of thinking;
- The psychoanalytical techniques in counselling that are aimed at tackling ego defense mechanisms; and
- Some other techniques that facilitate behavioural change.

4.1 INTRODUCTION

Many persons have faulty ways of thinking which leads them to misinterpret situations. The results of such warped thinking show up as strained interpersonal relationships, poor adjustment, and mood disturbances. During therapy, the counsellor needs to identity these faulty ways of thinking, discuss these with the client, and help him/her to correct them. The methods used in such an exercise are known as cognitive techniques, and are derived from a school of psychotherapy known as cognitive therapy, or cognitive behaviour therapy.

Many persons have emotional and behavioural disturbances that arise from unresolved conflicts in their past and present. These conflicts lie in the realm of the unconscious mind. Persons with such conflicts are aware only of the emotional and behavioural disturbances they experience, and mostly do not have a clue to their origin. A counsellor needs to use his knowledge of human psychology to identify ways in which the past and the present conflicts affect the psychology of the individual often compromising his emotional and behavioural functioning. This can be followed by helping the client to understand the manner in which these dysfunctions arise. Ultimately, the client learns to overcome the dysfunctional psychological mechanisms that have caused his/her problems. The methods used in

* Prof. Chittaranjan Andrada, NIMHANS, Bangalore

such exercises are known as psychoanalytical techniques which are derived from a school of psychology known as psychoanalysis.

This unit presents cognitive and psychoanalytical techniques that a counsellor can put to use during the course of therapy. All the different cognitive and psychoanalytical psychotherapies are not discussed; only those methods that can be usefully applied during the course of counselling are taken into consideration.

4.2 COGNITIVE TECHNIQUES

Everybody experiences feelings of anxiety and depression as a reaction to the stresses and strains of everyday life. These mood disturbances can sometimes become quite serious. Whatever the extent to which individuals are affected, there is a simple and practical way to improve emotional well-being.

Common sense tells us that the way a person thinks can affect the way he feels. Yet, few persons really change their ways of thinking in order to experience better mental health. In fact, very few even know what to change, and how to go about it. This section therefore examines the concept of healthy thinking as a means to promote emotional well-being.

The concept is best explained through the use of parallel. Physicians emphasize the need for hygiene in the prevention of illness. Everybody is aware of the need to boil water before drinking it, to wash hands before eating, and to keep the environment clean in order to discourage the proliferation of pests that spread disease.

Likewise, in the field of mental health, it is now known that faulty patterns of thinking may produce stress-related, emotional disturbances such as anxiety and depression. Many such 'unhygienic' thought processes and patterns have been identified. These have become the focus of a practical, commonsense and effective form of treatment called cognitive therapy.

Cognitive therapy first seeks to identify dysfunctional thought processes, and then tries to correct them. Important dysfunctional ways of thinking include cognitive distortions, repeated intrusive thoughts, unrealistic assumptions, and others.

Cognitive Distortions

These are maladaptive thinking patterns that distort reality in a negative way, and make persons perceive the world as being more hostile than it actually is. Arbitrary inference, selective abstraction, over-generalisation, magnification, and minimisation are examples of cognitive distortions.

Arbitrary inference refers to the drawing of an unjustified conclusion. For example, a businessman never takes his wife on any of his official trips. His wife is upset. She concludes that he is concealing something from her, perhaps an extramarital affair. She neglects other possible explanations, such as that her husband may not like to mix business with pleasure.

Selective abstraction is the focusing of attention on one detail without regard to the rest of the picture. For example, a young man is depressed because he does not have a motorcycle. He feels that no girl will take him seriously unless he has a 'bike'. He does not consider that he has several assets such as intelligence and a pleasing personality. To him, these are of little importance.

Over-generalisation is the drawing of a general conclusion based upon a limited event. For example, a father discovers that his teenage son has been smoking. He concludes that the boy has picked up this habit from bad company. He concludes that the boy is probably taking drugs as well. He concludes that his son is untrustworthy, and requires close supervision. He neglects to take into account the

possibility that his son, like many other youngsters of his age, has probably been experimenting to get experience.

Magnification is making mountains out of molehills. Failing in an important examination is an unhappy event; but it is not the end of the world. A sensible student would grieve briefly, then pick up the pieces of his life and begin studying again.

Minimisation is an undervaluation of positive attributes. A Woman may have low self-esteem because she is not well-off. She neglects the respect that she commands for being an efficient employee, a good mother, a caring wife, a cheerful neighbour, and a loyal friend.

When persons are unhappy, it is often because they are using a multiplicity of such cognitive distortions. In order to lessen the emotional burden such distortions place on persons, the counsellor needs to identify the distortions that are responsible for unhappiness, recognise these distortions for what they are, challenge these distortions, and help the client to seek alternate explanations for the events that are being distorted.

Repeated Intrusive (automatic) Thoughts

When persons are unhappy, their sadness is often sustained by repeated, intrusive thoughts. This push themselves into consciousness and preoccupy or even dominate the mind. The most important harmful attribute of such thoughts is that they go round and round through the mind, leaving little opportunity for the experience of happier thoughts. There are several categories of such automatic thoughts.

Low Self-Regard

These are thoughts that express lack of self-confidence.
Examples are:

“I can’t do it.”

“I am not as pretty as my friends.”

“No girl is ever going to look at me.”

“I am going to be a failure in life.”

“I don’t deserve to live.”

Excessive Self-Depreciation.

These are thoughts that criticize the self to an extent more than is justified.

Examples are:

“I should have been more careful.”

“I shouldn’t have said that.”

“I shouldn’t have done that.”

Excessive Self-Blame

These are thoughts that assume more blame than is justified.

Examples are:

"I've been a bad mother."

"I've wasted my life."

"It's all my fault."

Scapegoat

These are thoughts that blame others more than is justified.

Examples are:

"If it hadn't been for my family, I could have had a successful career."

"If it hadn't been for my father, I would have been twice as rich today."

Ideas of Deprivation

These are thoughts that focus on liabilities rather than on assets.

Examples are:

"We are so poor!"

"My friends have been to Europe. I haven't even been to Agra."

"My friends have better equipped kitchens than I do."

"Why do I have such a rotten life?"

Irrational Injunctions

These are thoughts that insist upon assuming more responsibilities or difficulties than are warranted.

Examples are:

"I should do more for my children."

"I ought to work harder and earn more money."

Many clients have repeated, intrusive thoughts that make them miserable. Counsellors need to identify such thoughts, and help the clients realise their irrationality so that they could be persuaded to switch over to more positive topics.

Unrealistic Assumptions

Unrealistic assumptions are responsible for more unhappiness in this world than people realize. These assumptions describe attributes or goals that MUST/ SHOULD be attained. Failure to attain these goals leads to ideas of decreased self-worth. Examples of unrealistic assumptions are:

"I MUST be perfect."

"I SHOULD never fail in anything that I do."

"I cannot be happy if anybody criticizes me."

"Everybody MUST like me."

"I MUST stand first in the examination."

"I cannot be happy unless I have a washing machine".

"I cannot be happy unless I have a lot of money".

"I cannot be happy unless I see Europe."

Unrealistic assumptions make clients unhappy, and wreck the peace and tranquility in their families as well. It is important that clients learn to accept themselves, and their imperfections.

Cognitive Traids

Research has found that certain faulty thought processes frequently run together. Depressed persons tend to have:

A negative view of themselves;

A negative view of their current experience; and,

A negative view of the future.

Depressed persons tend to feel hopeless:

"What is the use of living?"

"I don't have anything to look forward to."

"I am past it."

"Nobody cares for me, nobody loves me."

Depressed persons tend to feel helpless:

"What's the use? Nothing that I do makes the slightest difference."

"Nobody is going to pay any attention to me."

"Things have gone out of control."

"I am no longer in charge of my life."

Depressed persons tend to feel worthless:

"I' m not as good as the others in my class."

"I' m a failure, a good for nothing person… I'm not worthy of my family."

"I do not deserve to live."

These cognitive triads develop as a result of the cognitive distortions, the repeated, intrusive thoughts, the unrealistic assumptions and other faulty cognitions that were described earlier.

Other Faulty Ways of Thinking

When persons are sad, they tend to focus on unhappy memories. Their thought content is predominantly negative. They do not draw upon positive thoughts and dwell upon them.

When positive events do transpire, depressed persons might fail to derive significant satisfaction from them. They might discount or belittle positive events.

Persons may lapse into sadness because of polarization of thought. This is also referred to as dichotomous thinking, which means that issues are perceived as either black or white, never gray.

Since in real life matters are rarely so clear cut, when persons polarize events they find it hard to reconcile reality with their mental framework. This makes them unhappy and insecure.

As an example of polarized thought, parents, school teachers, and persons in authority may be perceived as being 'good'. When these authority figures fail to live up to expectations, disillusionment follows and they become 'bad'. The disillusionment generates depressive feelings.

Individuals may become unhappy if they personalize events. Occurrences, particularly negative ones, in everyday life tend to take on a personal significance. Here is an example:

"I missed my bus. Why did it have to happen to me?
Everything goes wrong for me."

Sometimes, an illogical thought is carried to absurd extremes. Here is an example:

"The illness which struck my child is God's way of punishing me for my sins."

Depressed persons assume failure before they start. Here are a few examples:

"I will never complete my assignment on time."

"Everybody will laugh at me."

"I can't study… I will never pass my exams."

'I can't do it …I' m not good enough."

Depressed persons over appraise risks. Here are a few examples:

"That's too difficult; it's not worth taking a chance."

"I won't do it; if I try and fail, I will lose my job."

Depressed persons are plagued by fears of loss of control. They fear that they are no longer in control of their day to day affairs; that they are no longer in control of their thoughts and emotions; and that they are no longer in charge of their destiny.

Depressed persons experience repeated negative images. This includes, for example, re-living the sight of a traffic accident and imaging a spouse or child under the wheels of the truck.

Depressed persons play 'what if' games with themselves.
Here are a few examples:

"What if everybody starts laughing at me?"

"What if I fail in the examination?"

"What if I lose my job?"

"What if my husband were to die?"

Circularity

The greatest tragedy is the circularity of thought processes. Thinking in unhealthy ways leads to unhappiness, and being unhappy fosters unhealthy ways of thinking. The more depressed clients are, the more depressive is their thought content and their manner of thinking. The more depressive their thought content and the manner of thinking, the more depressed they become. A vicious circle develops which produces and maintains a depressive syndrome across months or years.

Thinking Right

So, how can a counsellor promote emotional well-being? First comes the identification of unhealthy thought processes that predispose to feelings of depression. These thought processes include the cognitive distortions, the repeated intrusive thoughts, the unrealistic assumptions, the cognitive triads, and others.

Next comes the challenging process wherein the counsellor assists the client in an examination of the evidence for and against the erroneous beliefs.

Then, the counsellor helps the client to examine the connection between dysfunctional thoughts, mood, and behaviour. During these steps the client learns to become aware of his faulty logical processes, and he learns to seek alternative explanations.

When negative thoughts enter the mind, 'distractor' activities are helpful. These distractor activities can be ad hoc, such as concentrating on sounds in the environment, focusing on an object in the vicinity, or performing a repetitive activity. Distractor activities can also be planned, such as taking up a hobby or engaging oneself in absorbing task. Structuring one's day also helps in this situation.

Listing positive thoughts, positive experiences, positive memories, intellectual assets, emotional assets, material assets, interpersonal assets, etc., also helps. This list can be frequently reviewed to provide emotional support.

Check Your Progress I

Note: a) Use the space provided for your answers.

b) Check Your answers with those provided at the end of the unit.

1) List some of the cognitive distortions.

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2) Give some examples of unrealistic assumptions.

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3) What is circularity in the context of faulty ways of thinking?

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4.3 PSYCHOANALYTICAL TECHNIQUES

A complete discussion on psychoanalysis and its techniques is out of the scope of a course on counseling. However, knowledge of certain aspects of psychoanalysis can be helpful in counselling. Ego defence mechanisms comprise one such aspect.

Ego defence mechanisms are unconscious processes which the mind uses to handle conflicts or stress. Everybody uses such defence mechanisms. Some ego defence mechanisms are termed mature; they promote adaptation. Other defence mechanisms are dysfunctional; they predispose to psychological or interpersonal maladjustment. While many ego defence mechanisms have been listed in various categories, only a few important ones are discussed in this section.

Mature Defence Mechanisms

We feel guilty and unhappy when we see persons who are poor, or those who are suffering. We lessen our guilt and unhappiness by doing good whenever we can. This is known as altruism. Thus, according to psychoanalysis, such noble behaviour has an unconscious origin in a selfish goal!

We reduce our insecurity by anticipation; that is, by taking appropriate precautions against accidents, burglary, financial difficulties, or other adverse future possibilities.

We use humor to laugh at possibilities that frighten us, or to laugh at ourselves when we make mistakes. By using humor, we reduce the seriousness and the impact of the stressful event.

Sublimation is the process whereby we dispel disturbing emotions, and even unacceptable urges, in socially acceptable manners. For example, we may depict the misery of poverty or the horrors of war through poetry or art. Or, a young man with aggressive instincts may channellise his aggression into boxing, adventure sports, competitive athletics, or even the police profession.

If there is something that is troubling us, we deliberately avoid thinking about it so that we do not feel depressed all the time. This mechanism is known as suppression.

Clients undergoing counselling can learn to cultivate the use of such defence mechanisms deliberately although their use will then no longer be unconscious; however, the benefits may remain. For example, a bereaved person can write a poem, essay or story about his bereavement; a depressed person can take up social work in an orphanage or old age home; a businessman, experiencing occupational stress, can learn to suppress thoughts of financial doom when he is away from office, etc.

Dysfunctional Defence Mechanisms

Projection is when we ascribe to others thoughts, feeling and impulses that arise in ourselves. For example, persons who are untrustworthy tend to think that others are likewise untrustworthy. A person who is sexually liberal and predatory tends to perceive as seductive even innocuous behaviour in members of the opposite sex.

Denial is the refusal to accept the reality of a conflict or stress, perhaps because the issue is too threatening to be acknowledged. A classical example is the alcoholic who refuses to admit that he is dependent on liquor; although everyone knows that he cannot stop drinking, he insists that he can give up the habit anytime he chooses to.

Acting out is the immature expression of emotions because of a failure to keep them under adequate check. A classical example is the adolescent who shouts at the drop of a hat, slams doors, easily dissolves into tears, or is otherwise highly emotionally demonstrative.

Passive aggressive behaviour is the display of resentment in subtle forms. A woman, who is angry with her husband, may prepare dishes that he positively dislikes. Forgetting, coming late, failing to comply with instructions, etc., are other ways of showing resentment in non-obvious and non-aggressive ways. Passive aggressive behaviour is shown by persons who, by virtue of their personality or their position, are unable to show their resentment openly. Such behaviour is commonly seen in children, students, married women, henpecked men, junior office staff and others who work under authoritarian supervisors.

Regression is the exhibition of childishness, helplessness, or immature behaviour. It serves to avoid responsibility, to obtain favours, or to invite comforting.

Identification is the manifestation of behavioural patterns that unconsciously imitate those of a significant other. For example, an aggressive, violent-tempered young man may have unconsciously absorbed the behavioural characteristics of his punitive father.

Displacement takes place when we vent our feelings and frustrations not in the situation in which they arose, but in other situations. The classical example is: 'The boss reprimands man; the man shouts at his wife; the wife punishes the son; the son kicks the dog; and the dog bites the cat.' Each individual in the chain cannot show anger and frustration to the person who provoked the anger; and so, takes it out on another who cannot retaliate. The feelings are thus 'displaced'. Displacement is very common in everyday life.

Rationalization is the making of excuses for errors, failures, or other frustrations and conflicts. The fox, who said the grapes were 'sour,' was rationalizing to lessen the impact of his failure to get at the grapes. Rationalization can be quite useful to deal with stresses that are real. For example, a rational way of dealing with bereavement is to think, "She was old and ill; she had to die some time. Thank heavens she did not suffer…" Rationalization is dysfunctional when it leads to the repeated making of excuses for failures instead of taking corrective measures.

The counsellor must be alert to the possible role of various dysfunctional defence mechanisms in the client's problems. His role is one of helping the client to understand and correct these maladaptive responses to stress.

Interpretation versus Confrontation

Clients are often unaware of the extent to which their thoughts, feelings and behaviour are at variance with reality, and with the goals of therapy. Likewise, clients are unaware of the unconscious motives that underlie their behaviour. Usually, the counsellor tries to resolve the client's ignorance by asking the client a variety of relevant questions in an attempt to elicit an insightful response. This process may take weeks of counselling.

Sometimes, it becomes necessary for the counsellor to directly suggest an explanation. This is known as an interpretation. Interpretation should be appropriately timed. If the client is insufficiently prepared, he is likely to reject the counsellor's interpretation.

Occasionally, the client's behaviour may show such variance with the desired behaviour that the counsellor may directly (but tactfully, and again with correct timing) challenge or confront him. It may be noted that challenging of faulty ways of thinking is an important component of cognitive techniques of therapy. These we have already discussed in an earlier section in this unit.

4.4 HOW ELSE MIGHT A COUNSELLOR FACILITATE BEHAVIOURAL CHANGE

There are several other techniques which a counsellor might employ to help the client change his behaviour. However, in all this, one issue which should never be forgotten is the existence and identification of circularity.

The Identification and Interruption of Circularity

Problems seldom exist in a vacuum. Too often, a problem is a result of another problem, and the reaction to the problem exacerbates the original trigger. Thus, dysfunction goes round in a circle with each problem generating and maintaining another. An example is a woman with depression. Her depression compromises her competence; and, in turn, her lessened competence exacerbates her depression. Another example is a parent who harshly disciplines his son for bad behaviour. The son is upset with his father's reaction, and withdraws from his father or becomes more rebellious. This makes the father angrier and harsher. In similar ways, problems frequently go 'round and round'. This is known as circularity.

It is important for a counsellor to identify circularity and help his client recognize the dysfunctional behavioural patterns that are responsible for it and, in doing so, detection and breaking of circularity are important factors if adaptation is to occur.

Check Your Progress II

Note: a) Use the space provided for your answers.

b) Check Your answers with those provided at the end of the unit.

1) What do you understand by sublimation?

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2) Define identification as a defense mechanism.

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4.5 LET US SUM UP

In this unit we discussed cognitive, psychoanalytical and other techniques that are useful for effecting emotional and behavioural changes in clients who come for counselling.

Cognitive techniques seek to identify and correct faulty ways of thinking. Faulty ways of thinking include concepts such as cognitive distortions, repeated intrusive thoughts, irrational injunctions, cognitive triads, dichotomous thinking, and over appraisal of risk, assumptions of failure, etc. There is often the complication caused by the presence of circularity factor too: faulty ways of thinking leading to disturbed emotions and behaviour, and these disturbances of emotions and behaviour strengthening the faulty ways of thinking in turn. Using cognitive techniques, faulty thought patterns are identified and challenged; and alternate, healthier, thought patterns are fostered.

Psychoanalytic techniques chiefly seek to identify and correct maladaptative ego defence mechanisms. These are unconsciously driven unhealthy ways of handling the emotional disturbances that arise out of stress and unresolved conflicts. Examples of such unhealthy defence mechanisms include denial, replacement, acting out, passive-aggressive behaviour, and others. Examples of healthy defence mechanisms include suppression, sublimation, altruism, humor, anticipation, etc. During counselling, unhealthy defence mechanisms are identified. Using appropriate build-up and timing, the counsellor helps the client identify his unhealthy coping processes. Appropriate correctional measures are suggested to deal with the identified problems.

Finally, counsellors seek to break circularity: that is, the situation in which one problem in the client's life generates and maintains another, and vice versa.

4.6 KEY WORDS

Cognitive therapy : This is a school of psychotherapy which elicits changes in mood and behaviour by identifying and altering faulty ways of thinking.

Psychoanalytic Psychotherapy : This is a school of psychotherapy, based on classical psychoanalysis, which seeks to correct dysfunctional moods and behaviours through analysis and correction of faulty ways of dealing with conflicts.

Unconscious mind : This is the part of the mind which despite efforts, cannot be accessed by conscious mind.

Arbitrary inference : This refers to the drawing of an unjustified conclusion.

Selective abstractions : This is the focusing of attention on just one or two details without regard to the rest of the picture.

Over-generalisation : This is the drawing of general conclusions based upon a limited event.

Magnification : This refers to making mountains of molehills.

Minimisation : This refers to the undervaluation of positive attributes.

Repeated, intrusive thoughts : These are negative thoughts that dominate the conscious mind.

Low self-regard : These are thoughts that express an unjustified lack of self-confidence.

Excessive self-depreciation : These are thoughts that criticize the self to an extent more than is justified.

Excessive self-blame : These are thoughts that assume more blame than is justified.

Scapegoat : These are thoughts that blame others more than is justified.

Ideas of deprivation : These are thoughts that focus on liabilities rather than on assets.

Irrational injunctions : These are thoughts that insist upon assuming more responsibilities or difficulties than are warranted.

Unrealistic assumptions : These are attributes or goals that the client feels he must attain; and a failure to attain these goals leads to ideas of decreased self-worth.

Cognitive triads : These are sets of three negative thoughts that commonly occur together, for example, ideas of helplessness, hopelessness, and worthlessness.

Polarization of thoughts : This is the unconscious classification of issues as one of dichotomous thinking, either as right or wrong, good or bad.

Ego defense mechanisms : These are unconscious processes which help the mind deal with the unresolved conflicts.

Altruism : This is an ego defense mechanism whereby feelings of unhappiness and guilt are reduced by doing goodto others.

Anticipation : This is an ego defense mechanism whereby anxiety is reduced by taking appropriate precautions for the future.

Humour : This is an ego defense mechanism whereby unhappiness is reduced by laughing at issues related to the source of the stress.

Suppression : This is an ego defense mechanism whereby unhappiness is reduced by the deliberate blocking of thoughts about the source of the stress.

Sublimation : This is a defense mechanism whereby unacceptable impulses are allowed expression through socially accepted channels.

Projection	:	This is an ego defense mechanism whereby we ascribe to others thoughts, feelings and impulses that arise in ourselves.
Denial	:	This is an ego defense mechanism whereby we minimize stress by unconsciously pretending that the stress does not exist.
Acting out	:	This is an ego defense mechanism whereby tension is dissipated by the free expression of anger and other emotions arising from conflicts.
Passive aggressive behaviour	:	This is an ego defense mechanism whereby resentment is expressed in subtle and indirect ways.
Regression	:	This is an ego defense mechanism whereby conflicts are handled through childish behaviour and helplessness.
Identification	:	This is an ego defense mechanism characterized by an unconscious imitation of the behaviour of others.
Displacement	:	This is an ego defense mechanism whereby feelings and frustrations are expressed upon uninvolved individuals rather than upon the individuals who evoked those frustrations.
Rationalization	:	This is an ego defense mechanism whereby excuses are made for errors, failures or other frustrations and conflicts.
Circularity	:	This is the situation in which one problem in the client's life generates and maintains another, and vice versa.

4.7 SUGGESTED READINGS

Mcleod J. 1998, *An Introduction to Counselling*. Open University Press, Portland.

Trower P. 1998, *Cognitive-behvioural Counseling in Action*.
Sage Publication, London.

Seden J. 1999, *Counelling Skills in Social Work Practice*. Open University Press, Portland

Geldard K, Geldard D. 1999, *Counelling Adolescents*. Sage Publication, London

Tudor K. *Group Counselling*. Sage Publication, London.

4.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) Selective abstraction
Over-generalisation
Maximisation
Minimisation
Arbitrary inference

2) I must be the best in everything that I do.
I must have a washing machine in order to be happy.
Everybody must love me.
I should never fail.

3) Faulty ways of thinking lead to unhappy life experiences, and these unhappy life experiences strengthen the faulty ways of thinking. A vicious circle develops as a result, reinforcing each other.

Check Your Progress II

1) Sublimation is the process whereby we dispel disturbing emotions, and even unacceptable urges, in socially acceptable manners. For example, we may depict the misery of poverty or the horrors of war through poetry or art, or, a young man with aggressive instincts may chanellise his aggression into boxing, adventure sports, competitive athletics, or even the police profession.

2) Identification is the manifestation of behavioural patterns that unconsciously imitate those of a significant other. For example, an aggressive, violent-tempered young man may have unconsciously absorbed the behavioural characteristics of his punitive father.

UNIT 5 PRACTICAL ISSUES INVOLVED IN COUNSELLING

* Prof. Chittaranjan Andrada

Contents

5.0 OBJECTIVES

The purpose of this block is to help you to understand the basics of counselling. In order to do justice towards that end, we began our discussion by defining the concept of counselling and moved on to the techniques and process in counselling. In the last unit of this block, we shall discuss some practical issues that are associated with counselling. After completing this unit, you will be able to know:

- the practical arrangements required for counselling;
- how to handle difficult situations;
- what are the common problems to guard against; and
- other miscellaneous practical issues connected with counselling.

5.1 INTRODUCTION

Counselling is a professional service. Therefore, counselling requires professionally trained personnel. Although the concept of counselling has existed for a long time, each society and community has its own vision and methods of dealing with crisis situations. In developed nations, where specialised services are in plenty, one can avail of the services of numerous professionally qualified counsellors. However, the picture is different in our indian situation. The opportunities for training professional counsellors are undoubtedly inadequate. Nevertheless, the growing demand for counselling, particularly to deal with issues arising out of emerging and re-emerging diseases, is something which requires immediate attention.

In this course on communication and counselling, an attempt is made to provide certain basic information about the "what, why and how of counselling." In the above stated objectives, it is clearly stated that the aim of this unit is to introduce you to practical aspects involved in counselling which may help you to be more informed about the same.

* Prof. Chittaranjan Andrada, NIMHANS, Bangalore

5.2 PRACTICAL ARRANGEMENTS FOR COUNSELLING

Who should be the client?

Counselling is the provision of guidance and support to those with psychological problems that are personal or interpersonal in nature. When the problems are personal, the individual is the focus of counselling. However, the group to which the individual belongs can also profitably be included. For example, when counselling an alcoholic, it is important to counsel his family also.

When problems are interpersonal, the group is the focus of counselling. However, individuals in the group may also benefit from independent counselling. For example, during marital counselling, it often helps to have special sessions for each spouse.

Very often, individuals resist being singled out or included in groups for counselling. For example, an alcoholic's wife may indignantly refuse to consider that any aspect of her behaviour is contributing to her husband's alcoholism. Or, a father may believe that he does not require counselling because the problem with his delinquent son lies entirely in the bad company that the boy keeps. In such situations, much tact and firmness are required to enlist the involvement and cooperation of the concerned persons.

Where should counselling be conducted?

Counselling is a moderately formal process (although not as formal as psychotherapy), and should ideally be conducted in a formal setting, such as a counselling centre, hospital, or some other appropriately designated place.

Unless the circumstances are extraordinary, counselling should never take place in domestic premises or any public place for this may detract from the seriousness of the process. Counselling should never take place in any situation in which frequent interruptions or disturbances disrupt the continuity of the session.

Finally, counselling should never occur in a situation in which privacy is violated. A client, for example, will not feel comfortable if other persons are sharing the room in which the session is proceeding, even if the other persons are busy with their own work.

How should the seats be arranged during the sessions?

Counsellor and client should always face each other. Some counsellors and clients feel more comfortable if they are seated across a desk while some others prefer to sit with nothing in between. The most important issue is that both should be comfortably seated, neither too close nor too far apart.

Should clients pay for counselling?

This is an administrative matter that depends upon the situation in which the counselling takes place. Many non-governmental organizations, for example, are committed to the provision of free counselling services. The advantage of free counselling is that everybody can avail of the services, including those who cannot afford to pay.

The disadvantage of free counselling is that clients take the services less seriously as they do not have to pay for them. In such situations, paradoxically, utilizing free services harm rather than benefit the client.

How long should each counselling session last?

Counselling sessions are commonly 40-50 minutes in duration. Sessions that are much shorter may not be adequately therapeutic. Sessions that are much longer may be tiring to both the client and the counsellor. In crisis situations, extended sessions may be helpful. At follow-up sessions, one may go for shorter duration sessions.

How frequently should counselling sessions be scheduled?

This depends on the seriousness of the problem. In crisis situations, daily sessions may be required for as long as the crisis remains alive. In problems that have been existent for months or years, once a week session may be sufficient.

It is sometimes helpful to conduct sessions more frequently initially (e.g., 2-3 times a week) and less frequently subsequently (e.g., once a week). Once the goals of counselling have been met, follow-up sessions should be scheduled. These can vary from once a fortnight to once a month.

How many sessions will a client need?

For a very few clients, a single session will be sufficient. For some clients, counselling may need to continue over several months. The majority of clients will require counselling for periods that lie in between the two. The number of sessions and duration of therapy thus depend upon the nature of the problem and the progress that the client makes in therapy.

5.3 HANDLING DIFFICULT SITUATIONS

What should a counsellor do if a client finds it hard to 'open up' in therapy?

The counsellor should convey an air of kindness, patience and understanding. He/she should accustom his/she client to talking about neutral issues, such as education, likes and dislikes, friends, etc. Next, he/she should approach the problem areas, such as family or love life, with tact. As the client begins to feel more comfortable, the counsellor can target the more specific issues.

What should the counsellor do if there are silences during counselling sessions?

Silences may mean one or more of following:

The client may have finished what he had to say.

He/she may be thinking of what to say next.

He/she may be reluctant to discuss the issue further. He may be overwhelmed by feelings.

He/she may be experiencing a mental block.

He/she may be considering some important thoughts which have just occurred to him/her; or which the counsellor might have suggested.

He/she may want some reassurance from the counsellor concerning an issue which has just been discussed; and,

He/she may be feeling hostile towards the therapy or the counsellor.

In such situations, the counsellor should decide which one of these possibilities is the most likely. A clue that can assist him/her to decide is a consideration of what triggered the silence. In some situations, the

client may need to be given the opportunity to think his/her way out. In other situations, the counsellor may need to break the silence, guide the client, or shift to other topics for the moment and return to the critical area later. A useful tip is to gently probe with questions such as, "What are you thinking of?"

What should the counsellor do if the client begins to cry?

Many counsellors feel uncomfortable if a client begins to cry during a session. Their instinctive reaction is to reassure the client with a "There, there, don't cry; it's not so bad" sort of response. Such a response is entirely inappropriate. A client's tears should not embarrass the counsellor. The tears are a manifestation of the client's trust, that he/she can reveal his/her innermost feelings to the counsellor or in other words, the client is ventilating his/her emotions.

The proper response of the counsellor is to allow the client to express his/her emotions, and to allow the tears to dry up on their own. The counsellor should not wait until the client has stopped crying. This will draw pointed attention to the client's reaction, and make the client embarrassed for crying. Rather, the counsellor should continue with the discussion, perhaps using a kindlier tone. If he/she considers it necessary, the counsellor may add a sympathetic remark, "This has upset you very much, hasn't it?"

What should the counsellor do if the client shows an excessive and inappropriate emotional reaction?

Sometimes, a client may weep with inadequate provocation, or show anger or other emotions to an extent that is greater than what the situation warrants. It is usually best to allow the client to run out of steam on his own. Thereafter, the counsellor can gently but firmly examine the reasons for the outburst, and help the client to understand the inappropriateness of the reaction. Sometimes, however, the counsellor may wish to abort the expression of emotion. This may be necessary when the emotions appear histrionic, or when the emotions appear to be getting out of control, or when repeated expressions of emotions interfere with the progress of the sessions.

What should the counsellor do if he does not know what to do?

This may sound ridiculous, but counsellors sometimes face a situation in which they are stuck for ideas. They do not know what to say or ask, or how to proceed with the counselling session. Here are a few questions that a counsellor may ask to obtain information about the client's problem situation as well as to convey some insightful benefit.

Tell me about yourself-

What are you NOT allowed to want?

What are you NOT allowed to need?

What are you NOT allowed to feel?

Tell me about a funny side to your problems.

Tell me about a funny incident.

What do you like about yourself?

How do you know when you need to take care of yourself?

How do you take care of yourself?

Who are the people in whom you confide?

How do people around you help you?

How do you allow people around you to help you?

What makes you happy?

What do you do to make yourself happy?

What do you do each day to make you want to get up in the morning?

How do you indulge/spoil yourself?

Whom do you love?

Who loves you?

What can you do about this situation?

5.4 PROBLEMS TO GUARD AGAINST

There are several problems that a good therapist must learn to guard against. These are briefly discussed in this section.

Flight into Health

The novelty of the counselling experience, the optimism exuded by the counsellor and other factors often lead clients to experience much relief during the initial sessions of counselling. This flight into health is transient. Clients and counsellors should alike understand (but not reject.) the phenomenon, and not feel dejected when ground realities re-establish the fact that the problems have not yet been solved.

Transference

Clients sometimes develop attitudes towards the counsellor that they hold or held towards some significant others in their lives. For example, a client may perceive the counsellor's concern and support as that arising from a surrogate parent. Another client may perceive the counsellor's tactful guidance as reproof, reminiscent of a critical spouse.

Counsellors should be aware that clients might unconsciously assign such roles to them. Transference may become apparent from a change in the client's personal attitudes towards the counsellor.

Transference may be positive, when the client perceives the counsellor as benevolent, or negative, when the client perceives the counsellor as hostile.

Transference, in general, should be discouraged because it can interfere with therapy, or make the client dependent on the counsellor. The client's attitudes towards the therapist can directly be discussed, if necessary.

Dependence

Dependence is a special form of transference that often develops during therapy. It is usually transient and self-limiting, and is most evident during the early phases when distress levels are the highest. Dependence needs to be addressed when it becomes too strong, when it appears to have become enduring, and when it interferes with the client's ability to adjust in the absence of the counsellor.

Counter-transference

Sometimes, counsellors develop attitudes towards their clients that they hold or held towards some significant other in their lives. For example, a counsellor may perceive a client to resemble his/her son, or his/her spouse.

Counter-transference can interfere with therapy because it has the potential to introduce a lot of bias into the counsellor's judgement. A counsellor can identify counter-transference when he/she perceives that his/her attitudes towards the client have inexplicably changed.

Counsellors should make all possible efforts to prevent the development of counter-transference. Counsellors should ideally feel warmth towards their clients; but, otherwise, only emotional detachment.

It is always beneficial for the counsellor to sit back towards the end of the day and analyse the day's events or do a personal introspection. This will enable the counsellor to be on the safe side.

Resistance

Resistance is the phenomenon wherein the client unconsciously and indirectly fights against the progress of therapy. Resistance occurs because the client finds it hard to make the desired behavioural changes, or because he/she finds that the issues being examined awake deep frightening emotions.

Resistance manifests itself in many ways. These include missing sessions, coming late for sessions, showing restlessness during sessions, being inattentive during sessions, making superficial responses rather than examining issues with the thoroughness that the counsellor requests, lapsing into prolonged silences during sessions, etc. Resistance is best tackled by directly examining the manifested behaviours, and seeking out the unconscious underlying motives.

External Interference

External interference from various sources can hinder the course of counselling. For example, significant others in the client's life may offer contradictory counsel, or may be responsible for stressing the client in ways that undermine the course of therapy. The counsellor must be aware of such interfering influences, and must handle the situation as appropriate to the context.

Omniscience and Omnipotence

Counsellors sometimes develop ideas of omniscience and omnipotence. These take the form of thoughts such as:

I have completely understood the client and his/her problems.

This is an open and shut case.

The problem is a straightforward one, and the solution is simple.

I know what is best for the client.

Such thoughts could not be more wrong. A client's problems are never simple. Had they truly been so, the need for counselling would never have arisen. By underestimating the problem or by failing to take into account its complexity, the counsellor minimizes his therapeutic potential.

Check Your Progress I

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of the unit.

1) What is "flight into health"?

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2) How long should a counselling session last?

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3) What is transference?

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5.5 MISCELLANEOUS PRACTICAL ISSUES

Is there any structure to each session?

In general, it is a good idea to conduct each session in the following manner:

1) Summarize what transpired in the previous sessions.

2) Discuss the behavioural outcome of the previous session.

3) Discuss the assignments given during the previous session.

4) Review the previous sessions, if necessary.

5) Set the agenda for the current session.

6) Proceed with the current agenda

7) Summarize the current session.

8) Set assignments for the inter-session interval.

9) Set a tentative agenda for the next session.

As far as possible, the client should be responsible for summarizing the sessions, setting the agenda, etc. Thus, the client, and not the counsellor, should be doing the bulk of the talking.

What are Assignments?

Assignments are practical exercises, which the counsellor sets, which have to be executed by the client in the interval between sessions. Assignments can be introspective exercises. For example, a counsellor may instruct the client to think of all possible explanations for his/her inability to control his/her anger when talking to his parents. Such assignments can be delivered orally or in writing. The latter is preferable because, when thoughts have to be recorded on paper, the client is forced to think more clearly.

Assignments can be behavioural exercises. For example, a counsellor may instruct the client to go out of his/her way to involve his/her spouse in friendly but neutral conversation in an attempt to reduce marital discord.

Assignments are important because they yield information, because they force the client to introspect or implement behaviour change, and because they continue the process of therapy in between the counselling sessions.

How should the Contents of the Session be recorded?

With the permission of the client, the counsellor should make very brief notes (as the client speaks) during the session; however, on no account should this interrupt the fluidity of discussion.

At the end of the session, the counsellor should make more detailed notes that summarize the content of the session. A brief plan for the next session should also be outlined.

The purpose of these notes is to record the progress of therapy, to facilitate the recall of the case material, and to facilitate the structuring of the next session.

Why do dropouts Occur?

Sometimes, clients stop coming for therapy. Such treatment dropouts occur for several reasons:

1) The client is unwilling to undertake the changes suggested during counselling.

2) The client finds counselling unhelpful or inconvenient

3) The client finds counselling no longer necessary because the problem has been solved.

How many clients can a counsellor have at any given point in time?

A counsellor should, ideally, not see more than 3-5 clients per day in sessions of standard duration (40 minutes or longer). This is because seeing more clients is stressful, and can decrease professional efficiency as well as predispose the counsellor to burn-out (this is discussed later).

Having too many clients in ongoing therapy could be confusing: the counsellor may mix up details across clients. Too heavy a caseload may also compromise the counsellor's commitment to individual clients.

How should counselling be supervised?

Counsellor should always make it a point to discuss their cases with a colleague, preferably on a session-to-session basis. In some centres, it may be feasible to have group discussions of case material.

Such discussions provide the counsellor with ideas for conducting future sessions, help him/her to see the case from a different perspective, and help him/her feel less responsible and guilty should the client fail to benefit.

Can counselling be harmful to the client?

Yes. Counselling may raise issues that had earlier been quietly buried and forgotten. The moral is: a counsellor should never take up or rake up any matter unless he/she is confident that he/she and his/her client can handle it.

Can counselling be harmful to the counsellor?

Yes. Taking any vocation too seriously can interfere with personal and family functioning. Furthermore, there is one problem, which can specifically affect counsellors, namely, the burnout syndrome.

The burnout syndrome is a stress-induced emotional state, which interferes with emotional, personal, interpersonal and occupational functioning. Impaired emotional functioning maybe characterized by loss of enthusiasm and motivation, anxiety, depression, boredom, pessimism and cynicism.

Impaired personal functioning may be characterized by fatigue, laziness, sloppiness, loss of originality and creativity, vulnerability to alcoholism and psychosomatic disorders, etc.

Irritability, decreased concern and caring, family disharmony, withdrawal, etc., may characterize impaired interpersonal functioning.

Impaired occupational functioning may be characterized by decreased efficiency, absenteeism, procrastination, working to rule, the desire to quit, etc.

How can a counsellor guard against experiencing burn-out?

Here are a few do's and don'ts that counsellors can practice to help guard against burnout:

1) See fewer rather than more clients.

2) Take breaks between each session.

3) Discuss the cases with a colleague so that the responsibility is shared.

4) Stay emotionally detached from the lives of the clients

5) Do not take counselling failures personally; remember, if a client does not improve with counselling, it need not necessarily reflect upon your competence as a counsellor.

6) Lead a healthy social and family life. Never carry your caseload home with you.

7) Lead a healthy leisure life.

8) Utilise other avenues to relax.

Check Your Progress II

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of the unit.

1) How should the contents of the counseling sessions be recorded?

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2) Can counselling be harmful to the client?

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5.6 LET US SUM UP

In this unit we discussed diverse practical issues related to counselling. Counselling should ideally involve the client and others in the family who are significantly involved in his problems. Counselling should be conducted in a formal environment with both counsellor and client comfortably seated face to face. Sessions are commonly 30-60 minutes in duration, perhaps longer early during therapy, and shorter during follow-up. The frequency and number of sessions need to be tailored to individual needs.

Counsellors need to become adept at handling situations such as those in which the client has difficulty in talking, those in which silences occur, those in which the client begins to cry or otherwise expresses emotions.

Counsellors need to guard against situations such as a flight into health, transference, dependence, and counter transference. Counsellors should stay alert to the possibility of external interference with therapy. Counsellors should never fall into the trap of seeming omniscient and omnipotent.

Counselling should always be carefully recorded and supervised, even if the counsellor is experienced. Care should be taken to ensure that the client does not suffer harm from therapy. The counsellor should take appropriate precautions to prevent succumbing to a burnout himself/herself.

5.7 KEY WORDS

Silence : This is a situation in which the client stops talking for a prolonged spell during a session.

Fight into health : This is a situation in which the client shows dramatic improvement despite an absence of tangible changes in the problem situation.

Transference : This is the situation in which the client experiences feelings towards the therapist similar to that he/she feels or felt towards some other significant person in his/her life.

Dependence : This is the situation in which the client becomes emotionally dependent upon the counsellor.

Counter-transference : This is the phenomenon wherein the counsellor experiences feelings towards the client similar to that he/she feel or felt towards some other significant person in his/her life.

Assignments : These are "homework" exercises that a counsellor gives his/her client to ensure that therapeutic work continues even in between sessions.

The burnout syndrome : This is a stress-induced emotional state of the counsellor, which interferes with his/her emotional, personal, interpersonal and occupational functioning.

5.8 SUGGESTED READINGS

McLeod J. 1998, *An Introduction to Counselling*. Open University Press, Portland.

Trower P. 1998, *Cognitive-behavioural Counselling in Action*. Sage Publications, London.

Seden J. 1999, *Counselling Skills in Social Work Practice*. Open University Press, Portland

Geldard K, Geldard D. 1999, *Counselling Adolescents*. Sage Publications, London

Tudor K. *Group Counselling*. Sage Publications, London.

5.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) Flight into health is when the client feels much better even though no major changes in his/her internal or external environments have occurred during therapy. Flight into health is due to non-

specific factors, such as expectations from therapy, and do not reflect true improvement. Client and counsellor should therefore guard against complacency in this regard.

2) Ideally, sessions should last 40-50 minutes each. Longer sessions may be necessary early on in therapy. Later in therapy or during follow-up, shorter sessions may be sufficient.

3) Transference is when the client's attitude towards his/her therapist resembles the attitude that he/she held towards some significant other in his/her life. Transference can be positive or negative, and can facilitate or interfere with therapy. Transference should be recognized if and when it occurs.

Check Your Progress II

1) With the permission of the client, the counsellor should make very brief notes (as the client speaks) during the session. However, on no account, should this interrupt the fluidity of discussion. At the end of the session, the counsellor should make more detailed notes that summarise the contents of the session. A brief plan for the next session should also be outlined.

2) Yes. Counselling may raise issues that have earlier been quietly buried and forgotten. The moral is: a counsellor should never take up or rake up any matter unless he/she is confident that his/her client can handle it.