# The Counselling Approach

## Module

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# Overview

This module is intended for social/health/community workers who are required in their work to provide "informal support" or "formal counselling" for helping people deal with problem(s) affecting their life (e.g. disease, stress, depression, trauma, mental health, problems in marriage, stigmatization etc). The aim is to help them better understand the professional counselling approach as well as develop practical counselling skills. The module also introduces such specialized areas as pre-and after-test HIV counselling for what is a life-threatening disease. Finally, the module emphasizes two aspects:

- the necessary self-care and external support to help counsellors to deal with professional difficulties such as stress
- explanation of what is unethical/ethical behaviour for counsellors.

The aim of the module is to be practical and reach a large number of students. Therefore, theoretical knowledge is included but provided in an appendix for further learning, including "recommended websites or WebPages" for further study.

Note: The person attending a counselling session can be either called a patient or client. These two terms will be used interchangeably in this module.

## Acknowledgments

*FLD is very thankful to Mr Yorn Yourn, Counsellor in Cambodia, for his help and inputs to make this module more practical and more related to the reality of counselling practice in the region.*

# How to Use the Module?

This module is arranged as a series of "**topics**", i.e. like chapters of a book. In each topic, you will find:

- Learning content for you to study
- Self testing activities with answers provided for self-checking

Reflection activities, designed to help you to reflect (i.e. to think by yourself) how the content of the module relates to your own experience.

# Topic 1 - Understanding Counselling

## Part 1. Counselling in Asia

Most Asian societies have, in the past, been held together by elements unique to the region.
While each one of these elements is important, only a few are used here to illustrate the role of counselling in present-day Asian societies.

In most Asian countries the village is the focal point of society and a basic behavioral principle was respect for elders. In addition, traditional village headmen had multiple roles which included serving as a symbol of authority and as a regulator.

Since these roles were accepted and respected by all, there was clear direction in the day-to-day affairs of society. The elders, the headman included, were a valuable source of guidance and counselling.

In most cases, the village headmen were regarded as a vital link between ancestors and the present generation.

**Figure 1 Family in Thailand**

This link was strengthened by the rituals, ceremonies and taboos attached to them. It was easy to guide and counsel the young, since the rituals or ceremonies were also aimed at preparation for traditional adult roles in society.

The extended family, the clan, and the village made society supportive. No individual regarded him/herself as alien or alone. Counsel was readily sought and provided.

At present, Asian countries experience many changes, which in turn have resulted in the weakening of the old structures of society. The most outstanding examples are:

1. A gradual shift from the extended to the nuclear family unit, or single parent family unit;
2. Increasing reliance on a cash economy in poor countries;
3. A rapid rate of urbanisation with a high unemployment rate compounded by a high illiteracy rate;
4. A high population growth rate, which leads to large classes in schools;
5. The infiltration of foreign culture through films, television, videos, live performances, and magazines.
6. Political demands and expectations;
7. Wars, political instability and epidemics, leading to increased numbers of orphans and refugees; and
8. Moral decay due to elements from within and outside the nation.

## Forms of Counselling in Traditional Asian Societies

In traditional Asian societies, counsel was given in various forms, the most common of which were giving advice by sharing wisdom.

### 1. Giving Advice

Giving advice has been a common way of providing help for other people. The advice offered was frequently instrumental in helping people to consider their future. In many instances, the extended family was the main source of advice for girls and boys. There was usually no shortage of people willing to share their wisdom with the young: grandparents, parents, uncles and aunts.

Giving advice however can promote the dependence of the young person on the advice given. In most cases, it was largely subjective (affected by personal views) and did not promote the personal development of young people, their ability to think for themselves.

### 2. Wisdom

Wisdom generally refers to experience and knowledge about life and using them wisely.

In Asian societies, it was considered the responsibility of elders to provide wisdom or counsel to the younger generation. The wisdom provided by elderly men and women was part of the counselling function of the family for society.
Another aspect of wisdom is sharing proverbs or folk stories which teach important lessons. An example of a well-known Asian proverb is, 'When elephants fight, the grass suffers.'

## Counselling in the Modern Educational System

The ever growing complexity of society, together with social problems like HIV/AIDS and the rapid development of science and technology, place heavy strains on individuals and society. Counselling in the educational system is intended to help students to develop their capacities to the full... intellectual, social, physical and moral capacities.

## Education and Counselling of Girls

Disparities in gender, social and cultural practices, beliefs and perceptions, are widespread in many societies. Unless there are interventions to remove the gender gaps in education, half of the human resources in most countries, i.e. women will be underutilised. In some Asian societies, socio-cultural beliefs and practices in schools often discourage girls from learning and subsequently lower their aspirations. The provision of effective counselling can help to improve the self-image of all individual students and broaden their educational and occupational ambitions...their sense of what is possible for them.

## Reflection activity 1.1

Think of a time when you needed to seek advice or counselling from someone regarding an important issue? Think about the form that advice took and think about whether you felt it was helpful or not

_____

_____

## Part 2. Definition of Counselling

Counselling may have different meanings for different people. It is important to agree on what it is and what it aims to achieve.

- Counselling is a process of **helping a patient or client to explore and understand his/her thoughts, feelings and behaviours** so that s/he can begin to find solutions or take steps to improve his/her situation. We all have experiences in which we can't see things about ourselves without the help of a **mirror**. Counselling is a unique relationship in which the counsellor's job is to act as a mirror to assist the client to see himself or herself.

- Counselling is a **process**, based on a **relationship** that is built on empathy, acceptance and trust. Within this relationship, the counsellor focuses on the client's feelings, thoughts and actions, and then empowers clients to:
    - cope with their lives,
    - explore their options,
    - make their own decisions, and
    - take responsibility for those decisions.

- Counselling is ***not*** about **giving advice** or **opinion**, but it helps patients to be able to face their problems, examine their options, understand their feelings and choose the option that seem best. Advice is a personal opinion or personal point of view. Information is different from advice. For example, when a counsellor is *informing the patients on how important it is to be serious about taking their medications,* it's giving information, it is **not** advice.

- Counselling is about **supporting** the patient to make his/her **own decisions and choices**. It takes place in a **supportive** and **non-judgmental context**.

## "not giving advice" … but the need to give advice in some cases

It has been observed that the common practice of many counsellors in the region is to combine the "western" counselling approach detailed in this module (**not** giving advice/opinion) with an approach more reflecting local culture and habits of "helping someone by doing/saying something", i.e. being willing to provide advice in some situations and for some people. For example, counsellors report encounters with patients who are in such distress that they require direct assistance and advice from the counsellor.

In addition, as detailed further in the module, the counsellor, can offer advice to the patient, by referring the patient to a social worker, doctor, nurse or even another counsellor. In some case, the counsellor might advise the patient to attend a session of a support-group to see if he/she can benefit from such group.

# Part 3. Fields of Counselling

***Although this module focuses on personal/health/social counselling, there are other fields where counselling has a role to play.***

## 1. Personal/health/Social Counselling

Personal counselling deals with emotional distress and behavioural difficulties, which arise when individuals struggle to deal with their own life tasks and personal development. Any aspect of personal development can become an adjustment problem, and everyone encounters, at some time, great difficulty in meeting such development challenges. Growing up is hard!

For example:

- ✓ Interpersonal conflict
- ✓ Adolescence
- ✓ Growing old
- ✓ Depressive feelings when bored with work
- ✓ Excessive guilt about a serious mistake
- ✓ A lack of assertion and confidence
- ✓ Grief over the loss of a loved one
- ✓ Disillusionment and loneliness after divorce

## 2. Educational Counselling

Educational counselling is a process of providing services to students who need assistance in making decisions about important aspects of their education, such as the choice of courses and studies, decisions regarding interests and ability, and choices of high school and higher education and training. Educational counselling increases a student's knowledge of available educational and training opportunities.

## 3. Vocational Counselling

Vocational counselling is directed at facilitating career development. Vocational counselling includes situations such as these:

*- Helping persons become aware of the many possible occupations to consider.*

*- Assisting a teenager to decide what to do at the end of their final school year*

*- Helping a person apply to a college or university*

*- Role-playing a job interview to help the client prepare for the real thing.*

# Topic 2 - Attitude and skills for counselling

## Part 1. Appropriate attitude of a counsellor

***To counsel effectively and with care, a counsellor should have an attitude including the following elements. If you think you don't have some of these, don't panic, be aware of them and try to develop them .***

### Being open and approachable

The patients will feel at ease when a counsellor shows a friendly, open, approachable and caring attitude. This reflects a positive attitude toward them.

A Counsellor shows this attitude by communicating openly both verbal and non-verbal (smiling, eye contact and open body posture).

### Being supportive

The patient is looked at as a worthy person who has the ability to grow, change and cope with difficult situations or problems by themselves. When people encounter problems, it doesn't mean that they are weak and have no capabilities. It's the situation that makes the patient feel stuck or overwhelmed. Patients will be treated as capable persons and possessing the potential for effectively solving their problems.

### Showing respect

It is one of the most important attitudes required. It normally begins with respecting one's self, so that others respect you in turn. It is having good intentions and warm regard for persons. Respect the persons and avoid imposing your values on them. Your respect and warmth help the client feel safe and encourages openness. It may be most easily seen in your body language and nonverbal behavior. You show respect and warmth by your open posture, your smile, and your vocal qualities. You also show it when you are polite, saying things like "please" and "thank you."

## Avoiding a judgmental attitude

Judgmental attitude means you don't think about the patients as right or wrong, good or bad, lazy or hard working, moral or immoral because this makes the patients feel that if they disclose their problems they will be blamed. Being aware of your thought, feelings and behaviours when counselling the patients.

## Personal values, beliefs and attitudes

Your own attitude can affect your ability to relate to your clients. You may have strong opinions about:

- religion;
- life styles (e.g. drinking, smoking, sex-worker etc)
- sexual orientation;
- issues such as abortion, disclosure of HIV status, drug use.

You are entitled to hold your opinions, but as a counsellor you must never discriminate against clients because their values, attitudes, or beliefs are different from yours.

If you are uncomfortable working with a particular client, discuss this with a supervisor (see Topic 5). In some cases you may need to refer the client to another counsellor.

## Showing empathy

Empathy is different from sympathy. Empathy is trying to understand a situation from your client's point of view and showing that you care. Sympathy is feeling and expressing sorrow or pity for your client. When you show empathy, you give your client strength. When you show sympathy you can increase your client's feelings of how bad the situation is and increase helplessness or desperation.

Empathy can be shown in several ways:

- Show that you understand what your client is going through. For instance, you may say "that must have been a very difficult experience".
- Avoid emotional involvement with your clients.
- Don't start talking about your own problems. You can do this by taking distance from your own thoughts and feelings and put yourself into patient's situation and imagine it from his/her perspective.

## Being genuine

Genuineness means being honest, authentic and sincere.

- Patients need to experience you as being genuine and really want to help and empower them.
- You need to begin your relationship with new patients by directly communicating that you accept them, no matter how they might speak or what might have happened to them or what they might have done.
- In order to be genuine, you give your whole-hearted attention through your verbal and non-verbal expressions toward the patients, let the patients know and feel that you are waiting to help them sincerely.

## Showing unconditional positive regard

You may have experienced situations where a person approached you with a concern, and you unthinkingly blamed the person for making their own problem, or acted as if the person was bothering you. These are negative attitudes which are very counter-productive in counselling.
Unconditional, positive regard makes persons feel welcomed and valued as individuals.

## Respecting confidentiality

It means not disclosing (*to a third person)* any information concerning patients which they have revealed during the counselling session.

Information that **must** be treated as confidential includes:

- ✓ Any information disclosed in a counselling;
- ✓ Information given to you by other counsellors or social workers about the patient;
- ✓ Case records;
- ✓ Information obtained in any other manner and that is related to the patient.

Respecting confidentiality means that you:

- ✓ Only disclose information about a patient to other professionals involved in the case to ensure continuity of care;

- ✓ Inform the patient about who you will be sharing the information with;
- ✓ Do not tell other colleagues who are not involved with the patient anything about the case;
- ✓ Do not tell family, friends or neighbours anything about the patient;
- ✓ Respect privacy by seeing the patient alone.

Remember that patients disclose information with you in the belief that you will respect their privacy and treat all information they have disclosed in a confidential manner.

# Part 2. Techniques for conducting a session effectively

The following counselling techniques are basic tools to help you be a more effective counsellor. They can also help you overcome some difficult moments in your session. Here are some techniques you may find useful:

## Preparing a counselling session

### Prepare yourself:

- Know how much time you have for the session,
- Know when you are available for further appointments,
- Be presentable,
- Make sure your own state of mind will not interfere when counselling your client. If you have personal problems you must deal with them outside the counselling interview,
- If you have seen the client before, check your notes from previous sessions,
- Collect relevant materials that might be useful to your client (e.g. brochure, poster, healthcare kit etc).

## Establishing a relationship

You and your client need to get to know each other to establish a free and open interaction. It can be done in several ways:

- Warmly welcome your client and offer a seat,

- Introduce yourself and allow your client to do the same,
- Initiate a brief social talk – ask how your client is, chat about the weather etc,
- Explain the purpose of the counselling session,
- Explain your role and how you work,
- Explain the concept of confidentiality and assure your client of the absolute confidentiality of the information given during the conversations.
- If it is a new client, collect the necessary background information (contact details, family situation etc)
- Inform your clients that you would like to take notes and ask for their permission,

## Listening skills

### Attending

Attending means you really **pay attention** to the counselling session and the patient. It requires that your physical and psychological attention should be directed toward the patient during the entire conversation. In other words:

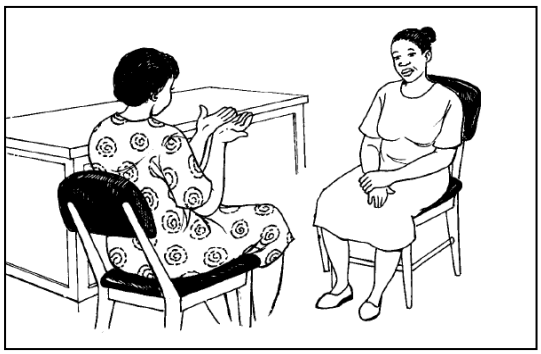
- Face the patient fully by sitting aside from the patient while looking at him,
- Stand at an appropriate distance to communicate easily and feel at ease during the session (i.e. not too close, not too far),
- Maintain an open and relaxed position,
- Keep the focus on the patient and don't start talking about your own problems.
- Establish eye contact with the patient (without staring at the patient for too long which may make them uncomfortable).

### Listening

Listening involves not only receiving sounds but, as much as possible, accurately understanding their intended meaning. Showing the your are listening encourages the patients to disclose themselves more easily to you. The more you listen to your patients, the more you are able to understand their problems.

In general, you should talk less than your patients. In case the patients seem quiet or don't talk, you need to encourage them to talk and help them express their needs or problems.

Listening can be specified in two categories:



### a) Listening for Content or Information

Listening for content or information is the most basic aspect of communication. It represents one person simply giving information to another person, i.e. the facts experienced by the patients.

### b) Listening for Feelings

Patients generally have many types of feelings of varied intensity regarding the facts they are describing. This provides relevant additional information about the importance of the statements that they are making or the stories that they are telling.

There are two basic methods for determining what a patient is feeling: *by what the patient says* and *by the patient's behaviour*.

- Firstly, listen to feelings based on what a patient says. When a patient says, "My husband makes me so angry" the stated feeling that is associated with the husband is anger.
- Secondly "listening" for feelings based on a patient's behaviour. This type of listening involves detecting what emotion a patient (and intensity of emotion) is conveying through his comments and behavior. For example, if a patient is talking about some event and begins to cry, her/his behaviour shows that s/he is sad. If another patient's eyes begin to well up with tears even slightly while discussing something, it shows a very intense sadness.

  Listening for feelings based on a patient's behaviour requires observation of the patient (e.g. patient's face, the voice tone – calm, excited, agitated? and other body language).

An attentive and genuine listening will have an impact on how effective your counselling will be and on the quality of your relationship with your patient.

## How to make clear to the patient that you are listening?

- ✓ Look at the patient directly (eye contact).
- ✓ Nodding,
- ✓ Smile and use appropriate facial expressions,
- ✓ Encourage the patient to continue through some comments like 'yes', and 'mmh mmh'.
- ✓ Ask for clarification,
- ✓ Summarizing by expressing briefly and simply what the patient has described, and asking your patient whether or not that is correct.

## Self testing activity 2.1

**Video Behaviour Therapy – 5min46s**

To watch the video, copy the URL in your Browser
http://www.youtube.com/watch?v=MCyfMFXR-n0

(The transcript is given below for the 2 first minutes, which is necessary for answering the question)

**Counsellor:** Perhaps you can tell me what brings you here today?

**Client:** I'm having a lot of trouble coping with my job. The hours of working are supposed to be 8.30 to 3.30 and lately I have got so much work given to me, and I'm having difficulties getting through the all day with it and I've got a teenage boy I pick up after school every day because he's so naughty that I don't let him go on the bus. And I make my hours 8.30 to 3.30 so I give him a chance to get out of school and then at 3.30, I'm supposed to be there at 3.30. It's been later and later, I'm getting there sometimes 4.30, the other day it was 5 and the boys just "Wow". They're naughty boys you know this. They are everywhere, they get out of school and they'll get out of trouble, and then I'm late home, preparing dinner for my husband, and he get annoyed. It's all getting too much.

**Counsellor:** You're supposed to get out at 3.30, why you think you can't finish at 3.30?

**Client:** Oh, I've got too much got!

**Counselor:** Who is giving you the work, what's happening?

**Client:** I'm working at a doctor surgery office, I don't know if I mentioned this. One doctor employs me, but there are four within the practice and I'm doing work for all of them while I should be doing only for one …

**Observation :**

How would you describe the counsellor's attitude? How do you know it?

Do you think she is listening? Explain your opinion.

_____
_____
_____

How does the patient seem to feel ? calm, silent, depressed, stressed ... ? How can you see it ?

_____
_____
_____
_____

## Questioning

Questioning can be used to collect information from the patients, understand how they feel and also be used to help the patients understand more about themselves, their situation, or possible ways to deal with problems, as will be explained further in Topic 3.

There are two types of question: *closed questions* and *open-ended questions*.

- ***Closed question***: It is used to get precise information. The answer will usually be Yes or No or a very short sentence or specific fact.

*Example:* "How old are you?", "How long did you sleep last night?"

- ***Open-ended question****:* It can be used to get information by allowing the patient to state problems in their own words. They usually begin with who?, how?, and what?; and invite the patient to expand on the issue. The purpose of this question is to explore the patient's thoughts, feelings and experiences.

*Examples:* "How did you feel about that?", "What did you do then?"

## Some other "hints" about questioning effectively

- Use a tone of voice that shows interest, concern, and friendliness.
- Use words that patients understand.
- Ask only one question at a time. Wait with interest for the answer.

- Using "Why" questions may put patients on the defensive, so try to always use a soft tone of voice.
- Instead of asking a question, you might say "Tell me more about that…".
- Do not ask suggestive question. This question suggests a particular answer and therefore directs the conversation. It reflects your ideas and attitude and not those of the patient and should be avoided at all times.

  Example of suggestive question: *"Your husband committed violence on you, was it because you didn't give him money for drinking?*" Instead, ask "*In your opinion, what is the main cause of violence committed by your husband?*".

## Responding

Responding shows a patient that you understand his/her story without judgment or blame. In turn, responding encourages a patient to reveal more of his/her story.

Responding is the most important thing that a counselor does. Words from a person in an influential position of (e.g. a psychiatrist, psychologist, counsellor, or social worker) must be chosen carefully, because through their work they influence patients' choices and actions.

There are two types of responding:

### a) Responding to Content or Information

It shows the patient that the information has been heard and understood. By responding, the counsellor is reflecting the information to the patient, just like "holding a mirror".

Responding to content can start as follows:

- ✓ *"You're saying …",*
- ✓ *"If I understood correctly, you were saying…",*
- ✓ *"It sounds like …"*

In this way the counsellor reflects to the patient a summary of what s/he said.

### b) Responding to Feelings

Responding to patients' feelings communicates that you understand and can connect with them on a deeper level.

For example, a patient says:

*"I just wish that my mother would stop treating me like a child! It makes me angry when she tells me what to do with my life. It's like she doesn't think that I can take care of myself!".*

Firstly, the counsellor needs to listen carefully to the feelings being expressed when the patient says ("makes me angry"), and the patient's behaviour (e.g. face showing anger).

Secondly, before responding, the counsellor should simply ask him/herself, "What is the patient feeling?".

Thirdly, the counsellor may respond, for example by saying "So, you really feel upset with your mother for treating you like a baby". This helps the patient feel s/he is understood, and possibly opens the conversation on the particular point, e.g. the patient is replying "Yes, that's right, then I begin to argue with her and I often leave the house and don't want to come back".

## Ending a counseling session

### Summarizing

Summarizing is repeating briefly an important idea or the main points which have been discussed. It helps both the counsellor and the patient to know that they have understood the main points of the conversation. Summarizing can be done:

- ✓ At the end of each session, to identify the main ideas that have been explored during the session, the progress achieved and the next steps to be taken (see further details in Topic 3).
- ✓ During the session itself, after the patient has explained a relevant idea or a topic which was then explored more in depth.

### Getting the client's feedback and envisaging a future session

After summarizing, and before accompanying the patient to the door while engaging in social talk, the counsellor should think of:

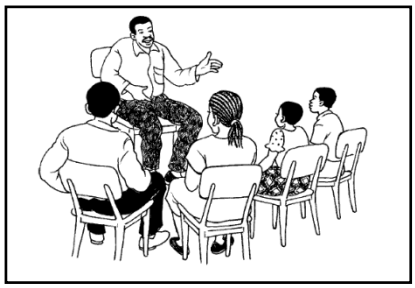
- Asking the patient how he/she felt about the session and about any other feedback,
- Asking the patient if he/she has any further questions,
- Agreeing with the patient on what to do next and how to work together in future session(s),
- Setting a date for the next counseling session,

# Part 3. Other issues to consider

The counsellor also needs to be aware of some additional aspects:

## Group counselling

**Counselling is not always restricted to individual clients, but may involve groups, couples, families.**



## Life cycle

People of different ages have different needs, different concerns, and different ways of coping. You have to be sensitive, for instance, to the special needs of an adolescent girl who is infected with HIV. Her priorities will differ from the priorities of an HIV-positive widow with four children.

As a counsellor you should be aware of your client's stage in life and offer support that is suited to their specific needs. For example, when you refer a client to a support group (i.e. group or organization of people who have or had the same problems), make sure that the group includes members of the same age group.

## Crisis counselling

Clients who are distressed, in shock or any difficult situation require crisis counselling. The important elements of crisis counselling are:

- ✓ Assess the situation and deal with any urgent needs,
- ✓ Let clients express their emotions,
- ✓ Identify your clients' most urgent problems,
- ✓ Assist your clients in solving their most urgent problems,
- ✓ Help your clients to identify other sources of support, that can help them out of their current situation e.g. family, friends, another organization etc
- ✓ Plan future follow-up counselling sessions.

# Self-testing Answers (Topic 2)

## Self testing activity 2.1

Q. How you would describe the counsellor's attitude? How do you know this?

Q. Do you think she is listening ? explain your opinion.

*A. The counsellor is showing attention, care, respect for the client and is listening. For example, she's nodding, looking at the client, responding to her sometimes. She doesn't give advice but simply proposes, suggests, and doesn't force the client.*

Q. How does the patient seem to feel? calm, silent, depressed, stressed … ? How can you see it ?

*A. The patient look stressed, agitated. She's moving, speaking fast sometimes and her face looks sad.*

# Topic 3 - Stages of counselling

## Overview

In this section we will discuss in more details how to help the patient to respond to the difficulties, through several stages:

- Helping the client to explore
- Building on your clients' strength
- Helping patients set their own goal(s)
- Helping patients set their action plan
- Exploring other sources of support
- Follow Up
- Termination

## Helping the client to explore

Let's remember one definition of counselling:

*"a process of helping a patient to explore and understand his/her thoughts, feelings and behaviours so that he or she can begin to find solutions or take steps to improve his/her situation".*

Therefore, the counsellor needs to help patients to clarify the problem(s). The sorts of questions which should be in your mind include the following:

- ✓ What is the problem the patient initially comes with?
- ✓ What other problems are caused by or help maintain the presenting problem? For example, if someone has a problem with depression, it is important to clarify how this is affecting life in other ways – relationships, friendships, social life, job and money.

There are certain areas which need to be explored:

- ✓ **Thoughts**: Try to find out what your patient thinks about the difficult situation, during the current counselling session. Does he/she think differently outside the session?
- ✓ **Feelings**: Explore with your patient what emotions are present, and how are these affecting what is said or done during and outside the session.
- ✓ **Behaviour**: Explore with your patient how he/she behaves and relates to the difficult situation. E.g. does he/she talk to

anyone easily about it? How the situation affects his/her relationships with others? What are the main changes of behaviour between the present time and the time before the difficulties happened? etc

In addition, the counsellor should know if the patient's **body** has been affected, i.e. developed physical symptoms as a result of the difficult situation.

It is also important to:

- **Clarify** the problems described, e.g. If a patient complains about sleep problem, do you know what the patient really means by 'sleep problem'?

After the exploration stage, the counsellor may find out that there are several problems to be addressed. Usually the patient can't deal with all of them at the same time, so the counsellor needs to support him/her in **prioritizing** which problem to address first.

*Example: "We can't solve all these difficulties at the same time. Which one is most important or serious for you? (or) which one do you want to deal with first?"*

## Building on your clients' strength

Your clients may have abilities that they are not aware of, especially because of the difficulties they are facing. One of the objectives of counselling is to awaken these inner strengths. To achieve this, help your clients to:

- remember how they have overcome difficult situations in the past;
- what has worked, and what did not work, and why it did or did not;

Some useful questions to explore a client's strength and resources may include:

- "What have you done about this problem?"
- "Whom have you shared the problem with?"
- "Are there things you should have done differently?"

## Helping patients set their own goal

After the exploration stage, the counsellor and the client will agree on some goal(s) to achieve, in order to help the client to move forward through the problem(s). For example: “finding a job within a few months to support my family”, “find a center to help me to solve my addiction to alcohol”, “start to exercise regularly in order to improve my health” etc

The counsellor may need to encourage the client to distinguish between realistic and unrealistic goals, and if necessary help to clarify the goals. Goals should be “SMART”, i.e.

- ✓ specific and clear (S);
- ✓ measurable and verifiable (M);
- ✓ adequate to meet the problem (A);
- ✓ realistic and achievable (R);
- ✓ timed (a specification of when the actions to achieve the goal will be taken) (T);

A useful technique to assist goal setting is to encourage the client to think of alternative ways of behaving. For example, by getting answers to the following kinds of questions, the counsellor should help patients to express their goals so that practical steps can be found:

- ✓ “You're getting upset at the way your children react to you. What would you like them to do instead?”
- ✓ “What would you like to do that you cannot do now?”
- ✓ “What is the first thing that you would like to do better?”

## Helping patients set their action plan

After setting some goal(s), it’s time to explore alternatives, identifying strategies for action.

The counsellor’s role is to facilitate patients in gaining new perspectives, seeing thing differently, and encouraging them to do things differently. The counsellor should help the patient to focus on possibilities (e.g. “what is wanted?” “what is working already?”) rather than on problems (“what is wrong?” “what didn’t work?”).

Then, the counsellor and the patient should set effective plans. They should have the following characteristics:

- ✓ The plans should be within the limits of the motivation and **capacities** of each patient. Plans should be **realistic** and attainable.
- ✓ Good plans are **simple** and easy to understand. Although plans need to be concrete and measurable, they should be flexible and open to modification as patients gain a deeper understanding of the specific behaviors that they want to change.
- ✓ Plans should be changed into **actions** as soon as possible. The counsellor might ask questions such as:

*"What are you willing to do today to begin to change your life?", or "You say you'd like to stop depressing yourself, so what are you going to do now to attain this goal?"*

- ✓ After the plan has been carried out in real life, it is useful to **evaluate** it from time to time, to see how the situation progressed and explore some adjustments (if needed).

## Exploring other sources of support

Find out who else can provide support to your patient. Many people find support from family, relatives, friends, or religious groups.

## Follow Up

The counsellor and the patient will probably need to plan further sessions, in order to continue the counseling work and for follow up , e.g. to figure out what has been implemented, what have been the obstacles, how does the patient now feel, discussing a possible need to re-examine together the goal(s) and action plan.

The patient needs support and constant encouragements after taking action. The support from the counsellor is important, but it's also the counsellor's role to help your patient to develop their own support networks (friends, support group, other organization etc).

What can the counsellor do if there is no improvement after trying his/her best to help the patient? The counsellor should choose among possible solutions:

- ✓ ask for help from other colleagues,
- ✓ raise this case during a technical meeting,
- ✓ asks for help from clinical supervisor,
- ✓ refer to help from other people or services.

## Termination

Termination means "interrupting" or "bringing to an end ". Several reasons to consider termination can be described:

- the reduction or elimination of client's symptoms,
- client's development of enough insight to deal with future recurring symptoms
- the client's ability to cope with problems effectively (the goals are achieved).

**Before taking the decision for termination**, the counsellor also has to be sure the patient is now able to cope with the situation.

- ✓ How patient copes with strong emotions (anger, fear, frustration, stress etc)?
- ✓ How well the patient now copes with some difficulties
- ✓ If patient can't deal with some difficulties, how does he/she get help , and where/whom s/he asks for help?

**Before terminating**, counsellor needs to examine with the patient:

- how does the patient feel now,
- the results achieved so far, *compared with the expectations,*
- some lessons learned by the patient (e.g. about his/her inner strengths, obstacles overcome, achievements)
- the problem(s) which still remain,
- some concerns or questions the patient may have by imagining his/her life after terminating counselling,

## Consolidate your practical skills with some theory

Before moving to the next topic, you are much recommended to complement the practical skills, attitude you have been introduced to above, with some introduction to three theories of counselling you will need to use to support your your work with different patients. Please refer to appendixes 1,2 and 3.

# Topic 4 - Counselling for HIV

## Overview

This module would not be complete if we did not include a Topic on HIV counselling. The impact that an HIV diagnosis can have on a person's life is enormous and counselling is just one area that can help. It would be easy to devote a whole module to HIV counselling, but since the aim of this module is to get the student acquainted with the basics, we have included this section hoping that it will demonstrate the value and importance of counselling skills.

## Part 1. Counselling before the HIV blood test

The first opportunity (and need) for HIV-related counselling is when someone decides to make an HIV blood test. Sometimes it is the only chance to speak to people in depth about the ways HIV is spread.

Because it can be hard to decide to take the test, people may be open to counselling and that provides also an opportunity to talk to them about available treatment for sexually transmitted diseases, family planning, or about available support services. This may also be a moment when they are ready to think about changing behaviour that puts them at risk. So offering testing may provide an entry point to attract people both to counselling and to other services.

The main point of pre-blood-test counselling should be to help them develop a plan of action for after they get the test result, whether it is positive or negative.

- What will they do?
- Who will they tell?

- How will they bring it up?
- What parts of their life will they change?
- If they have HIV, how will they avoid spreading the virus to other people?

You can discuss with them who should take the test, how the test works, and how to avoid HIV. You should make it clear that another round of counselling should be done after the test.

**It can be helpful to counsel couples together, both before and after the test**. This encourages both members to talk about HIV and what they will do with the test results. Sometimes pre-test counselling sessions are done in groups to save time. Although this can be useful it also needs a very skilled facilitator, people may be less likely to bring up personal questions in a group than if they are counselled alone or with their partner.

Within the HIV counselling situation, introductions are important to set the tone for the session. A simple, open-ended question, such as “What brings you here?” or “How can I help you today?” shows you are ready to listen. Later, you can ask more specific questions that will help you understand a person’s knowledge of HIV and AIDS.

**Listen carefully to a person's concerns and questions**. Use the time to get a sense of their background and needs.

## Reflection Activity 4.1

What do you consider to be the main point of pre-blood-test counselling?

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Next you can discuss basic facts about HIV. Ask each person what they know about HIV:

- How do people get HIV?
- How can people avoid HIV?
- Why do people get sick from HIV?"

This way, time is not wasted teaching something a person already knows. This also gives you a chance to teach new facts about HIV. Afterwards, ask the person to repeat what they have learned from the session; this will help you know if they understood what you were saying. Ask frequently if they have any other questions and listen for an answer. Silence is fine; it often helps bring out important questions or feelings. Sometimes a person's biggest concern is brought up just as the meeting is about to end.

## Letting people know what to expect

Explain to people that only a small amount of blood is needed for an HIV test, just one teaspoon (five millilitres) or less for a finger stick test. The body is able to make this amount of blood very quickly, so a person being tested should not feel tired or weak after the blood is taken.

Let people know how long they will have to wait for their test results. If they need to wait a few days or a week or two, make a follow-up appointment.

**Do not use the mail or telephone for giving test results.** By coming to the clinic or your place of work, people can hear about their test result in a supportive environment where counselling is available so that their questions can be answered. They can also receive information about services available to them if they have tested positive to HIV.

Appointments should be made in the same way for people who have positive and negative results.

For example, do not schedule people whose results are negative to come in for a five-minute appointment and people whose results are positive to come in for a 30- minute appointment. Rumors can quickly spread about what the length of an appointment means and as a result, people given a long appointment may not return for their test results.

## Self testing activity 4.1

Why shouldn't you use the mail or telephone when giving HIV blood test results?

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## Privacy

People may be treated unfairly when it is learned that they have HIV or AIDS. Because of this, information about HIV should be kept in strict confidence.

When possible, medical records should be locked in a safe place where only people directly involved with the HIV infected person's treatment can read them.

**Counselling should be done in an area where you cannot be overheard.**

You should consider limiting what is written in a person's records about HIV or diseases specific to AIDS. This helps avoid having information about someone spread to people who do not need to know it and who might discriminate against the person.

## Importance of confidentiality

People should be told that their test results will be confidential or anonymous, and what that means. This is very important because how the

information is kept may affect whether someone decides to take the test or not.

## The meaning of the test

Before the test, explain the meaning of each possible test result. This will help avoid confusion later, when you tell a person the result of his own test.

A positive test result means that a person has HIV. They could have been infected at any time in the past when they took part in risky behaviour—even years earlier and without knowing it was risky. A child may have been infected at birth.

A negative test result means that HIV has not been detected in the person's blood however, a person with a negative HIV test may still have HIV, because it takes 3 months from infection for a person to develop enough antibodies to make the test positive. The person may want to take a follow up test after a further 3 months, especially if he or she has recently engaged in any risky behaviour.

## Waiting for results

Usually people have a lot to think about before getting their test results. They may need to wait as little as an hour or as much as two weeks, depending on the type of test used. The wait usually seems long, whether it actually is or not.

### Reflection Activity 4.2

What would be most important for you, if you were taking an HIV test?

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## Part 2. Counselling after the test

Imagine for a moment that after a two-week wait you are on your way to the clinic to hear your HIV test result. You hope to see the familiar face of your counsellor. Maybe you will sit in the same chair you sat in two weeks ago. You are nervous as you open the clinic door. What are you thinking at this moment? Do you wonder what your test result is? Do you wonder who will tell you the result? Do you wonder if the news will change your life? Do you wonder if it would be better not to know?

The counselling appointment after the test gives a supportive setting for hearing the news. If the test is negative it gives a person time to ask questions and think about ways to lower their risk of getting HIV in the future. If the test is positive the person will have a chance to talk with someone who knows about HIV and can help them cope with the bad news.

### Reflection activity 4.3

What would you think about if you were awaiting blood test results?

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## Counselling people with positive test results

It is hard to give someone news of an HIV positive test. It is difficult to tell someone bad news. However, most people with positive results already have some idea that they could have HIV, i.e. they have knowledge of some risky behaviour; a positive test may be less of a surprise than you think, but confirmation of being HIV positive is in such cases just as stressful. Fortunately, you will probably give more negative results than positive ones.

Prepare beforehand for telling someone a test result; this will make the experience better for you and for the person who took the test. You can do this by thinking carefully about what you are going to say and what the person's responses might be.

Right after hearing their test results, people may not listen very carefully to information about treatment for sexually transmitted diseases, family planning, or social services.

## Breaking the news

Ask a person what they have been thinking about since taking the test. Find out what worries or questions they have. Arrange for enough time to talk about the issues they raise.

When you give the result, use a neutral tone of voice. You might simply say, "Your HIV test was positive," and then wait for the person to respond.

A neutral tone and a moment of silence allow someone to feel their own feelings rather than respond to yours. People have many different responses to both positive and negative results.
For this reason, let each person set the tone and pace of the discussion according to her own needs.

## First reaction

The first feelings that people have after finding out they have HIV may include denial, anger, fear, sadness, hopelessness, and guilt.
Most people will be upset, and some may talk about hurting (punishing) themselves or other people.

Help avoid a crisis. Be supportive. Let them know that strong emotions are understandable, but that they need to remember that HIV nowadays is a treatable disease. Acknowledge feelings by using simple statements such as “This is probably a scary time for you.”

Sometimes people will not accept the results of a positive test. They will insist that they are negative and that there has been a mistake. Do not argue with them. Tell them that the test is almost never wrong but you are willing to discuss the possibility of a second test.

People who deny the truth are often the most in need of support; ask them to return for another meeting.

While you should not deny people’s worries, it is helpful to talk about things positively. For example, many people believe that having HIV means they will die very soon. Talk about the fact that HIV is treatable and how long it usually takes after infection before any serious symptoms occur.

A lot of people do in fact just carry on their lives as normal without ever having any effects from the virus. Teaching people ways to stay healthy will build feelings of strength at a time when they may feel powerless.
If you know the person you are counselling, you might talk about difficult times in the past that they handled well. Try to help the person overcome harmful thoughts and focus on solving problems.

## Help people plan for the future!

Talk about the plans they made during the pre-test counselling session. This will remind them that they will not die tomorrow, and it can help change feelings of fear or hopelessness into feelings of strength. Help people find a health worker who knows about treating people with HIV—maybe you!

People will want to talk about their health, their relationships with friends and family, and how to have safer sex to protect sexual partners. By talking openly about these things you will help people accept the fact that their lives are changing.


People with HIV must learn to practice safer sex, not only for their sexual partners' protection, but also for their own. Having unsafe sex puts a person at risk of getting sexually transmitted diseases, many of which are more severe in persons with HIV. Additionally, exchanging body fluids with another person who also has HIV may make one person sicker, because one person's virus may be more dangerous than another's.

### Self Testing activity 4.2

How can a counsellor help people to plan for the future?

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## Telling other people

This is a very difficult issue. A person with HIV will think about whether to tell other people that they have the virus. The information can seriously affect their relationships with sexual partners, friends, family, employers, and health care providers.

More and more people are being taught about HIV and AIDS, but there is still a lot of misunderstanding and fear of the disease.

Each person should be warned of the risks and benefits of telling people they have HIV. The goal is to gain support from friends and family while decreasing the risk of discrimination.

People with HIV should start by telling those people who will be the most supportive and those who may also be at risk of having the virus because of past contact. Everyone with HIV should be strongly urged to tell past and present sexual partners about having HIV. Sexual partners need to know so that they can be tested and can protect *their* partners from infection.

When counselling a person with HIV, you should ask them about their sexual partners and how they plan to tell them. Role playing is a useful way to help a person with HIV practice how to tell others.

If the person with HIV can tell their own partners, this keeps their sexual partners' names confidential. However, some people are reluctant to tell their partners.

This can be especially true for women who fear being yelled at, beaten, or thrown out of the house by their partners. In such cases, the person with HIV may ask a health worker to tell the partners that they might have HIV.

The name of the person with HIV can be kept confidential or the couple can be counselled together. A health worker can teach the partners about HIV and AIDS and encourage them to be tested.

The following list describes some emotions families or friends may feel when someone they care about tells them that s/he has HIV. Counsellors can talk about some of these possible reactions with people who have a positive test. It will help them prepare for difficult situations. If the health worker has HIV her/himself, talking about some of her/his personal experiences can be especially helpful.

**Shock.** Family members may be shocked and ask," Why us?" They may be surprised to find out about the situation that put their loved one at risk; for example, a husband or wife may not have known that the other was having sex outside the marriage.

**Anger.** Families and sexual partners may be angry with a person who has HIV.
They may feel betrayed if the person had sex outside the relationship, or they may fear being abandoned because they imagine the person they love will become ill and maybe die. The anger is likely to be worse

if the person with HIV has symptoms of being ill especially if health workers do not have much medical help to offer, i.e. limited access to treatment drugs. The family or partner may become frustrated.

Try to help them understand some of the reasons they might be angry, and let them know that it is natural to be frustrated in the face of these issues.

**Fear of infection.** Family members and sexual partners may think that they gave HIV to their loved one, or they may worry that their loved one will infect them in the future. It is important to talk with family members about how the virus is and is not spread. HIV is not spread by casual contact, so they do not have to worry about sharing living space with someone with HIV or being friends with them, but they should think about changing their sexual behaviour to lower the chance that the virus will spread. Sexual partners should think about being tested for HIV themselves.

**Fear of being alone.** Families and friends may worry about being left alone or isolated from the rest of the community. A serious illness often causes the community to withdraw. Counsellors can offer support and let families and friends know that they are not alone. If there are support groups in the community for families and friends of people with HIV, tell people about them.

**Guilt.** People who are close to others with HIV but don't have the virus themselves may feel guilty about the fact that they do not have the virus. Some people react to this by taking more risks because they care less about their own lives. Other people may think that they or

someone in their family did bad things in the past, and that their gods or spirits are now punishing them by giving them HIV.

**Shame.** Some families or friends may feel ashamed that a person has HIV. They may think that HIV brings dishonor to the family. Families may withdraw from contact with the community because they fear rejection. Explain that no one need feel ashamed to have someone with HIV in the family but that unfortunately the fear of rejection may be well-grounded because the community may be badly informed about HIV.

**Helplessness.** Family and friends may feel helpless in the face of disease. Learning more about HIV and volunteering for an HIV organization can give them a sense that they can help the community to be better informed and even help slow the spread of HIV and AIDS.

## The next step

Hearing about positive HIV test results can bring up many strong feelings; a person may not be able to concentrate and may not hear what you are saying.

Try to give written information to each person who is able to read, so that s/he can later read about what s/he did not hear or understand in your post-test counselling session.

Make an appointment for them to come back soon so that you can talk about health services, support groups for people with HIV, crisis counselling services, and programmes for people who use drugs or alcohol.

## Counselling people with negative results

A complete counselling session is also important for people who have a negative HIV test. Counselling a person with a negative result is, in many ways, like counselling someone who is positive. The session can

start with general questions about what the person has thought about since the last visit. Ask if s/he has any questions before you tell her/him the result. After giving the result, give them time to respond with their own feelings and thoughts.

If a person has a negative result, remind them that a negative test only means that HIV has not been detectable in their blood now. They may be in that three month period after infection and before the virus becomes detectable through a blood test. And of coursethey could still become infected in the future.Most people will feel relieved to receive a negative test result. Sometimes, however, people feel sad or guilty, especially if they have lost friends or loved ones to AIDS.

Sometimes people do not believe that they are negative. They know that they had sex with someone who has HIV and they think that HIV is spread every time a person with HIV has sex. You can tell them that this is not true. In any case, this is the time for a person to develop a strong commitment to **staying** HIV negative.

## Counselling people with indeterminate results

Sometimes the result of an HIV test result is called indeterminate. It may mean that a person is newly infected and has just begun to make HIV antibodies, or that something else in their blood causes a test result that cannot be seen as reliable. Suggest that they take another test in a month and of corse should practice safe behaviour while waiting for the next test.

**Ask**: “How have you been since the test? What have you thought about? Do you have any questions?”

**Give a test result in a neutral tone:** "Your test is positive/negative/indeterminate."

**Wait for a response. Talk about the following:**

- the meaning of the test result
- telling others
- being safe
- staying healthy
- anticipating problems

**Review** the plan made during pre-test session.

# Part 3. HIV counselling by phone

Many countries have developed an HIV hotline providing advice, information and counselling from professionals.

## Group to offer HIV counselling via email - MYANMAR

**By Khin Myat**

June 13 - 19, 2011

THE HIV Hotline Initiative Group (HHIG), which offers free phone counselling to HIV patients, next month plans to expand its services to include email counselling, said Ma Thida, a spokesperson from the organisation.

The group, whose members are HIV-positive, offers counselling to help HIV patients receive proper treatment as well as to provide psychosocial support.

Ma Thida said email is more practical for people who are unable to spend much time on the telephone.

"When people use email, they can ask long, detailed questions about anything they want to know about, and we can send long, detailed responses," she said. "And if the internet connection is down, phone counselling is still available."

The group started offering phone counselling to HIV patients in January.

"When people find out they are HIV-positive they feel depressed and shocked. In this situation, they often feel the need to speak to someone who is going through the same experience," Ma Thida said.

She said that thanks to media coverage, in the first three months that the phone service was available the group received calls from more than 90 people living with HIV, an average of two calls a day. Most were from the Yangon area.

The HIV Hotline Initiative Group can be reached at 09-4929-4225 or 09-4934-0435.

The counselling email address will be released later this month.

http://www.mmtimes.com/2011/news/579/news57912.html

Below is described an initiative in Cambodia. Source :UNAIDS - http://www.unaids.org/en/resources/presscentre/featurestories/2006/september/20060927cambodia/

## *Cambodia's HIV Hotline – advice and counselling just a phone call away*

***27 September 2006***

*When young housewife and mother Kiri* learned she and her young son had tested positive for HIV, she didn't know where to turn. "I had so many problems hidden in my heart. I didn't dare tell my problems to anyone. Keeping this secret*

*from people made me so distressed that sometimes I wanted to kill myself to escape from this suffering," she said.*

*But Kiri found strength and support by picking up the telephone. She dialled the special 'Inthanou' (the Khmer word for 'Rainbow') hotline – a unique free, anonymous and confidential telephone counselling service established by a local NGO in 2000 to provide vital HIV information, support, counselling and referral – and help was at hand.*


*"After contacting the Inthanou hotline, I felt relieved and much less distressed after discussing my long-hidden problems. Now I can express my feelings to someone without any fear because: Firstly: No one knows who I am. Secondly: The conversation is confidential. Thirdly: I can discuss issues concerning my personal health problems and receive good advice and encouragement," she explained.*

*Kiri is one of many benefiting from the Inthanou hotline. Since its creation in August 2000, the initiative has reached almost 300,000 people, most of them aged between 15 and 24.*

***"Do you know how to protect your baby from HIV? If you want to know call 012 999 009"***

*The hotline runs six days a week from 11:00 to 20:00 and receives an average of 200 calls per day. In 2005 the hotline received a total of 63,228 calls.*

*Inthanou employs nine trained counsellors who provide information on HIV and reproductive health and when necessary refer callers to Voluntary Counselling and Testing Centres, as well as other medical services including Sexually Transmitted Infection clinics, access to treatment and care, and networks of people living with AIDS for psychosocial support.*

*"The hotline is not only providing information but it is also referring services that are available in the country. In this way the hotline is making a real impact on people's lives, and is making a difference," said Fabrice Laurentin, Project Officer for UNICEF Cambodia.*

*For Kiri, referrals from the hotline have led to her being able to access antiretroviral treatment from a local NGO. For others, the hotline has had equally positive impacts such as referrals which have lead to people living with HIV being*

*able to access small grant funding to set up businesses.*
*The hotline is regularly promoted through various media, particularly TV and radio as well as via advertisements in magazines, t-shirts, key-rings and pamphlets that are widely distributed. In 2004 a special poster campaign was conducted featuring some of the country's top sporting stars. In August 2006, the National AIDS Authority and UNICEF launched another special poster campaign promoting greater awareness of HIV among young women and encouraging them to use the free Inthanou HIV hotline.*

*"I really hope that this campaign will reduce women's shyness about AIDS-related issues and encourage them to call the hotline," said Dr. Loun Monyl, Inthanou Coordinator.*


*Inthanou also has a web site (www.inthanou.org) which provides online information on HIV and prevention and treatment services, as well as useful advice and testimonies of people living with HIV and other members of the public who have accessed the hotline for more information and assistance.*

*One young man tells his story on the web site: "I have had sex with my closest friend and I rarely thought about using condoms. I believed that having sex with a man was safe," he explained.*

*One day as he was reading a magazine he came across Inthanou's hotline number, advertising that the hotline provides anonymous and confidential information related to HIV and STDs (Sexually Transmitted Diseases). He called the hotline and counsellors advised him that having unprotected sex with a male partner, is a high risk behaviour for transmission of HIV and STDs. The counsellor gave him helpful advice about how to reduce the risk of HIV infection. Having consulted the hotline, he acknowledges that the hotline counsellor gave him important information about HIV. "I am now interested in finding out more about issues related to health and HIV. I often call Inthanou counsellors when I have questions," he said.*

***"You can protecty yourself against HIV, use condoms... If you want to know more about HIV and AIDS, please call 012 999 008/012 999 009"***

*"Ithanou is reaching out to all sectors of the population. Its anonymous and confidential service makes it easier for people to start talking about issues that are often taboo. In this way it is encouraging dialogue on issues of HIV and STIs and is helping break down stigma and discrimination," said Jane Batte, Social Mobilization and Partnerships Advisor, UNAIDS Cambodia.*

*The hotline aims to build on its current service and, with additional funding, hopes to continue to answer tens of thousands of calls and refer at least 12,000 callers to appropriate government and NGOs medical and non-medical facilities every year.*

*"We want to reach out and make a difference to as many people as possible. With Inthanou, help is just a phone call away," said hotline Coordinator Dr Monyl.*

**names have been changed to protect identity*
*Testimonials used in this story appeared first on the Inthanou web site –* *http://www.inthanou.org*

# Self-testing Answers (Topic 4)

## Self Testing activity 4.1

Q. Why shouldn't you use the mail or telephone when giving results?

*A. Sending by mail would not be **confidential enough**, and there is no feedback possible between the patient and the counsellor. Communication by phone may be a cause of misunderstanding, and when people don't see the face of each other, the patient receiving an HIV positive result is unable to see that the counsellor really cares enough to take time with further counselling.*

*In addition, even if the result is negative, in giving the result face to face the counsellor will use the opportunity to explain about the causes of infection and protection methods.*

## Self Testing activity 4.2

Q. How can a counsellor help people to plan for the future?

*A. The counsellor should remind the patient that treatment exists, that a long time may pass before any serious illness occurs. It is important to tell patients that they to take good care of themselves (physical : food, exercise, relaxation, mental outlook: counselling interview, self-help groups, spiritual well-being : meditation, religion). They should think positively about their work plans, social life with friends…*

# Topic 5 - Self-care and support for the counsellor

## Overview

Working with people experiencing life difficulties can be stressful. The nature of this work can put us in touch with considerable human trauma and suffering. Consequently, by entering into the painful reality of people's lives, some counsellors will experience some level of suffering in an indirect way. This experience can cause stress, fatigue and also sometimes depression, anxiety, burnout ...

Issues regarding such difficulties need to be acknowledged and addressed as part of training for counsellors. This section focuses specifically on burnout, naming some of the common signs and symptoms, encouraging people to reflect on their own past experience and to be aware of potential signals they might experience in the future that indicate danger of burnout. It also provides self-care activities to help the counsellor to deal with difficulties in several areas (physical, psychological, emotional, spiritual). The topic then describes the importance of supervision as an effective regular support to prevent and solve difficulties met by counsellors.

## Stress and traumatic stress

***Stress*** can be defined as any demand or change that the human system (mind, body, spirit) is required to meet and respond to. Stress is therefore a part of normal life. Without challenges and physical demands, life would be boring. Stress, however, becomes ***distress*** (or traumatic stress) when it lasts too long, occurs too often, or is too severe. It is also important to note that what is distressful for one person may not necessarily be distressful for another. Your individual perception (how pressured or threatened you feel and how much

control you have over the circumstances) can affect the degree of distress you personally feel. ***Traumatic stress*** can therefore be defined as the reaction to any challenge, demand, threat or change that exceeds our coping resources and results in distress.
Such situation may lead to e.g. depression, anxiety, burnout. Here are additionnal resources describing simply their signs, symptoms and advices/recommendations to people to help themselves and find external help:

http://www.helpguide.org/
http://www.beyondblue.org.au
http://www.headington-institute.org/

Helping counsellors for recovery can be done through activities they can undertake themselves (self-care activities) and external support (e.g. supervisor).

## Self-care activities

It is important in this kind of work to be **aware** of your own needs, limits, emotions and resources. To create a **balance** between work, social activities and rest activities and to be aware of the **connections** to self and others, and the connections between mind, body and emotions.
Below is al list of self-care activities that can be undertaken for coping with stress and getting back to a well-being and (hopefully) a normal and happy life. We may need to start to introduce the concept of 'setting limits', sometimes misunderstood by social/health workers who may think they have to give up their own life and happiness for their patients or clients.

## Physical Self Care

- Eat regularly and healthfully
- Exercise, or go to the gym
- Get regular medical care for prevention of illness
- Get medical care when unwell
- Take time off when you are sick
- Get massages or other body work
- Do physical activity that is fun for you

**About setting limits**: It is important being clear about what responsibilites or duties you are able/or unable to perform. In the counselling relationship it is useful to set have an agreement with the patient so as to be clear about expected roles and tasks. For example, the counsellor may not agree to give his/her personal phone number, or discuss with the patient outside regular sessions if they live in the same area. Limit setting can also be about being clear about what is mutually respectful behaviour within an organisation. For example, counsellors and management team have to be clear about number of cases to deal with, working hours, time for break and holidays etc

- Get enough sleep
- Take holidays
- Other...

## Psychological Self Care

- Make time for self-reflection
- Go to see a counsellor for yourself
- Talk to a colleague / mentor
- Write in a journal
- Read literature unrelated to work
- Do something at which you are a beginner
- Take a step to decrease stress in your life
- Let others know different aspects of you

- Engage in a new area – go to an art museum, performance, sports event, exhibit or other cultural event
- Be curious
- Say no to extra responsibilities sometimes
- Spend time outdoors
- Other...

## Emotional Self Care

- Spend time with others whose company you enjoy
- Treat yourself kindly (supportive self-talk)
- Feel proud of yourself
- Reread favorite books, watch favorite movies
- Identify and seek comforting activities, relationships, places
- Allow yourself to cry
- Find things that make you laugh
- Express outrage in a constructive way
- Play with children
- Other...

## Spiritual Self Care

- Make time for prayer, meditation, reflection
- Participate in spiritual gathering, community or group
- Identify what is meaningful to you
- Other...

## Workplace / Professional Self Care

- Make time to complete tasks
- Identify projects or tasks that are exciting, growth promoting, and rewarding to you

- Balance duties to avoid being overwhelmed
- Get regular supervision (see below)
- Develop a non-trauma area of professional competence / work

(I.e. a professional activity which does not involve high stress or contact with traumatised people, e.g. write an article for a staff newsletter, focus on something at work that re-energises you.)

- Other...

## External Support

Focusing only on self-care may be not enough and the counsellor may need external assistance.

In the workplace, support from co-workers is essential. This may be done informally (not planned individual conversation or in a small group) or more formally through a planned and structured professional supervision.

**Clinical supervision** is the system whereby therapists are expected to arrange to meet another therapist for their own benefit or to discuss their work.

Supervision can be conducted individually with the supervisor or with several other colleagues.

The process of supervision includes: developing trust, exploring the problems, enabling people to focus on the issues and set goals, and empowering people into action.

In the case of supervision not being planned or scheduled within the organization, the counsellor may also find help outside (e.g. psychologist, physician).

# Topic 6 - Ethics and the Counsellor

## Part 1. Unethical behaviour

Counsellors must protect themselves at all times against unethical behaviour. Failure to do so not only harms the client but can result in the counsellor being sued by the client in a court of law. Many countries do not have a law against unethical behaviour in counselling, but we strongly advise that if you ever counsel a person you maintain strict ethical guidelines.

The following is a list of behaviours that would be regarded as 'unethical' if practiced by a 'counsellor'.

1. Incompetence, which is, attempting to provide counselling with inadequate knowledge and the absence of skills necessary for professional behaviour.

2. Displaying lack of integrity, moral commitment and sound judgment to adhere to acceptable standards of right and wrong action.

3. Violating confidences. Information presented in a counselling relationship is confidential.

4. Practising beyond the established level of competence. Counsellors must recognise their strengths and limitations in serving their clients in the most competent manner - or refer them to other experts.

5. Imposing values on clients. It is a responsibility of counsellors to be aware of his/her values and of avoiding imposing them on others.

6. Creating dependence on the part of the client to meet the counsellor's own needs, e.g., sexual relations and social interactions.

7. Improper advertising, especially advertising that presents the counsellor as one who has the skills, competence and/or credentials that he, or she, does not actually possess.

8. Charging fees for private counselling to those who are entitled to free services through the counsellor's employing institution, and/or using one's job in such an institution to recruit people for a private practice.

## Part 2. Ethical codes

Counselling or treatment takes place within a trusted and confidential relationship in which the benefit of the client or patient is of primary importance. The quality and competence provided to the client by a professional is a critical element. To help guide professionals and consumers, there are ethical codes which professionals may be required to adhere to as a condition of being licensed. The ethical codes will vary from country to country and in some countries such they may even vary from state to state or province to province.

Ethical codes serve several purposes:

1. They protect members from practices that may result in public condemnation.
2. They provide a measure of self-regulation, thus preserving for members a certain freedom and autonomy.
3. They provide the public with a degree of protection from cheats and the incompetent.
4. They help to protect counsellors from the public if they are sued for malpractice.

# Appendix - Theories of Counselling

## 1. CLIENT-CENTRED OR PERSON-CENTRED THEORY

The name of *Carl Rogers* is associated with client-centred counselling, for he was its founder and leader, having devoted his entire professional life to the practice, teaching, research, and refinement of the approach. It is still one of the most important approaches to counselling.

The core of the theory is that humans have an inherent self-actualising tendency, a movement or drive towards developing capacities in ways which serve to maintain and enhance themselves. By following this drive, people can meet their needs, develop a view of themselves, and interact in society in a beneficial way.

This may not occur without distress or 'growing pains', but according to the theory, if humans can be helped to follow their nature, they will move towards a state of relative happiness, contentment, and general psychological adjustment *(Patterson, 1980).*

According to the theory, problems in the personality development process arise when significant people in our lives, (for example, spouses, parents, teachers, peers), place conditions on their positive evaluation of us, rather than accept us unconditionally. They value us only if we meet certain conditions and expectations which can often not easily be met.

Because humans need the respect of others in order to have self-respect, we strive to meet the expectations of others, though this can be experienced as requiring us to suppress, or ignore, our self-actualising tendency and the opportunity to accept and value our (real) selves unconditionally. This may lead an individual to create a false self-image, which allows him/her to appear to meet the expectations of others.

According to Rogers, the key to healthy personality development and self-generated rehabilitation of psychological problems lies in the 'necessary and sufficient conditions of personality change' *(Rogers, 1957).*

These conditions consist in the counsellor expressing, and the client perceiving, unconditional positive regard, empathetic understanding, and honesty. When people interact with counsellors who behave in this manner, they begin to share their experience; the self-actualisation tendency is activated; they question and cast off external conditions of worth, and move towards unconditional self-acceptance and respect.

## *Case Example*

Jack is 27 years old and is employed as a carpenter. His wife, Karen, is a full-time housewife with three young children to look after. When Jack and Karen were first married, they both had jobs, but for the last three years of their marriage Jack has provided the only income. Rising inflation, increasing family expenses, and a wage that cannot be raised, have placed Jack and Karen in financial difficulties. Their practical problems have placed great strain on their marriage. These concerns are related by Jack in part of an initial interview with a professional counsellor.

### *Excerpt from First Session*

**Jack:** *The bills are just killing us. It seems, as the children get older, they need more and more. I don't know how other families do it!*
**Counsellor:** *Yes, it is hard to see how others make ends meet when your pay doesn't go far enough.*
**Jack:** *I work harder than most people, and still there's not enough money to meet expenses. It just is not fair. And now Karen is pushing me to enter a partnership with my father. He is a small building contractor here in the city, but I don't want to leave carpentry. It's my work!*
**Counsellor:** *You like to be a carpenter, but it just doesn't seem to pay enough, and now you feel as though you are being pushed into something you don't want.*
***Jack:*** *Yes… but if I don't get a better paid job … (shakes head back and forth). I just don't know what to do.*
**Counsellor:** *…. It seems you can't win either way…*
**Jack:** *Yes (sigh).*

**Counsellor:** *How does Karen react to the situation? You did say she was pushing you towards the partnership…*
**Jack:** *Oh, she thinks the partnership would be a solution to all our problems, and my father wants it too.*
**Counsellor:** *So they both want you to do it … but … you'd have to give up something you love … the kind of work that you really like.*
**Jack:** *I am one of the best carpenters around here. People say so!*
**Counsellor:** *you don't want to lose that skill, something which you do well.*
**Jack:** *Yes, and I shouldn't have to give it up. They don't understand!*
**Counsellor:** *Karen and your father don't understand how much carpentry means to you. Yet, you feel that they are pressuring you to give it up? Is that how it is?*
**Jack:** *Yes. My own feeling about my work, what I want to do, doesn't seem to matter.*
**Counsellor:** *How have they told you or shown you that they don't care about your interest in carpentry?*
**Jack:** *Well, I've been at the job for over five years. They ought to know by now how much I love it.*
**Counsellor:** *They ought to know, but do they? Have you talked this over with Karen?*
**Jack:** *She wouldn't understand, anyway!*
**Counsellor:** *You don't think she would understand your feelings.*
**Jack:** *I don't know, maybe … but I hate to cry on her shoulder!*
**Counsellor:** *That's what it would seem like to you?*
**Jack:** *And besides, I don't want to burden her.*
**Counsellor:** *If she knew how you feel, she'd be burdened?*
**Jack:** *Yes, she'd worry.*
**Counsellor:** *I think you're right. If she cares for you, she might be concerned about your unhappiness.*

Jack's financial problems were not solved in the first counselling session. Indeed, the counsellor chose to respond more to Jack's **feelings and attitudes** than address his practical problems. But after the first session, Jack expressed his feelings to Karen and a healthier line of communication between them was established. Jack related this experience to the counsellor in the second session, and then another aspect of Jack's financial problems was revealed.

### *Application to the Case Example*

Client-centred counselling attempts to enact Rogers' facilitative conditions. The counsellor **genuinely accepts** the person counselled, **whatever** his thoughts, feelings and behaviour.
*An unconditional respect is transmitted through the counsellor's words and non-verbal behaviour, and deep empathetic understanding is communicated through reflective responses.*

In terms of skill or technique, the client-centred counsellor is a master at **listening and reflecting**. On receiving such counselling people explore themselves and describe experiences, feelings, attitudes once denied, and of which they became aware. A re-organisation of the self takes place and a more authentic person emerges, free of previous defences, disturbed emotions and disordered behaviour.

In the case example, an excerpt from the first counselling session demonstrated client-centred techniques. Most of the counsellor's responses were **reflective**, attempting to mirror feelings and meanings, and convey acceptance, respect and honesty.

From this feedback, the client would gain self-awareness and self-acceptance, perhaps leading him to clarify the pressures and conflicts he felt, to realise that he had not talked over his concerns with Karen, and that she could not be expected to understand his innermost feelings unless he expressed them.

It is also likely that the first session helped Jack accept his feelings, rather than feel guilt for not wanting to enter a partnership with his father.

### Other example

As example of a counselling session using client-centered approach, you may want to watch a video, in which Carl Rogers himself presents his approach (Part 1 – 9 min), then counselling a client (Part 2 – 10 min).

**To watch the video:**

Part 1:
http://www.youtube.com/watch?v=ZBkUqcqRChg&feature=related
Part 2:
http://www.youtube.com/watch?v=m30jsZx_Ngs&feature=related

## 2. RATIONAL-EMOTIVE THEORY

Rational-emotive theory (RET) was developed by *Albert Ellis*, a clinical psychologist. Underlying the practice of rational-emotive theory and its applications to counselling is a set of theoretical hypotheses about the emotional-behavioural functioning of humans and how it can be changed *(Ellis, 1977).*

At the centre of these hypotheses is the concept that events do not force people to have emotional behavioral reactions.

It is rather their interpretation or thoughts about events that cause emotional behavioral reactions and behaviour. Therefore, the target for change in counselling is those thoughts, attitudes, beliefs and meanings that create emotional-behavioral disturbance.

Ellis theorises that **humans have the capacity to interpret reality in a clear, logical and objective fashion**, and avoid unnecessary emotional-behavioral upsets, **but also says that humans are predisposed to irrational interpretations**. They are susceptible to crooked thinking, draw illogical conclusions which are not objective, and are cognitive distortions of reality.

An irrational interpretation of reality, usually has two or three standard characteristics *(Ellis, 1979):*

(1) It demands something unrealistic of the world, other people, or yourself;
(2) It exaggerates the awfulness of something you dislike;
(3) It concludes that you cannot tolerate the thing you dislike; and
(4) It condemns the world, other people, or yourself.
These characteristics are expressed in specific irrational ideas and beliefs, such as the following:

1. I must be loved or approved by everyone I consider significant.
2. I must be thoroughly competent and adequate in everything I do. I should not be satisfied unless I am the best.
3. Some people are inherently and totally bad, wicked and evil. They should be severely blamed and punished.
4. There is something that is not to my liking, and it's awful! I can't stand it!

5. My happiness is caused by events and other people. One's fate determines one's happiness. I have little ability to control my sorrow and upsets.
6. There are dangers and calamities just around the corner, and I must constantly look out for them and stay on guard in case they happen.
7. There are difficulties and responsibilities that are best avoided, because it would require too much discomfort and effort to deal with them.
8. It's best to do what others want, let them have their way, so that I can depend and lean on them to help me out.
9. Because of the earlier influences in my life, I am what I am, and I will always be this way. I can't change.
10. There is a proper and perfect solution to all problems, and I must find it in order to be happy and solve my problems.

For example, an irrational interpretation occurs when
(a) Parents scold a child because of a spilled drink;
(b) The child concludes 'I am a bad and stupid person' and consequently
(c) Feels threatened and hurt and withdraws from the scene.

## *Case Example*

Use the same example of Jack after he has related his experiences with Karen to the counsellor in the second session.

***Excerpt from Second Session***
**Counsellor:**
*Jack, it seems as if you and Karen had a really good talk about the situation. And she did understand!*
**Jack:** *Yes, and we discussed a number of things we could do to improve our financial situation. We ruled out Karen going back to work, at least while the children are small. And we ruled out changing jobs. Karen wants me to stay with carpentry so long as it is what I want to do.*
**Counsellor:** *Talking cleared the air then between the two of you.*
**Jack:** *Yes, but no easy solutions turned up. There was only one thing that made sense, but I want to think it over.*
**Counsellor:** *What was that?*
**Jack:** *Well, Karen thought maybe I could get a foreman's job with my father's company, you know, overseeing the inside carpentry work for his projects. It would probably pay better than my present job but … (sigh)*
**Counsellor:** *I hear hesitancy in your voice … as if you have reservations?*

**Jack:** *Well, Dad is bossy and a perfectionist and I've never been able to please him. We've had conflicts.*
**Counsellor:** *And you've really tried to please him?*
**Jack:** *All my life!*
**Counsellor:** *And when you don't please him, you sometimes feel hurt and later, maybe angry? (Jack nods.) Then a conflict boils up.*
**Jack:** *You've got it! Is this common? You sound as though you know about it.*
**Counsellor:** *Yes; it's not unusual to have conflicts with a parent. In your case the conflict seems to stop you from considering doing business with your father.*
**Jack:** *You know, if I could get along with Dad, it would be a terrific opportunity. And I think he would like to have me as a partner. But getting along with him, and presenting the partnership idea to him, I just don't know.*
**Counsellor:** *If you like, we could work out how to improve your interaction. And then you could decide if you want to pursue the idea with your father.*
**Jack:** *OK, but I am warning you, I really get mad at him.*
**Counsellor**: *Let's start right there. In what kind of situation do you get angry with him?*
**Jack:** *When I do something for him, or do something I'm proud of, and he makes a critical comment or doesn't have one good word to say.*
**Counsellor:** *And you think he should say thanks or be complimentary.*
**Jack:** *Well, at least a word or two!*
**Counsellor:** *Jack, why should he give you that word or two?*
**Jack:** *Because any father would do that…*
**Counsellor:** *… if he truly cared for his son? Is that how it seems?*
**Jack:** *(Silence, head nod, downcast eyes.)*
**Counsellor:** *So, when you look to your father for approval for work well done, and he doesn't give it, you say to yourself, 'He doesn't care for me. If he did he'd show it. He ought to pay me compliments…'*
**Jack:** *Something like that.*
**Counsellor:** *Jack, let's think that through. Does your father's lack of praise and his critical comments show conclusively that he has not, and never will, care for you?*
**Jack:** *No, but… it would be nice to have it sometimes.*
**Counsellor.:** *Right. It would be nice, but is it a necessity? Must you have praise from Dad to feel OK about yourself, to know you've done a good job, and so on?*
**Jack:** *No, I guess not.*
**Counsellor:** *Why isn't it necessary? How will you know you are a worthwhile person and son, and that your work is of quality?*

**Jack:** *(Long silence) I guess… from other people… and… I can think for myself!*
**Counsellor:** *Let's try out some independent thinking… Suppose you are a foreman, and supervised and helped to complete the interior work on a house… and you did a good solid job. But your father says to you, 'Why didn't you do it differently here and there? It doesn't look like the work my previous foreman did.' How would you ordinarily feel and act?*
**Jack:** *Usually I would be a little upset. I'd feel like saying, 'Do it yourself!'*
**Counsellor:** *You would feel angry and what thoughts would be behind that anger?*
**Jack:** *Uh… why doesn't he let me do my work?*
**Counsellor:** *Or perhaps, 'He should accept me and my work without comment. He should appreciate a good job and since he doesn't, he's a bad father!'*
**Jack:** *(Laughing) Yes, that's close!*
**Counsellor:** *Those attitudes bring on anger and resentful behaviour, but what could you think to keep your cool, to feel only irritated?*
**Jack:** *Uh … 'That's just the way Dad is, a crank.' And… 'I think it's a good job even if he doesn't.'*
**Counsellor:** *Right! Does this crankiness mean he dislikes you?*
**Jack:** *No, I guess he can care for me and still be cranky, as we said before, there's no rule that he should be complimentary, even though it would be nice.*
**Counsellor:** *How do you feel when thinking about these new attitudes?*
**Jack:** *A lot better, I'm still a little peeved with him, but OK.*

In this second excerpt, the **counsellor and client have the goal** of improving Jack's relationship with his father. Specifically, this means decreasing Jack's feelings of hurt and anger towards his father, thus freeing him to deal more effectively with the actual problem.

The counsellor's style has changed and is now **more directive and confrontational.** The Counsellor's responses force Jack to examine the thoughts and attitudes that underlie his anger and hurt. Other verbal leads ask Jack to examine logically his understanding and dispute what does not make sense. For example, father should give me approval. I am not worth while unless Dad says so.

In the last part, Jack is helped to establish more accepting attitudes toward himself and his father. **These new attitudes, and a lowering of emotional distress**, prepares Jack to develop assertive behaviour rather than anger when interacting with his father.

### *Application to the Case Example*

The process of rational-emotive counselling passes through four stages *(Grieger and Boyd, 1979).*

1. The first being an **exploration** of the people's emotive-behavioral difficulties, and an **identification / diagnosis** of those irrational interpretations that create problems.

2. Next the counsellor helps the person **to gain insight** into his or her irrational ideas, and the ways in which they upset emotions and behaviour.
3. The irrationalities are then **challenged and restructured** into more rational interpretations, and
4. A re-education process is followed, so that people use their rational thinking to **adapt new life patterns of emotion and behaviour.**

In the excerpt from session two in the example above, the rational-emotive approach is evident. The counsellor targets Jack's demand for his father's approval, helps him see how he bases his own self-worth on his father's praise, and then encourages him to dispute (think through) his irrational ideas. The counsellor uses interpretative and confrontational techniques to foster insight and self-responsibility. Jack quickly lessens his anger and hurt by thinking more rationally and, with further counselling and work at home, he could make these changes permanent.

## Additional resources

**a) The official site of Dr Albert Ellis** http://albertellis.info/

Videos, audio files and text documents to get a better comprehension of RE(B)T (*).

**b) RE(B)T explained by Dr Ellis :**
http://www.rebt.ws/REBT%20explained.htm

*(*): RET is another name for REBT (Rational Emotive Behaviour Therapy).*

# 3. BEHAVIORAL COUNSELLING THEORY

A general definition of behavioral counselling is that it;
*'Consists of whatever ethical activities a counsellor undertakes in an effort to help the client engage in those types of behaviour which will lead to a resolution of the client's problems' (Koumboltz, 1965).*

This definition is perhaps too general to portray fully the character and colour of behavioral counselling, but it highlights two important facts:

**(1) There is no end to the variety of methods, used in behavioral counselling,** and
**(2) The goals of counselling - to resolve people's problems - can be stated in behavioral terms.**

The methods and procedures of behavioral counselling are based on social-learning theories - theories about how people learn and change their behaviour.

Some methods and techniques of behavioral counselling can be grouped into these categories:

1.Changing and controlling the reasons for the behaviour.
2.Changing and controlling the reinforcement of behaviour.
3.Using models to recognise unwanted behaviour and to learn desirable behaviour.
4.Using imagery to extinguish and/or practice behaviour.
5.Learning social skills.

### *Stages of Behavioral Counselling*

1. The counsellor helps people to explore their concerns, and a behavioral analysis and assessment is conducted through questions and, perhaps, a questionnaire or survey instrument.

2. The two parties set mutually-acceptable goals, stated in behavioral terms.

3. Developing and implementing goal-oriented strategies on learning theory principles (i.e., any set of ethical procedures that helps people to engage in behaviour that resolves their concerns).

4. Accountability, when client feedback indicates that the strategy was effective in promoting target behaviour and problem resolution.

## *Case Example*

Use the same case example of Jack

***Excerpt from Third Session***

**Jack:** *Our second session helped me see that I can handle a professional interaction with Dad that I can control my anger, but it's not easy.*

**Counsellor:** *Yes, it's difficult to change attitudes and feelings that have been a part of you for so long. This kind of change takes time and a lot of work. Can you keep working at it?*

**Jack:** *Yes, I'll keep working at it. But - this may sound silly - I am still unsure about how to present this partnership idea, or what to say to him at those times when he is unfairly bossy.*

**Counsellor:** *You're not accustomed to doing that, so it's not surprising that you are unsure. Would it help us to develop some basic assertive methods to get you started?*

**Jack:** *Yes, just some things I could say, so I'm not lost for words.*

**Counsellor:** *After this session I'll recommend some reading that will give you a lot of assertive techniques but, for now, what is one situation we could work on?*

**Jack:** *Asking Dad about entering the business as a foreman.*

**Counsellor :** *OK, let's decide on what you want to say to him, and then we can practice through role-playing. (Later in the session.)*

**Counsellor:** *Jack, I'll play you and you play your father. So, here we go.*

**Counsellor playing Jack:** *'Dad, I've been doing some thinking about my future in carpentry, and I'd like to explore an idea with you.'*

**Jack playing Dad :**

*What kind of idea?*

**Counsellor playing Jack:**

*Well, I really enjoy interior carpentry, particularly finishing work, and I'd like to stay in it. But I'd also like more responsibility, such as a supervisor's job. I think I could handle a job like that…*

**Jack playing Dad:**
*Yes, yes, but what you really ought to do is go into building as an owner or partner. There is a better future in that than being a supervisor.*

**Counsellor playing Jack:**
*I can see why you say that - builders make more money than supervisors, and I suppose there's financial security in owning your own business - but I'm too good at interior carpentry and I want to stay with it - at least for now. I just don't enjoy the management and paper work of a contractor.*
**Jack playing Dad :**
*But don't you see how much better off you'd be?*
**Counsellor playing Jack:**
*Financially better off but unhappy, and maybe not doing a good job. But I don't want to argue. What I want Dad, is to ask if your company has a supervisor's job I could apply for.*

**Jack :** *(**Breaking the role-playing**.) I'll never remember to say those things.*
**Counsellor:** *I wasn't outlining a speech for you, Jack, just expressing the motives and desires you've said you want to express. When we try role-playing again, why don't you play yourself and try a few assertive statements? Just be spontaneous, and gradually build up how to say what you want to say.*
**Jack:** *I see I'm just not in the habit of saying what I want or how I see things. I need to work on this.*

For the rest of this third counselling session, Jack continued to learn and practice some assertive techniques - the behaviour of standing up for his rights, expressing his desires, stating differences of opinion, making requests, resolving conflicts, and so on. As this new behaviour was developed, Jack also assessed his attitudes and emotions, working through obstacles to assertion. With readings in assertive techniques, practice, and effective counselling, Jack could reach his goal of improving the interaction with his father, and securing a financially desirable job.

### *Application to the Case Example*

The excerpt from session three of the example is behavioral counselling.

a) Jack wanted to improve his communication with his father.
b) He wanted to express himself assuredly and not be' lost for words.'
c) His behavioral goal was to ask his father for the type of job he wanted.
The **strategy** for reaching this goal was **assertion training** - that is, learning to communicate assertively with his father.

Role-playing was the primary training method because it contains multiple means of learning. The person counselled can play the father's role and gain empathy for his position. He can observe and model the counsellor's assertion techniques, criticise the role-playing and make it realistic, perform assertive techniques in a life-like situation, receive constructive feedback and reinforcement from the counsellor, and practice assertive behaviour until it is proficient and comfortable.

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