Indira Gandhi
National Open University
School of Social Work

MSW-007
CASE WORK AND COUNSELLING: WORKING WITH INDIVIDUALS

Block

3

BASICS OF COUNSELLING

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BLOCK INTRODUCTION

This block: "Basics of Counselling" is the third block of the course MSW-007 "Casework and Counselling: Working with Individuals". It has five units in all.

In first unit: "Introduction to Counselling" you will learn about the concept of counselling, its needs and goals. You will also study about the theories and models of counselling and the scope of counselling in social work profession.

In second unit: "Counselling Process", you will get a detailed explanation about the process involved in counselling. You will come to know about different stages like the preparation stage, exploratory stage, planning stage, action stage and the evaluation and assessment stage.

The third unit: "Supportive and Behavioural Techniques in Counselling" talks about the supportive technique and its basic concept. This unit discusses the relevance of various support techniques in the context of counselling.

In the fourth unit: "Cognitive and Psychoanalytical Techniques in Counselling", you will learn about patterns of distorted thinking, basic concept of cognition and cognitive techniques in counselling. This unit also deals with the concept of psychoanalysis, the commonly used defence mechanisms and some of the psychoanalytical techniques.

The fifth unit of this block discusses some practical issues that are associated with counselling. This unit explains how a counsellor should handle some of the difficult situations such as: when client starts crying, when the client finds it difficult to open up during therapy, when the client shows up excessive and inappropriate emotion etc. The unit concludes with the understanding of the problems that a good therapist must learn during the process of counselling.

Taken together, the above mentioned five units will provide you adequate understanding about the basics of counselling.

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UNIT 1 INTRODUCTION TO COUNSELLING

*Suresh Pathare

Contents

1.0 OBJECTIVES

This Unit will help one to know about counselling in helping profession. An attempt has been made to introduce the basic idea of counselling. This will also help you to know the counselling and helping in social work profession.

When this unit is completed one will be able to :

- Understand the definition of counselling;
- Explain the relevance of counselling in the profession of social work; and
- To appreciate and assimilate the concept and theories of counselling in the profession of social work.

1.1 INTRODUCTION

In order to understand counselling and its relevance to social work profession, it would be appropriate to know basics about counselling. Therefore an attempt has been made to give the meaning of counselling, describe its origin, its essential components and related concepts. This unit is divided into three parts. In the first part an attempt has been made to explain the meaning of counselling. Second part is the summary of the other related concepts. And lastly, we will discuss the relevance of counselling in the profession of social work.

i) Understanding the Meaning of Counselling

The term 'counselling' is used in a number of ways. Very often the term counselling and psychotherapy are synonymously used. In the current usage also, counselling and psychotherapy are used interchangeably. **F.P. Robinson** describes counselling as aiding normal, people to achieve higher level adjustment skills which manifest themselves as increased maturity, independence, personal integration and responsibility. The phrase "increasing human effectiveness" is used frequently to describe the goal of counselling. **G.W. Gustad** has defined counselling as a learning-oriented process, carried on in a simple one-to-one social environment, in which a counsellor, professionally competent in relevant psychological skills and knowledge,

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seeks to assist the client by methods appropriate to the latter's needs and within the context of the total personnel programme, to learn more about himself, to learn to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of his society" (*Journal of Vocational Psychology, No.36).* In short, counselling is an interpersonal process through which guidance and support is provided to persons with psychological problems. These problems may be personal or interpersonal in nature. Thus Counselling seeks to resolve personal and interpersonal problems through a variety of approaches, and in a way that is consistent with the values and goals of society in general, and that of the client in particular.

Counselling in this sense is not absolutely distinct from guidance and education that the social workers often give through various programmes. Rather, it is an additional skill and understanding of common, yet complex emotional and personality problems. Through counselling the counsellor helps the person to develop self-awareness and explore the possibilities to develop his/her latent capacities. Thus the scope of counselling is to increase both self-awareness and self-management. Counselling initiates a process of self transformation in the person. The counsellor through their skills help the client to assess his/her own life, strength and limitation. Thus counselling is the process by which a skilled person aids another person in the total development of his/her personality.

ii) Dimensions of counselling

As mentioned above, the term 'counselling' is used in a number of ways. In order to define and understand the meaning of counselling let's know the each of these dimensions.

First of all, counselling is viewed as a positive relationship. There is consensus among all the counsellors that a good counselling relationship is prerequisite to be effective with clients. Some consellors regard the counselling relationship as not only necessary, but sufficient for constructive changes to occur in clients (Rogers, 1957). One way to define counselling involves stipulating central qualities of good counselling called the 'core conditions', are empathic understanding, respect for clients' potentials to lead their own lives and congruence or genuineness. Those who view counselling predominantly as a helping relationship tend to be adherents of the theory and practice of person-centred counselling (Rogers, 1961; Raskin and Rogers, 1995).

Secondly, counselling is viewed as a therapeutic intervention. It is believed that a set of interventions are required in addition to the relationship to bring constructive changes in the person. These interventions are counselling methods or helping strategies. Counsellors, who have a repertoire of skills, assess and decide of which intervention to use, with which client, when and with what probability of success. These interventions are based on the theoretical orientations of the counsellors. For example, psychoanalytic counsellors use psychoanalytic interventions, rational emotive theory counsellors use rational emotive theory related interventions and Gestalt counsellors use Gestalt

interventions. Some counsellors are eclectic and use interventions derived from a variety of theoretical positions.

Thirdly, counselling is viewed as a psychological process. Counselling is fundamentally associated with psychology. There are number of reasons for this association. First, the goals of counselling have a mind component in them. In varying degrees, all counselling approaches focus on altering how people feel, think and act so that they may live their lives more effectively. Counselling is not static, but involves movement between and within the minds of both counsellors and clients. Further, the underlying theories from which conselling goals and interventions are derived are psychological (Nelson-Jones, 1995). Many of the leading counselling theorists have been psychologists: Rogers and Ellis are important examples. Most of the other leading theorists have been psychiatrists: Beck and Berne.

iii) Counselling and psychotherapy

There have been attempts to differentiate between counselling and psychotheraphy. Very often both these terms are viewed as overlapping areas and are used interchangeably (Truax and Carkhuff (1967), Corey (1991) and Patterson (1974, 1986). In general, counselling has been characterized by words like educational, vocational, supportive, situational, problem solving, counscious awareness, emphasis on 'normals' and short term. Psychotherapy has been described with terms like supportive, reconstructive, depth emphasis, analytical, focus on the uncounsicious, emphasis on neurotics or other sever emotional and long term problems.

Richard Nelson-Jones (2000) also agrees with the considerable overlap between counselling and psychotherapy. However, in his writings he uses terms counselling and counsellor in preference to therapy and therapist. He regards counselling as a less elite term than therapy. Some of the differences noted by different scholars are psychotherapy focuses on personality change of some sort while counselling focuses on helping people to use existing resources for coping with life better (Tyler, 1961). Psychotherapy deals with more severe disturbance and is a more medical term than counselling. It is important to note that counselling and psychotherapy use the same theoretical modes and 'stress the need to value the client as a person, to listen sympathetically and to hear what is communicated, and to foster the capacity for self-help and responsibility' (BPS Division of Clinical Psychology, 1979).

In brief, psychotherapy is the treatment of psychological disorders by psychological means within the framework of existing psychological theories. It is conducted by psychologist, psychiatrists, or other mental health professional who are highly trained in the field. Psychotherapy is a formal and structured process. However, counselling does not depend on psychological means alone to provide benefits to the client. Counselling may utilize processes such as restructuring the client's environment or recommending leisure pursuits. Counselling is not based upon any specific psychological theory; rather, it uses practical techniques derived from different forms of psychotherapy, as appropriate to the situation. Finally, counselling is far less formal and structured than psychotherapy. It is more flexible.

Check Your Progress I

Note: Use the space provided for your answer.

1) What do you understand by the term Counselling?

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2) What are the dimensions of counselling?

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3) Explain the difference between counselling and psychotherapy?

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1.2 NEED OF COUNSELLING

As mentioned earlier both the normal and psychologically disturbed persons can benefit from counselling. Counselling is considered beneficial to the persons with stress-related mood disturbances and adjustment problems. These disturbances and adjustment problems are sometimes expressed and shared as concerns by the affected individual. The need for counselling may be understood when someone raises concerns like: 'I am feeling lonely.' 'I have lost my job and feel hopeless.' 'I find it difficult to make up my mind about my career.' "I fell tensed all the time.' 'I wish I were better at controlling my anger'. 'I find that my life is becoming meaningless.' In these and such other cases, the person is expressing the need for help from others. Such help is extended by providing counselling services.

People with the following main criteria indicate the need for counselling:

i) The symptoms are related to stress, but are out of proportion to the stress in duration or severity. For instance, a person disturbed after the sudden death of a loved one, is unable to adjust after several weeks. When the degree of emotional disturbance in such a case is so great that the individual is unable to attend to his or her regular work. Then the individual would probably benefit from counselling.

ii) The symptoms interfere with psychological, cognitive, biological, social, personal, and/or occupational functioning. Sometimes physical symptoms may

also be present. Interference with psychological functioning means that depression, anxiety, fear, anger or other dysfunctional emotional states are present. Interference with cognitive functioning means that attention and concentration are poor. Mental slowness and mind blocks may become common. Interference with biological functioning means that the person will have disturbance of sleep, appetite and sexual functioning. Interference with social functioning means that there is impairment in the ability and desire to interact normally in social situations. Interference with occupational functioning means decreased work efficiency, making errors at work, avoidance of responsibilities, and/or absenteeism. Interference with personal functioning means decreased involvement in the usual recreational and leisure time activities. This may be associated with physical symptoms like fatigue, lethargy, aches and psychosomatic problems.

1.3 GOALS OF COUNSELLING

After understanding the meaning and concept of counselling an attempt is made to discuss what is achieved through counselling. The counselling has different goals with different clients. For example, the counsellor may provide counselling for assisting client to heal past emotional deprivations, manage current problems, handle transitions, make decisions, manage crises and develop specific lifeskills, etc. Sometimes goals of counselling are divided between remedial goals and growth or developmental goals. Both the remedial and developmental goals serve preventive functions. Though much of counselling is remedial, its main focus is on the developmental tasks of a vast majority of ordinary people rather than on the needs of more severely disturbed minority (Richard Nelson – Jones: 2000). For the social work professionals counselling goals may be listed as follows:

i) Counselling for healthy development of personality

Counselling goal can be for the nourishment of a natural tendency toward psychological maturation which presumably exists in every individual. According to psychologists like Carl Rogers and Abraham Maslow, everyone has a natural tendency towards "self-actualisation". The counsellors, through their skills and by providing a conductive emotional atmosphere, help the clients to promote this innate positive orientation.

ii) Counselling as providing support and guidance

While working with people as social worker there are many occasions where individuals seek crisis intervention and short-term support from the social worker. A young man frustrated after completing higher education and not getting suitable employment, a woman severely depressed after the sudden death of her husband, a youth confused and finding it difficult to make choice about career are some of the examples of this. Anyone under acute stress or depression might benefit from this kind of temporary assistance.

iii) Counselling as emotional release

Suppression of thoughts, feelings and emotions often lead to physical or mental problem. The counsellors in such cases help the client to deal with their unexpressed feelings and emotions. The client usually benefit from learning to let them go in a way that is not damaging to themselves or to others. A

person who has just lost a loved one but is unable to grieve or a person who is furious with his/her boss but holds it in, for these and such other cases counselling is given as emotional release. Venting of emotions can be a great relief to these persons and freedom for such expressions is important aspects of social workers.

iv) Counselling for awareness

Carl Rogers has pointed out that self-awareness, self-acceptance and self-direction are the most important aspects of personality development. Through counselling, the client can be helped to become aware and understand his/her own strengths, potentials, weaknesses and overall personality. The client can gain insight into his/her own thinking, feeling and behaviour. Self awareness helps them to accept themselves and also work to overcome their weakness.

v) Counselling for value clarification and change

Counselling aims at developing a healthy value system in the clients' personality. The socialization process and internalization of values shape the personality of the individual. The value system directs ones thinking, feeling and accordingly the action. Sometimes people are involved in activities which are anti social and/or harmful to themselves or to others. In such a situation, counselling helps as a remedial measure. The counsellor helps the clients to clarify their values and if needed bring about appropriate changes in the value system of the clients.

Check Your Progress II

Note: Use the space provided for your answer.

1) What are the goals of counselling?

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2) Explain the situations which demand the need for counselling.

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1.4 THEORIES AND MODELS OF COUNSELLING

The field of counselling and psychotherapy are based on various approaches and theories. Understanding the theories is important as it is the knowledge base of counselling. Theories are basically conceptual frameworks for understanding

parameters of the counselling process. These parameters can include models for viewing personality development, explaining past behaviour, predicting future behaviour, understanding the current behaviour of the client, diagnosing and treatment planning, assessing client motivations, needs, and unsolved issues, and identifying strategies and interventions of assistance to the client. Theories help organize data and provide guidelines for the prevention and intervention efforts of counsellors and therapists (Capuzzi & Gross: 1999).

Theories of counselling

The helping professionals, depending on the field and nature of their work, apply different theories for counselling. Thus, there are number of theoretical positions practiced by different types of counsellors. One can't discuss all these theories. Neither is it intended to do that here. Burl E. Gilliland and others (1989) have discussed the eleven theoretical positions in their book. They are presented here in the following table.

General Approach	Theoretical System	Theory Base and Founder or Major Contributors
Psychodynamic	• Psychoanalytic therapy	• Psychoanalysis theory by Sigmund Freud
Social Psychological	• Adlerian Therapy	• Individual Psychology by Alfred Adler
Humanistic, Experiential, Existential	• Person Centered Counselling • Gestalt Therapy	• Person centered Theory by Carl Rogers and Gestalt Therapy Theory by Frederick Perls
Cognitive, Behavioural, Action Oriented	• Transactional Analysis (TA) • Behavioural Counseling, Therapy, and modification • Rational Emotive Therapy (RET) • Reality Therapy • Cognitive Behaviour Therapy	• Transactional Analysis Therapy by Eric Berne • Behavior Theory and Conditioning theory by B.F. Skinner, J. Wolpe • Rational-Emotive Theory by Albert Ellis • Reality Theory by William Glasser • Cognitive Theory by A. Beck, A. Ellis, D. Meichenbaum, A. Lazarus, J. Wolpe
Trait, Factor, Decisional	• Trait-Factor Counselling	• Trait Factor Theory by E.G. Williamson, D. Paterson, J. Darley, D. Biggs
Integrative	• Eclectic Counselling and Psychotherapy	• Eclecticism by F.C. Thorne, S. Garfield, J. Palmer, A. Ivey, R. Carkhuff

Models of counselling

These theories help the counsellors to follow a particular approach or model. The term 'model' as used here means a structure of counselling process that shows relationships between the components and tells what is done in counselling and in what sequence. In other words a model of counselling explains the interaction between two persons and the content and sequence of this interaction in order to make sense and help the counsellor to be effective. There are number of models devised and practiced to help the counselees. However, in all these models, the expected outcome of counselling is some change in behaviour. This change in person occurs through the stages of exploration, understanding and action. In view of this, J.M. Fuster (2005) has attempted to categorise the various models of counselling according to the emphasis they place on one or several of these stages.

1) **Emphasis on action alone:** These models of counselling give more emphasis on the clients action without their understanding of what is being done to them. It is intended to bring change in the person's behaviour through action alone. This system of bringing change in behaviour is called behaviour therapy. The counsellors following this model condition the person to act in a particular way. They may also systematically counter-condition the behaviour of the person without his/her realizing why they are doing this to him/her. This model may prove useful in treating some types of mentally ill patients with whom communication is very difficult.

2) **Emphasis on exploration and understanding:** These models of counselling centre around the counsellee's self-exploration and self-understanding. It also emphasizes persons' understanding of the counselling process and his/her involvement therein. Psychoanalysis, client-centred therapy, trait and factor counselling, existential therapy, transactional analysis, Gestalt Therapy are some of the models of counselling and psychotherapy which comes under this category.

3) **Emphasis on exploration, understanding and Action:** This types of counselling models attempts to give emphasis on exploration, understanding and a systematic action programme that flows from the understanding. Carkhuff (1969 and 1977) has presented this integrated model. Exploration and understanding help to plan action effectively. A systematic action programme translates insight into the desired behaviour change.

Check Your Progress III

Note: Use the space provided for your answer.

1) List the important theories widely used in counselling and psychotherapy?

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2) What do you understand by models of counselling?

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1.5 SCOPE OF COUNSELLING IN SOCIAL WORK PROFESSION

Social workers are one among the many professionals engaged in counselling individuals with emotional and other problems. Besides social workers, other professionals providing counselling services include the psychiatrists, psychologists, psychoanalysts, nursing personnel, religious leaders, teachers and other volunteers. Counselling is one of the major tasks of social workers engaged in helping people. Through direct counselling or referral to other services, social workers help people solve a range of personal problems. Counselling and social work are closely connected.

Social workers help people by counselling them to cope with issues in their everyday lives, deal with their relationships, and solve personal and family problems. Some social workers provide counselling to clients who face a disability or a life-threatening disease or a social problem, such as unemployment, cancer, HIV/AIDS or substance abuse. Social workers also counsel families that have serious domestic conflicts, sometimes involving child or spousal abuse. Many social workers specialize in serving a particular population or work in a specific setting. They get many opportunities for engaging in their field of practice.

Some of the agencies where social workers engage themselves in counselling can be listed as follows:

- Social welfare departments – family counselling centers, children's home
- Family and child welfare agencies
- Schools and colleges – government and private
- Child and adolescent guidance centers
- Hospitals and health services – government, private and voluntary organizations
- Home for the aged
- Agencies for the physically and mentally challenged
- Home for the terminally ill – hospice
- Agencies working for HIV/AIDS prevention and rehabilitation
- Drug de-addiction and rehabilitation centres
- Mental health projects and rehabilitation centres
- Youth welfare agencies
- Centres for suicide prevention

In order to get a better idea, let's discuss the scope of counselling in some of the fields of practice by social workers.

i) **Family and child welfare:** Social workers provide social services and counselling to improve the social and psychological functioning of children and their families. Further they work to maximize the well-being of families and the overall functioning of children. They may assist single parents, prepare parents for adoptions, or help in finding foster homes for neglected, abandoned, or abused children. Some social workers specialize in services for the aged.

These social workers may run support groups; counsel elderly people or family members about their living, health care, and other related services.

ii) **School social work:** In schools, social workers often serve as the link between students, parents and the school. They work with students, parents, guardians, teachers, and other school officials to ensure students reach their academic and personal potential. In addition, they address problems such as misbehaviour, truancy, absenteeism, late coming, under achievement, etc. and provide counselling services to students, parents and teachers on how to cope with difficult situations.

iii) **Medical and public health***:* Social workers working in medical and public health areas, provide psychosocial support to patients, families, or relatives. Counselling is given so that they can cope with chronic, acute, or terminal illnesses, etc. The role of social worker in the field of medical and public health is as important as that of a physician. While the medical practitioner's role is concerned with the treatment of a patient, social worker deals with the social, physical and psychological aspects of the patient under treatment. The role of social workers in the medical and public health in India has become more important with the fast spread of HIV/AIDS. This is one area where counselling is provided for prevention as well as rehabilitation of affected persons.

iv) **Mental health and substance abuse:** Social Workers help the individuals with mental illness or the problem of substance abuse, including abuse of alcohol, tobacco, or other drugs. The social workers in mental health set up provide services along with the psychiatrist and other professionals. Such services include counselling, individual and group therapy, outreach, crisis intervention and social rehabilitation. The increasing involvement of young people in substance abuse in India is also a matter of concern for the involvement of social workers.

Check Your Progress IV

Note: Use the space provided for your answer.

1) What do you understand by the scope for counselling in social work profession?

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2) Discuss the scope for counselling in the family and child welfare.

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1.6 LET US SUM UP

The aim of this unit was to help to know about counselling in helping profession. An attempt has been made to introduce to the basic concept of counselling, the need of counselling, the goals of counselling, the important theories and models of counselling and scope of counselling in social work profession. Now it will be possible to define and introduce about counselling, explain the relevance of counselling and assimilate the concept and theories of counselling in the profession of social work.

1.7 KEY WORDS

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

Counsellor : An Individual who provides support and guidance to the person during counselling process or therapy.

Counselee/(Client) : An individual who receives support and guidance during counselling or therapy.

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

Socialisation Process : The basic social process through which an individual becomes integrated into a social group by learning the group's culture and his role in the group.

1.8 FURTHER READINGS AND REFERENCES

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UNIT 2 COUNSELLING PROCESS

*Suresh Pathare

Contents

2.0 OBJECTIVES

After going through the first unit, one gets to know about the introduction to counselling. Just knowing about what is counselling will not help in actually getting involved in providing this service. Often the novice workers get puzzled about where and how to begin, what to do and when, etc. Therefore this unit is intended to help one know about the counselling process. This will help one to know the stages in the counselling process from beginning to end.

When this unit is completed will be able to:

- Explain the counselling process;
- Describe the each stage through which counselling passes; and
- To appreciate and assimilate the skills counselors has to use in each stage and the sequence of stags s/he has to follow.

2.1 INTRODUCTION

As discussed in the first unit counselling is an interpersonal process through which guidance and support is provided to persons with psychological problems. This process is for bringing about self transformation in the person. It is the process by which a skilled person aids another person. It must be noted that counselling is not a one time event or meeting. It is carried over a period of time and it passes through various stages. Each stage is distinctively different and the counselors have to follow a sequence of steps in each stage. Further the counselor is required to use specific skills in each stage.

Therefore, an attempt has been made to briefly explain the counselling process and the stages of counselling process. This unit is divided into six parts. In the first part it is attempted to explain the meaning and importance of process. The remaining parts illustrate the stages of counselling process. While discussing these stages the skills required by social work professional (counselor) at each stage is highlighted.

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2.2 COUNSELLING PROCESS

Prior to discussing about the various stages in the process of counselling let's understand the meaning and importance of counselling process. The term counselling process means a systematic professional help given to an individual. The analysis of various view-points and definitions of counselling points out that:

i) It is a process of helping the individuals to help themselves. It involves helping the individuals to recognize and use their own inner potentials, to set goals, to make plans and to take action accordingly.

ii) It is a continuous process as it is needed at the different stages of life viz. childhood, adolescence, adulthood and even in old age.

iii) The process involves a sequence of stages and steps which are followed by the trained professionals in order to help the client.

The importance of understanding the counselling process is that it guides the worker in forecasting probable future scenarios, setting objectives, organising perceptions assessing clients problems, developing realistic and optimistic expectations that are stage specific and initiating different programmes according to the specificity of the stages.

However, it should be noted that individual behaviour is complex and sometimes may not fit into preconceived and predetermined stages always. One is not discussing here the exceptions but the generally practiced sequence of the stages in the counselling process. These are not rigid compartments. One may smoothly pass into the next stage and sometimes the counselor has to go backwards to a prior stage, and then again proceed to the next to where they want to be.

The process of counselling has been discussed by many authors. However, some of the authors' views in this regard will be discussed here. With regards to the counselling process Judy Harrow (2001) writes, 'One way to understand the process of change is as an ongoing spiral. Like all models, this is simplified, but the simplification helps one to understand a very complex process. … Every human being has many facets. One can grow at a different rate (or even regress) in each facet, in different periods of ones life'.

Marjorie Neslon (2001) has given the following nine steps in the counselling process:

1) Establish a safe, trusting environment.
2) Clarify: Help the person put their concern into words.
3) Active listening: find out the client's agenda.
   a) paraphrase, summarize, reflect, interpret
   b) focus on feelings, not events
4) Transform problem statements into goal statements.
5) Explore possible approaches to goal.
6) Help person choose one way towards goal

   Develop a plan (may involve several steps)

7) Make a contract to fulfill the plan (or to take the next step).

8) Summarize what has occurred, clarify, and get verification.

   Evaluate progress

9) Get feedback and confirmation

According to G. Egan, G. (1986) successful counselling can be seen as a three-stage process

1) **Exploration:** the client clarifies his/her understanding of the problems that have brought him/her to counselling. The client explores and clarifies problems. The counselor helps the client tell his or her story, focusing and clarifying as well as pointing out blind spots and helping to generate new perspective.

2) **Planning:** he develops strategies to improve his situation. The client develops a plan for change. The client imagines a new scenario and develops goals to achieve it. The counselor encourages a commitment to change.

3) **Action:** he takes concrete steps to achieve measurable change. The client moves toward the preferred scenario. The counsellor helps the client develop strategies for action and encourages him or her to implement plans and achieve goals.

Fuster (2005), while presenting the Carkhuff's models of counselling has presented the counselling process in five stages as attending, responding, personalizing, initiating and evaluating. He has also given the details of attitudes and skills required of the counselor at each stage. In literature about counselling, one also finds the process comprising of four stages as initial interview, the assessment, the middle phase and the termination. The counselling process is discussed on the basis of the stages mentioned above.

Check Your Progress I

Note: Use the space provided for your answer.

1) What do you understand by counselling process?

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2) What is the importance of understanding counselling process?

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2.3 PREPARATORY STAGE

The preparatory stage is very important for the counsellor and the counselee. This stage is prior to the actual counselling process. It is the point when the client/ person is getting ready to accept professional help. The preparatory stage helps the client to get to know the counsellor better, and to obtain reassurance and even crisis support when necessary. At this stage, the client and the counsellor approach each other and try to understand the possibilities of working out an agreement between them. The counsellor explains the nature and goals of counselling, and they agree upon the practical arrangements for counselling with the client. This stage is important for the counsellors as it helps them to know the client better, and make appropriate plans for the intervention. These plans include taking up the client for counselling or referring the client to another, appropriate treatment service. Thus, the preparatory stage is important for the client and the counsellor to begin the process of understanding and accepting one another. The preparatory stage is very important because unless the counsellor gets the counsellee interested in the beginning of counselling, nothing will happen. This stage can be called as attending as it is meant for paying attention to each other.

In the first meeting between the counsellor and counselee, they get to know each other and some briefing and discussion takes place about the counselling need and service. The clients often come with unclear and ambiguous ideas about their own problems. They are vague and uncertain in their communication. Often their thoughts are muddled, and heavily laden with emotional content. Many times clients are brought to the counselling or they are compelled to do so by family members, friends or referral agencies. Such clients come with some apprehensions and inhibitions. In such cases clients are, more often than not unlikely to cooperate whole-heartedly with counselling.

Fuster (2005) has listed some of the questions that the counsellee raises at this stage. The counsellee has many questions in his/her mind, such as, is the counsellor interested in me? Is he/she willing to give me time and listen carefully? Can I share my intimate thoughts and feelings with him? Does the counsellor has anything I can Use? Would he be successful in my world? Can he help me?

On the part of counsellors the basic skills required at this stage are social skills, attending physically, observing and listening and the attitudes required are respect, genuineness and empathy. The social skills include greeting skills, politeness skills and kindness skills. Greeting skills means using the customary ways of greeting clients nicely, in mutual self-introduction, in acknowledging them and what they want to say. Politeness skills are an expression of one's sensitivity to the feelings and opinions of others, of one's respect for others, of one's gratitude to others. And kindness skills are about expressing one's good wishes for others and readiness to do something for others. Social skills facilitate interpersonal interaction and give a chance to explore each other and the goals of the relationship.

The skills of attending physically consist of the counsellor's ability to give his/her full attention to the counsellee and to communicate his/her interest through non-verbal messages. The purpose of attending physically is to involve the counsellee in the counselling process. The skill steps of attending physically are four actions or behaviours, which should flow from the attitudes of respect, genuineness and

empathy. The skills of observing at this stage consist of the consunsellor's ability to see the counsellee's behaviours and take clues from their non-verbal messages. The observation helps the counsellor in understanding how the client feels.

Check Your Progress II

Note: Use the space provided for your answer.

1) What do you understand by the preparatory stage of Counselling?

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2) What are the important skills on the part of counsellor at the preparatory stage of counselling?

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2.4 EXPLORATORY STAGE

The second stage in the counselling process is exploratory. In this stage the client and counsellor meet in the counselling room. It is the first session of counselling in which the intake process or admission of the client into the formalities of counselling are completed. The actual counselling begins at this point of time. This stage follows the preparatory stage. This is like building something on the foundation of the first stage in which the counsellor has established some rapport and prepared the client for the counselling sessions. The exploratory stage is meant for entering into the counsellee's frame of reference in order to accurately understand how s/he experiences the world. The purpose of this stage is also building the counsellee's trust in the counsellor. Further the counsellor tries to gather more facts and data about the counsellee and assess the client's readiness to pass on to the next stage. At this stage the information is obtained primarily from the client, but it may also be sought, with the permission of the client, from significant others in the client's life.

The areas of enquiry for getting information include the following:

1) The problem, and its effects on the client and his environment;
2) Probable factors that create and maintain these problems;
3) Probable factors that may relieve these problems;
4) The client's understanding about the problem and efforts to tackle the problem.

Information is also obtained about the client's personality and life which include:

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

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

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

Further information is obtained about the client's environment which include the family, friends, the colleagues at workplace and other social, occupational and leisure areas.

Accurate understanding of the person is very essential for counselling. This is done at this stage through stimulating the counsellee to a deeper self-exploration. During the initial interviews the client shares and clarifies the problems that have brought him/her to the counsellor. Often, the client comes without having clarity of own problems. The counselor helps the client to share his or her story, focusing and clarifying the issues. The counselor, based on the information given by the client, prepares the case file. The counsellor at this stage helps the client through self exploration to arrive at the statement of the problem in clear and unambiguous terms. The assessment of client's motivation and readiness to move on to the next stage is very important at this point. If the counsellor understands that the client is poorly motivated for counselling, by giving feedback and in consultation with the client they may decide on whether to go ahead with counselling or not. Infact assessment of client's motivation is an ongoing process in counselling.

During the initial interviews, at this stage, the client and the counsellor get into a formal or informal agreement. This agreement is a sort of contract which is essential. The terms of this understanding are basically that the counsellor will work sincerely to accept, understand and help the client, which the client will cooperate to in the best possible manner in matters such as self-revelation, truthfulness, and adherence to the counsellor's suggestions. At this point of time the details about counselling and the necessary practical arrangements for counselling such as duration, timing, the frequency of sessions, payment schedule (if charged), etc. are worked out clearly with the client.

On the part of counsellor, all the skills used in the first stage continue to be used by the counsellor at the stage of exploration. It must be noted that all the skills are cumulative and the whole process of counselling is gradualllly built up. In the first stage by attending, observing and listening to the counsellee the counsellors communicate their interest in helping the client. While interviewing the client, the counsellor attempts to gather verbal and non verbal data about the client. After gathering data the counsellor must integrate the data into something meaningful in order to appropriately respond to the clients' feelings and content. Thus at this stage the counsellors use the skill to label correctly the counsellee's feeling, the reason for the feeling and to communicate this understanding to the counsellee. This is done by integrating the observations and understanding to the appropriate feeling, word for responding to the client. As the counsellor keeps accurate responding, the client builds up trust in the counsellor. This trust in the counsellor together with the counsellor's attitudes of empathy, genuineness and respect will prepare the counsellee to go deeper into self-exploration. When the counsellor senses that the client has explored all relevant areas of her personality then the counsellor must summarise the understanding about the main feelings and experiences expressed by the counsellee. This summary must be accepted and approved by the counsellee. Thus the acceptance and approval to the counsellors understanding is clients signal to move to the next stage.

Check Your Progress III

Note: Use the space provided for your answer.

1) What is the relevance of exploratory stage in counselling?

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2) Briefly discuss the skills used by counsellor at the exploratory stage.

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2.5 PLANNING STAGE

The third stage in counselling process is planning an intervention for the client. This stage is also called as personalising the problem and the goal. This is in continuation with the earlier stage. At times this overlaps. While discussing the last stage it has been seen that through the process of self exploration the counsellor helps the counsellee to understand where s/he is with respect to where s/he wants or needs to be. Once the client accepts and acknowledges the counsellor's response in the form of summary, s/he shows readiness to formulate appropriate goals and plans for the intervention. The counsellor must ensure the clients readiness; otherwise the process will not be helpful to the client.

For a few sessions after the initial stage of self exploration the counsellor continues to assess the clients' psychological framework and problem situation. After obtaining a general understanding of the client's problems and expectations, specific goals of counselling needs to be set. The counsellor guides the client in setting the specific goals. Such goals are often stated as specific emotional and behavioural changes that are acceptable and desirable to the client and to society. It is important to break down the goals into their logical sub-components or sub-goals, which by virtue of such identification, are more easily tackled. The specific goals are useful in monitoring the progress of achieving these goals. Involvement of the client in setting the goals is very important.

At this stage, the counsellor uses the skill of personalising the problem and the goal together. This makes the client take responsibility and accept their contribution to the problem situation. The counsellee's contribution to the problem or personal limitation must be expressed in concrete behavioural terms. This contribution is something negative and is generally something that the counsellee is doing or not doing. In this case while planning the goal it is just the opposite of the problem and, thus it channels the counsellee's energy into something positive and constructive. For example, if the client's problem is that he cannot control his temper, the goal is to control his temper.

The purpose of this stage is to help the client to plan where they want to be. This stage is the crucial stage of the counselling process and the success of counselling entirely depends on it. If the plan has been carefully designed with the involvement of the client, then satisfactory results will be achieved. Thus, the counsellor helps the client by identifying appropriate and systematic steps suitable to the client. Based on the understanding of the client the counsellor may suggest some modification or changes in behaviour pattern or life style of the client. The client may have to undergo certain therapy or some sessions.

It is the stage during which the counsellor analyses the clients' feelings and behaviour, provides constant feedback, support and guidance to plan behavioural change. While planning change the following questions are addressed:

- What are the emotional factors that have to be corrected to resolve the dysfunctional behaviour?
- What are the faulty ways of thinking that the client manifests that need to be corrected for a resolution of the dysfunctional behaviour?
- What are the social and environmental factors that have to be addressed to resolve the dysfunctional behaviour?

The skills of the counsellor lies in stimulating the counsellee to use her resources and contribute towards dealing with own problem. Counselling is about actualising human potential. One grows as a person when one utilises his/her own personal resources. At this stage the counsellor goes more deeply in sharing his/her understanding of the client and tries to create awareness about the client's contribution to his/her own problem. The skills mentioned in the preparatory stage and the skills mentioned in the explorations stage are carried over to this stage also. While helping the client to personalise the problem and planning an action by setting a goal the counsellor should attend, observe, listen, respond and personalise by making the counsellee aware of her deficit behaviours in implementing the plan of action (Fuster,:2005). Along with all the skills and attitudes the counsellor at this stage uses confrontation and immediacy. The confrontation here is an action which is initiated by the counsellor based on his/her understanding of the counsellee. The counsellor observes some discrepancy in the counsellee's behaviour and brings it to his/her awareness. The purpose of confrontation is to reduce the ambiguity and incongruities in the counsellee's experience and in his/her communication to the counsellor. It aims at motivating personal growth. Another skill used at this stage is immediacy. Immediacy is dealing with the feeling between the counsellee and the counsellor in the here and now. Immediacy overlaps somewhat with confrontation but it is different. In responding with immediacy the counsellor used the observed discrepancy in the counsellee to interpret the here and now relationship with the counsellee.

Check Your Progress III

Note: Use the space provided for your answer.

1) Explain the importance of setting specific goals?

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2) Discuss briefly the task of counsellors in the planning stage?

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2.6 ACTION STAGE

Once the planning stage has established where the client is with respect to where s/he wants to be, the action stage begins. This stage is also called by Fuster, as initiating stage. At this stage, the client moves toward the preferred state. The counsellor helps the client develop strategies for action and encourages him or her to implement plans and achieve goals. The counsellor helps the client by identifying appropriate and systematic steps suitable to his/her need and resources. These steps are taken gradually to reach the goal. The focus of this stage is to motivate the client to act in order to solve his/her problem. This is done by identifying what can be done to reach the goal and by taking up specific steps in such a way that the counsellee realises that the goal is attainable.

The client is helped to achieve the goal through various available counselling models and techniques. Some of the models used at this stage are: Rational Emotive Therapy (RET), Transactional Analysis (TA), Gestalt Psychotherapy (GT), Learning theories (LT), etc. and some of the techniques used are supportive and behavioural, cognitive and psychoanalytical, problem solving and other. Some of these techniques are discussed in detail in later units of this block. The therapeutic gains during the action stage include:

- Resolution of emotional crisis;
- Resolution of problem behaviours;
- Improved self-confidence and self-esteem;
- Improved self-control and frustration tolerance;
- Improved reality orientation and appraisal of threats;
- Improved communication and problem-solving skills; and
- Improved overall adjustment, judgment, and emotional stability.

This presupposes that the counsellor is aware and trained in various models and techniques of counselling and is competent to use them. The skills at this stage used by counsellor include all the skills used until this stage as well as skills in setting goal clearly, identifying appropriate steps to the goal and formulating the steps, etc. The counsellor uses his/her skills in presenting a goal very relevant to the client's need, devising practical and concrete steps within the capacity and available resources of the client and helping the client in taking the first step. The programme of action must be devised in accordance with the capacity and awareness of the client so that while taking action they must experience the good feeling that they can do it and get motivated to take the first step.

The counsellor should note that to make the action plan more effective it must emerge from the counsellee's frame of reference and he/she must have acceptance for that. The plan of action to the goal is on various levels; physical, emotional, intellectual, interpersonal and spiritual. Effective plans are based on a holistic approach. It means, in attempting to help the client with a personal problem, the counsellor must suggest steps which cover all the levels of his/her personality i.e. biological, psychological, sociological and spiritual levels. As suggested by Fuster, on the biological level, plan may include various ways of improving the counsellee's physical health, such as rest, diet, vitamins, exercise, etc. On the psychological level action may include training in responsiveness and assertiveness, training in how to modify one's attitudes, etc. On the sociological level, it may include procedures to modify the counsellee's social environment. This may be done either by moving away from some stressful situation or by helping the counsellee to modify his/her attitudes and his/her interpersonal relationships. On the spiritual level, plans may include meditation and prayers for strength and courage, trust in God, etc.

2.7 EVALUATION AND TERMINATION STAGE

Evaluation is an important part of the counselling process. It is essential that the counsellor undertakes evaluation before the termination of the process. Evaluating means to review how the counselee has taken the action in order to achieve the goal and in view of the plans how far the client is progressing. Assessment or evaluation of client's progress is an ongoing process which begins right in the first stage. However, it is done at this stage with the purpose of terminating the process. Counselling should never be abruptly terminated. The termination of counselling is systematically done after following a series of steps. The counsellor during the evaluation and termination stage ensures the followings:

1) Evaluating readiness for termination of counselling process;
2) Letting the client know in advance about the termination of counselling;
3) Discuss with client the readiness for termination;
4) Review the course of action plan;
5) Emphasis the client's role in effecting change;
6) Warning against the danger of 'flight into health';
7) Giving instructions for the maintenance of adaptive functioning;
8) Discussion of follow up sessions; and
9) Assuring the availability of counsellor in case of relapse into dysfunction.

While discussing about this stage, it is important to know when and how the counsellor should discontinue the counselling process. The client is the point of reference to make this decision. As the client gains desired benefits, the client her/himself may suggest that there is no further need for continuation. Sometimes termination may depend upon external influences, such as time constraints or unforeseen contingencies. The counselling may also terminate because the client feels that s/he does not wish to continue; or, because both either decide that no progress is being made towards the set goals.

As it has been discussed in planning stage, counselling is always conducted with predetermined goals. The goals may be modified as required during the course of therapy. The counsellor develops specific plan for each client. Accordingly, as action plan progresses and the goals of client are progressively attained, the counsellor must evaluate and assess the readiness to terminate the process.

The counsellor must give adequate advance notice of termination so that clients can psychologically orient themselves towards independent functioning. Such notice of termination is also necessary to give the client an opportunity to raise issues that she/he had not discussed. Failure to provide adequate notice of termination may lead to crisis in functioning when the termination is announced. The clients appraisal of the situation is essential while terminating counselling sessions. The counsellor should discuss with the client about his/her readiness to terminate. The discussion may include client's understanding of what has transpired during the process, his/her doubts and misconceptions, and confidence to handle future situations. While terminating counselling, it is important that the client is warned against the 'flight into health' which keeps him/her aware of the realities of the situation and the possibilities of relapsse after returning to the unsupervised environment. Since the risk for setbacks, temporary or otherwise, after termination is high, the client should be given adequate counselling about how to handle potential troublesome situations.

Further, while reviewing the whole process, the counsellor draws to the client's attention the problems initially identified with him/her, the goals that were agreed upon and the plan of action employed to attain the goals, tasks given, interpretations and insights that resulted, progress and setbacks in the process, and such other issues. In order to make the client more confident the counsellor must make the client known about the role that s/he has played. The counsellor should also explain that his/her role has been that of a guide to the client on his journey to achieve the set goal.

Lastly, at this stage some discussion of follow up sessions and continued uncritical accessibility of the counsellor to the clients is necessary. There is need for the client to continue to maintain contact with the counsellor for continued assistance for the maintenance of the functional equilibrium. The frequency of such follow-up sessions is based upon individual circumstances, and can increase or decrease depending upon the need. Therefore, the counsellor should stress on 'open doors' which refers to easy accessibility of the counsellor to the client. The clients must be made feel that he/she need not feel guilt in case he/she relapses into dysfunction and he/she should be made to feel that the counsellor will always be available to him/her.

Check Your Progress III

Note: Use the space provided for your answer.

1) Explain the action stage and its relevance in counselling?

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2) What are the important aspects that the counsellor should consider during the action stage?

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3) What are the important issues evaluated at the termination stage?

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4) Discuss briefly the task of the counsellors in the termination stage?

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2.8 LET US SUM UP

After going through this unit, one gets an understanding about the basics of counselling process. Now you must have become aware about where and how to begin, what to do and when, etc. This unit was intended to help you know about the counselling process and the various stages in the counselling process from beginning to end. As discussed in this unit an attempt is being made to understand the counselling process and the stages given by different scholars. We have tried to discuss the process in five stages viz. preparatory stage, exploratory stage, planning stage, action stage and evaluation and termination stage. At each stage, we have also discussed the skills used by counsellor. Now you will be able to explain the counselling process, describe each stage through which counselling passes and appreciate the skills counselors has to use in each stage and the sequence of stages s/he has to follow.

2.9 KEY WORDS

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

Counsellor : An Individual who provides support and guidance to the person during counselling process or therapy.

Counselee/Client : An individual who receives support and guidance during counselling or therapy.

Frame of Reference : The way in which a person sees self in relation to the world around. This world includes self, significant people like parents, spouse, teachers, employer, the people in proximate environments and in some instances the environment itself. The frame of reference is formed partly by inborn traits, partly through one's own culture and experiences. It helps the individual to interpret the meaning of a situation.

Confrontation : An action which is initiated by the counsellor based on his/her understanding of the counsellee. The counsellor observes some discrepancy in the counsellee's behaviour and brings it to his/her awareness. The purpose of confrontation is to reduce the ambiguity and incongruities in the counsellee's experience and in his/her communication to the counsellor.

Immediacy : Dealing with the feeling between the counsellee and the counsellor in the here and now. In responding with immediacy the counsellor uses the observed discrepancy in the counsellee to interpret the here and now relationship with the counsellee.

Flight into Health : Rapid initial improvement in mood and behaviour, which may arise from non-specific factors such as optimism, rather than from a true and enduring adaptation to the environment.

Open Doors : Willingness of the counsellor to see the client after termination of therapy especially if the client shows relapse of the problem.

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UNIT 3 SUPPORTIVE AND BEHAVIOURAL TECHNIQUES IN COUNSELLING

*Suresh Pathare& Neeloferr Lokhandwala

Contents

3.0 OBJECTIVES

In the last unit we discussed the process in counselling. Now we will get introduced to some of the techniques of counselling. In this unit we intend to discuss two important categories of techniques commonly used in counselling: the supportive techniques and behavioural techniques. The supportive techniques in counselling focus on supporting the client in reducing his/her distress without specifically addressing the psychological or behaviour causes. The behavioural techniques in counselling are about helping the client analyze behaviour, define problems, and select goals. This is based on the premise that primary learning comes from experience. In this unit we aim to highlight the basic concepts and applications of these two techniques in the process of counselling.

The objectives of this unit are that when we complete this unit you will be able to :

- explain the basic concept of supportive and behavioural technique of counselling; and
- discuss some of the supportive and behavioural techniques with its relevance to counselling.

3.1 INTRODUCTION

This unit presents supportive and behavioural techniques used by counsellor in the process of counselling and helping the clients. The supportive and behavioural techniques come under the category of Insight Therapies.

Discussion on all the different supportive and behavioural techniques will take much more time and space. Therefore, it is planned to introduce some of the techniques commonly applied during the course of counselling under this category.

An attempt has been made here to briefly explain the basic concepts, background and some of the common techniques used in supportive and behavioural therapies. This unit is divided into two parts. In the first part, the basic concept and some of the supportive technique in counselling are discussed. The second part is about the concept and the behavioural techniques.

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3.2 TECHNIQUES IN COUNSELLING

Before beginning discussing about supportive and behavioural techniques, let us first discuss about techniques in couselling. As a process of couselling, during the initial phase of counselling, the goals are set and translated into specific action. The counsellors in the process of couselling use their knowledge, interpersonal skills and experience to help the client attain the goals. While helping the client the counsellor uses various techniques. There are many different techniques that are used to help sort out issues or manage mental health difficulties. Counsellors, psychologists, social workers, and psychiatrists may specialize in a particular approach and/or technique, or they may use a number of approaches/techniques depending on their training and the clients' needs. These techniques can be employed during all the phases of counselling, from beginning to end. The appropriate use and timing of these techniques depend upon the situation and counsellor's assessment of client's problem.

There are different techniques that can be broadly split into 3 groups. These include:

i) Insight Therapies – Techniques under this category are often known as "talk therapy". Talking about experiences help the client to get an understanding of the difficulties that they may face and sort through possible solutions. The more common types of insight therapy are psychoanalysis, psychodynamic approaches, client centred approaches, and cognitive therapy.

   A common form of insight therapy is Cognitive Behavioural Therapy. This therapy looks at changing negative thought patterns and maladaptive beliefs. Maladaptive beliefs are ideas about oneself that may not necessarily be true, but still have a negative impact on their wellbeing. Cognitive Behavioural Therapy (CBT) is one of the most common forms of counselling.

ii) Behaviour Therapies- Techniques under this category focus on the changing behaviour patterns. Behaviour therapists often use some principles of learning, such as providing punishments for bad behaviour and rewards for good behaviour. This type of therapy may be used to change compulsive behaviours, to help with learning problems, or to modify avoidance behaviours. With this type of therapy it is assumed that the behaviours are a product of learning in terms of what can and cannot be learned.

iii) Biomedical Therapies - Techniques under this category involves the use of drugs to help to manage mental health difficulties. Drugs may be used to treat anxiety, psychosis or depression. Biomedical therapies are administered by psychiatrist or doctor as s/he prescribes about the type and dosage of the drugs that the client needs.

It happens that sometimes these approaches do overlap or the social worker or counsellor uses a combination of approaches to help the client. As every person/ client is different, it may be that while one approach is good for one person it may not suit someone else. The social worker as a counsellor, sees which of the first two categories of technique he/she is good in. It is possible that he/she may choose to use a mixture of techniques to help the client.

3.3 THE SUPPORTIVE TECHNIQUES IN COUNSELLING

Basic Concepts

Supportive techniques are skills used to bring comfort and to guide the client. They are directed at reducing client-distress without specifically addressing the psychological or behaviour causes. Thus, supportive techniques are non-specific in nature. Supportive techniques can be used at any time during therapy, but are commonly used during the early phases of therapy. This is because during the later phases of therapy, more specific techniques may be required.

The counsellor can provide brief counselling sessions using supportive techniques like: listening actively, giving advice, adding perspective, confirming the appropriateness of the patient's concerns, etc. While using the supportive techniques the counsellor may focus on solutions by empathizing with the patient, while moving the dialogue toward the construction of clear, simple and specific plans for behavioural change. This change may be with regards to work, home, finances or health. S/he may focus on coping strategies which may be problem focused or emotion focused. The problem focused strategies are directed at situations that can be changed and emotion focused strategies are directed at situations that cannot be changed. While helping the client, the counsellor needs to recognize whether a situation can be changed or not and accordingly use some helpful coping strategies and supportive techniques. Some of the supportive techniques are presented here for the understanding and their application during the couselling sessions.

Supportive Techniques

i) **Ventilation:** Ventilation means allowing the client to freely express his problems without any restriction or inhibition. Ventilation is an important technique in therapy, particularly during the early phases. Ventilation is a process in which the client is allowed to talk and share freely his/her thoughts, feelings and emotions. It is very helpful for various reasons. Firstly it provides the counsellor with the opportunity to learn about the client and his problems. This helps the counsellor to understand his client better. Secondly, it provides the client an opportunity to share without getting any advice or judgment which he/she has to commonly face when sharing his/her problem with others in general. Here the client is given a platform to share whatever he wishes and be really "listened to". Ventilation enables the client to 'get everything off his/her chest' during the initial stages of counselling. This experience helps the client feel a sense of relief. Thirdly, as the client expresses his/her thoughts and feelings freely about the problem faced to the counsellor, s/he begins to see the clients problems in a more objective light, thereby gaining objectivity over the problems. And thus the client becomes more likely to think of solutions for the problems. This happens since through the ventilation process his/her mind gets relieved from the heavy burden that s/he was carrying.

ii) **Catharsis:** Catharsis is a letting off of steam. This often takes the form of tears, also may include expressions of anger and rage. Catharsis can be used at any time during therapy, but is more helpful during the early phase. Most persons feel better after they have had a good cry or after they have let off steam in some appropriate way. The release of pent-up emotions in itself is therapeutic.

iii) **Clarification:** Clarification refers to the process where the client is helped to sort out the thoughts so that he gains a better understanding of the why and how of his/her feelings and reactions. A good counsellor uses this skill to avoid assuming/implying or misunderstanding the client and his/her issues and also use it to help the client gain clarity. Thus it occurs spontaneously during the process of counselling.

iv) **Education and awareness:** The provision of information or knowledge about a topic can have a therapeutic impact upon a client. For example, a short, educative discussion about the harmful effects of alcohol and drugs on the body can have long lasting effect on subsequent behaviour. Educating an anxious parent about the son's rebellious behaviour as a need of adolescents to develop their own identities would be reassuring her and providing relief too. Education can be provided at any time, so that the client is sufficiently calm to absorb what is conveyed.

v) **Guidance and Suggestion:** Guidance in counselling is mainly to provide the clients with an assurance of and openness to advise during the period of uncertainty and to prevent them from embarking upon any inadvisable course of action. For example, a depressed client may contemplate resigning from a job because he/she thinks that he/she is incompetent to work. Counsellors need to be constantly alert to situations in which their guidance may prove invaluable.

Important to note that guidance is not the same as advising the client on various courses of action. Guidance should be provided in a careful manner. The client should gradually be led up to the suggestion, almost as though the idea came from the client himself, otherwise the suggestion could be perceived as an infringement of his/her personal space and responsibility of the client.

Some clients desire several forms of reassurances, such as, they are not mad; that their problems are not beyond remedy; what they have done is forgivable etc. The counsellor as a trusted and impartial confidant is in a special position to provide such reassurance. This does not mean that the counsellor should blindly lie, but genuine words of comfort reassure an apprehensive client.

At times, there are clients with low self-esteem and low confidence. The counsellor constantly needs to remind such clients of their positive attributes, their achievements, and capabilities. Clients are better equipped to face their problems when they understand that there are aspects in them that do deserve appreciation in their personality and behaviour.

vi) **Environmental Manipulation:** There may be aspects in the client's environment that may be contributing to the problem situation. Bringing changes in the environment could be helpful. For example, a drug addict could be told to avoid the company of friends who persuade him to take drugs. An alcoholic's wife could be advised to take extra care not to label her husband as an alcoholic when he is on the road to recovery. Quarrelling siblings could be told to temporarily stay apart. Spouses constantly quarreling could be advised to go on a short holiday during which they could rediscover their joy.

vii) **Externalization of Interests:** Persons who seek counselling may be too overwhelmed by their problems. These problems dominate their lives and disturb them persistently. If the client is helped to take time off from ruminating on his problem for a short while, it would provide him some relief and happiness. This could be done by externalization of interests which seeks to divert the client's attention from the oppressive thoughts running in his mind to the pursuit of some activity or interest.

Externalization of interests is of special value with clients who are experiencing genuine, seemingly irremediable stresses. For example, a son who is subjected to continuous nagging by his parent could be encouraged to take up a hobby that will engage his interest and take his mind away from his home issues. A client, who is convinced that he has no compelling reason to live, could be encouraged to do some volunteering at a local orphanage or an aged home. Other options are:

viii) **The Deliberate Pursuit of Pleasure:** When clients are highly stressed and their concerns irremediable, the counsellor could prescribe deliberate pursuit of pleasure. For example, the counsellor may suggest that the client visit the theatre once a week with a good friend. He may ask the client to think, each morning, "What can I do today to make get out of bed with interest?"

The deliberate pursuit of pleasure is a technique that must be pursued with much care. In using this technique the counsellor should convey to the client not to engage in any illegal, immoral or harmful activity. An example of a harmful pursuit of pleasure would be persons, living below the poverty line, foolishly adopting alcoholism as their only source of comfort.

ix) **The Utilization of Social Support:** Many times clients tend to cut off from their social ties due to being disturbed by problem situations. Thus, clients are encouraged to renew intimate bonds which provide for social and emotional comfort and support. Many persons in distress can benefit from an increase in their social networks. For instance, an unhappy married spouse could be encouraged to build up social networking with relatives, friends, and neighbours. The increased socialization will provide for an outlet for the suppressed emotions. Alcoholics could join Alcoholics Anonymous while their wives could join Al-Anon, and their children Al-Teen. Clients with drug-related problems could join the Narcotics Anonymous.

x) **Physical Exercise and Medication:** Physical exercise has an effect on one's mental health too. Exercise stimulates the release of beneficial chemicals, especially serotonin, in the brain and relaxes the body. Participating in games, such as volleyball, table tennis and badminton can be elating.

Clients with minor psychological problems such as anxiety or depression can sometimes benefit from medication. Medication to improve other aspects of health can also improve the quality of their life and facilitate progress of counselling.

xi) **Prayer, Meditation and Other Forms of Relaxation:** If the belief systems of the counsellor and client permit it, recommendation to prayer could be of immense psychological and spiritual comfort to the client.

There are several forms of relaxation that can benefit persons who are anxious or worried such as yoga, transcendental meditation, vipassana, etc.

Check Your Progress I

Note: Use the space provided for your answer.

1) What do you understand by counselling techniques?

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2) State the important supportive techniques used in counselling.

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3) How does ventilation help?

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3.4 THE BEHAVIOURAL TECHNIQUES IN COUNSELLING

Having discussed the supportive techniques of counselling we will now discuss here behavioural techniques in counselling. Prior to discuss the behavioural techniques, one needs to understand its theoretical basis and basic premise on which this technique is based. As mentioned above, the behavioural techniques in counselling are about helping the client analyze behaviour, define problems, and select goals. This is based on the premise that primary learning comes from experience.

Basic Concept

The use of behavioural techniques is based on the theories of Behaviourism. Behaviourism is a school of psychology founded by psychologist John Watson. Behaviourism emphasizes the present rather than the past. Therefore, it is also called as "here and now" approach. Behavioural techniques are predominately symptom (behaviour) oriented and show little or no concern for unconscious processes, achieving new insight, or effecting fundamental personality changes. The behaviourists believe that all the behaviours are learnt after birth. The problem arises because of the faulty learning. In order to resolve the problem one needs to correct the behaviour by relearning. Behavioural techniques are based on three major theories of learning – classical conditioning theory of Ivan Pavlov,

instrumental conditioning theory of B.K. Skinner and observational learning theory of Albert Bandura. We will briefly present these theories.

i) **Classical Conditioning Theory:** The Russian psychologist Ivan Pavlov propounded this classical conditioning theory. After his classical experiment on dog he concluded that when A followed by B in series of trails B evoke responses of A. e.g. When a child see the nurse in white apron giving injection which is painful, she starts associating white dress with pain and whenever she sees white colour starts giving response of fear. Thus according to this theory, persons learn through the association between stimuli. One can recognize similarities and differences between the stimuli. At times persons develop problematic behaviour because of association between two or more stimuli like height and fear, crowd and anxiety, examination and worry, etc.

ii) **Instrumental Conditioning:** This learning theory was postulated by U.S. based psychologist, B.F. Skinner. Based on his work, Skinner established that we learn by reward and punishment. The pattern of reward-giving, both in time and frequency, is known as a "schedule of reinforcement." Skinner in his classical experiment on rats had made an arrangement that when a rat pressed the lever in the cage food was served. Initially the rat pressed the lever by chance but after few trails it learnt that pressing lever gives food. Thus when it felt hungry it started pressing lever. Thereafter on pressing the lever instead of food the rat was given electric shock. With this it stops pressing the lever. Thus, if a particular behaviour gets reward, it increases while punishment prevents persons from behaving in a particular way.

iii) **Observational Learning:** This theory was propounded by Albert Bandura. According to this theory one learns by observing others. The person whom one observes becomes model in this case. Individuals often do not go by their own experiences but they observe consequences of others behaviour and decide to own behaviour accordingly. If the model is rewarded for a particular behaviour, than that behaviour is imitated. On the contrary if the model did not get rewarded the observer will avoid such behaviour. The most widely used techniques based on this theory is modeling.

From the theories given above, the general assumptions can be summarized as follows:

- All the behaviour is learnt
- Enviornmental variables determine response
- Behaviour can be predicted and controlled
- Behaviour can be changed by weakening or withholding association, reward and punishment
- Problem is due to faulty learning and for correcting it, relearning is a must.

Behaviour-therapy techniques have been applied with some success to such disturbances as enuresis (bed-wetting), tics, phobias, stuttering, obsessive-compulsive behaviour, drug addiction, neurotic behaviours of "normal" persons, and some psychotic conditions. It has also been used in training the mentally disturbed cases.

Some of the Behavioural Techniques

i) **Behaviour modification:** It is a technique used by counsellor to improve behaviour, such as altering an individual's behaviours and reactions to stimuli through positive and negative reinforcement of adaptive behaviour and/or the reduction of maladaptive behaviour through punishment. It is a technique for increasing adaptive behaviour through reinforcement and decreasing maladaptive behaviour through punishment. One way of giving positive reinforcement in behaviour modification is in providing compliments, approval, encouragement, and affirmation; a ratio of five compliments for every one complaint is generally seen as being effective in altering behaviour in a desired manner. People have consequences for their actions both positive and negative. If it is a positive consequence there is a high chance of the behaviour being reinforced.

ii) **Systematic desensitization:** Systematic desensitization is a behavioural technique used mainly to overcome phobias and other anxiety disorders. It is based on Pavlovian's principle of classical conditioning. When individuals have irrational fears of an object, such as height, dogs, snakes, and closed spaces, they tend to avoid it. Escaping from the phobic object reduces their anxiety. Each time a person is faced with a phobic object he/she learns to escape as a way of overcoming fear. However the person does not overcome his/her fear for the phobic object.The goal of systematic desensitization is to overcome this avoidance pattern by gradually exposing the person to the phobic object until it can be tolerated. This will be challenging for the person at first to deal with the fear, but gradually, most will overcome this fear. In classical and operant conditioning, the elicitation of the fear response is extinguished to the stimulus (or class of stimuli).

The process of systematic desensitization involves at first teaching relaxation skills. Once the individual has been taught the skill, the next step is to develop a hierarchy of fearful situations/ anxiety provoking situations.

In systematic desensitization there is a gradual exposure to the feared objects or situations. For example, in fear of the snake, the therapist would begin by asking the client to develop a fear hierarchy, listing the relative unpleasantness of various types of exposures. Seeing a picture of a snake in a newspaper might be rated 5 of 100, while having several live snakes crawling on one's neck would be the most fearful experience possible. Once the person has practiced the relaxation technique, the therapist would then present them with the photograph, and help them calm down. They would then present increasingly unpleasant situations: a poster of a snake, a small snake in a box in the other room, a snake in a clear box in view, touching the snake, etc. At each step in the progression, the person is desensitized to the phobia through the use of the coping technique. They realize that nothing bad happens to them, and the fear gradually extinguishes.

iii) **Exposure and Response Prevention (ERP):** is a treatment method used for a variety of anxiety disorders, especially Obsessive Compulsive Disorder. It is an example of an Exposure Therapy along with Response Prevention. This method is based on the idea that a therapeutic effect is achieved as persons are made to confront their fears and discontinue their escape responses to their fears. An example would be of a person who repeatedly washes hands

to keep them clean /checks light switches to make sure they're turned off. They would carry out a program of exposure to their feared stimulus that is not washing hands / leaving lights switched on while refusing to engage in any safety behaviours. Thus they practice a resolution to refrain from the safety behaviours which is to be maintained at all times and not just during specific practice sessions. Thus, not only does the subject experience habituation to the feared stimulus, they also practice a fear-incompatible behavioural response to the stimulus.

iv) **Flooding:** This is a behavioural technique used by counsellor to treat phobia. It works by exposing the patient to their painful memories, with the goal of reintegrating their repressed emotions with their current awareness. 'Flooding' is an effective form of treatment, works on the principles of operant conditioning—person change their behaviours to avoid negative stimuli. According to Pavlov, we learn through associations. If one has a phobia it is because he/she associates the feared object or stimulus with something negative.

A therapist using flooding to treat a phobia might expose a patient to vast amounts of the feared stimulus, hence if the person has fear of spiders, the therapist might lock them in a room full of spiders. While the person would initially be very anxious, the mind cannot stay anxious forever. When nothing bad happens the person begins to calm down and from that moment on associate, a feeling of calm with the previously feared object is achieved.

v) **Operant conditioning:** This technique involves the use of consequences to modify the occurrence and form of behaviour. Operant conditioning is distinguished from classical conditioning in that operant conditioning deals with the modification of "voluntary behaviour" or operant behaviour. Operant behaviour "operates" on the environment and is maintained by its consequences, while classical conditioning deals with the conditioning of respondent behaviours which are elicited by antecedent conditions. Behaviours that are conditioned via a classical conditioning procedure are not maintained by consequences.

Reinforcement and Punishment, the core tools of operant conditioning, can be either positive (delivered following a response), or negative (withdrawn following a response). This creates a total of four basic consequences, (Reinforcement positive and negative and punishment positive and negative) with the addition of a fifth procedure which is extinction (i.e. when there is no change in consequences following a response). It's important to note that organisms are not spoken of as being reinforced, punished, or extinguished; it is the response that is reinforced, punished, or extinguished. Naturally occurring consequences can also be said to reinforce, punish, or extinguish behaviour and are not always delivered by people.

vi) **Shaping:** Shaping is a particular technique used to create a behaviour that is not already occurring. It uses positive reinforcement. A reinforcer is delivered for behaviours that "approximate" the target behaviour. Gradually, reinforcement is provided for behaviours that more closely resemble the target behaviour. For example- many are taught to ride a bicycle using a shaping procedure. First, one had a tricycle, second, a bicycle with training wheels and third, a bicycle without training wheels. Thus, one didn't move on to the

next step unless the current one was mastered. A kid that couldn't ride a tricycle was not given a bicycle. Once the target behaviour was achieved, the previous behaviour ceased to be reinforced.

vii) **Chaining:** It is employed when an entire sequence of behaviour is required. For example, baking a cake does not result from a single behaviour. Rather, it is the outcome of many behaviours starting with obtaining the ingredients and ending with removing the baked cake from the oven at the proper time The types of chaining procedures include forward chaining and backward chaining.

Forward Chaining- Starts training with the first behaviour in the sequence. Subsequent steps are then added. An example –many are taught to tie the shoes using a forward-chaining procedure. Step 1: flip one of the laces over the other, Step 2: pull the end of the top lace under the other, Step 3: etc…Reinforcement is provided at the last step. More steps are required in subsequent sessions.

Backward Chaining - Start training with the terminal behaviour. Preceding steps are then added. An example-many are taught to drive using the equivalent of a backward chaining procedure. One is taught how to use the brake before he/she is taught how to make the car go very fast. Toilet training is often accomplished using backward chaining. Children are often taught to use the toilet before being trained to "ask" to use the toilet

viii) **Covert conditioning:** This technique is to assist people in making improvements in their behaviour or inner experience. The method relies on the person's capacity to use imagery for purposes such as **mental rehearsal**. Effective covert conditioning is said to rely upon careful application of behavioural treatment principles such as a thorough **behavioural analysis**.

ix) **Observational learning:** This technique is also known as: vicarious learning or social learning or modeling. It is about the learning that occurs as a function of observing, retaining and, in the case of imitation learning, replicating novel behaviour executed by others. As mentioned above, it is psychologist Albert Bandura, who implemented and initiated social learning theory. It involves the process of learning to copy or model the action of another through observing another doing it.

There are 4 key processes of observational learning viz. attention, retention, reproduction and motivation. Observational learning is different from imitation. Observational learning leads to a change in behaviour due to observing a model. This does not mean that the behaviour exhibited by the model is duplicated. It could mean that the observer would do the opposite of the model behaviour because he or she has learned the consequence of that particular behaviour. For example learning what not to do. In such a case, there is observational learning without imitation. Observational learning can take place at any stage in life. The best role models are those a year or two older for observational learning.

x) **Contingency management:** This technique is a type of treatment used in the mental health or substance abuse fields. Clients are rewarded (or, less often, punished) for their behaviour; generally, adherence to or failure to adhere to program rules and regulations or their treatment plan. With children with

conduct disorder, token systems are highly successful. Contingency management includes techniques such as shaping, time-out, and token economy. In token economy clients earn tokens which can be exchanged for items contingent on approved behaviour expected from them.

xi) **Assertiveness training** is the broad term for a structured group situation that facilitates the acquisition of emotionally expressive behaviour. Many people have difficulty expressing anger which is socially acceptable. Through assertiveness training, a person can learn to respect his/her feelings and that of others too without causing any hurt to self or others. This training is usually done through role-plays. Such training is based on the behavioural concept that once the appropriate overt expressions of emotions are learned, practiced, and reinforced, the correlated subjective feelings will be felt.

xii) **Aversion therapy:** It is a technique that causes a person to reduce or avoid an undesirable behaviour pattern by conditioning him/her to associate the behaviour with an undesirable stimulus. The chief stimuli used in the therapy are electrical and chemical. In the electrical therapy, the person is given a lightly painful shock whenever the undesirable behaviour is aroused. This method is used in the treatment of sexual deviations. In the chemical therapy, the person is given a drug that produces unpleasant effects, such as nausea, when combined with the undesirable behaviour of taking alcohol. This method has been common in the treatment of alcoholism.

xiii) **Biofeedback**- To learn to control the functions of the autonomic nervous system (*e.g.,* heart rate, blood pressure, pulse rate and intestinal contractions) by methods such as biofeedback. In biofeedback, with the help of various instruments attached to one's body one is able to observe one's heart rate, pulse rate, blood pressure. By relaxing oneself one can see immediate changes in the functioning of the autonomic nervous system. Thus, the feedback helps one to monitor and change the functioning of the autonomic nervous system.

Check Your Progress II

Note: Use the space provided for your answer.

1) What are the theories used as the basis for behavioural techniques?

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2) Briefly explain any two behavioural techniques?

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3.5 LET US SUM UP

In this we discussed two important categories of techniques commonly used in counselling: the supportive techniques and behavioural techniques. We discussed that the supportive techniques in counselling focuses its attention on supporting the client in reducing his/her distress without specifically addressing the psychological or behaviour causes. The behavioural techniques in counselling are about helping the client analyze behaviour, define problems, and select goals. This is based on the premise that primary learning comes from experience. In this unit, we tried to highlight the basic concepts and applications of these two techniques in the process of counselling.

The objectives of this unit were to equip you to

1) Explain the basic concept of supportive and behavioural technique of counselling

2) Discuss some of the supportive and behavioural techniques with its relevance to counselling.

3.6 KEY WORDS

Avoidance learning : This is a type of learning in which a certain behaviour results in the cessation of an aversive stimulus. For example, performing the behaviour of shielding one's eyes when in the sunlight (or going indoors) will help avoid the aversive stimulation of having light in one's eyes. Avoidance training belongs to negative reinforcement schedules. The subject learns that a certain response will result in the termination or prevention of an aversive stimulus.

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

Clarification : This is a supportive technique wherein the confused thoughts in the client's mind are sorted out so that he understands the 'why' and 'how' of his feelings and reactions.

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

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

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

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

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

Extinction : It is lack of any consequence following a behaviour. When a behaviour is inconsequential, producing neither favorable nor unfavorable consequences, it will occur with less frequency.

Extinction : It occurs when a behaviour (response) that had previously been reinforced is no longer effective. Thus when the behavioural response was reinforced earlier, ceases to be reinforced later results in the behaviour response getting extinct.In the Skinner box experiment, this is the rat pushing the lever and being rewarded with a food pellet several times, and then pushing the lever again and never receiving a food pellet again. Eventually the rat would cease pushing the lever.

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

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

Negative punishment : It occurs when a behaviour (response) is followed by the removal of a favorable stimulus, such as taking away a child's toy following an undesired behaviour, resulting in a decrease in that behaviour.

Negative reinforcement : Occurs when a behaviour (response) is followed by the removal of an aversive stimulus (commonly seen as unpleasant) thereby increasing that behaviour's frequency. In the Skinner box experiment, negative reinforcement can be a loud noise continuously sounding inside the rat's cage until it engages in the target behaviour, such as pressing a lever, upon which the loud noise is removed.

Positive punishment : Occurs when a behaviour (response) is followed by an aversive stimulus, such as introducing a shock or loud noise, resulting in a decrease in that behaviour.

Positive reinforcement : Occurs when a behaviour (response / action) is followed by a favorable stimulus (commonly seen as pleasant) that increases the frequency of that behaviour. For example in an experiment conducted by B.F.Skinner – in the Skinner box a stimulus such as food or sugar solution can be delivered when the rat engages in a target behaviour, such as pressing a lever.

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

Punishment : Is a consequence that causes a behaviour to occur with less frequency.

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

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

Reinforcement : Is a consequence that causes a behaviour to occur with greater frequency.

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

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

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

Token Economies : One form of contingency management is the token economy system. Token systems can be used in an individual or group format.Token systems have been successful with a diverse array of populations including those suffering

from addiction, those with retardation and delinquents. The goal of such systems is to gradually help the person begin to access the natural community of reinforcement (the reinforcement typically received in the world for performing the behaviour).

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

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UNIT 4 COGNITIVE & PSYCHOANALYTICAL TECHNIQUES IN COUNSELLING

*Suresh Pathare & Ramesh Pathare

Contents

4.0 OBJECTIVES

In the last unit we discussed the basic supportive and behavioural techniques in counselling. As mentioned earlier, in counselling there are number of other techniques also. It is not possible to present all these techniques. However we can discuss here two more important techniques commonly used in counselling: the cognitive techniques and psychoanalytical techniques. The cognitive techniques in counselling focuses at correcting faulty ways of thinking and the psychoanalytical techniques in counselling is about tackling ego defense mechanisms. In this unit, we aim to highlight the basic concepts and applications of these two techniques in the process of counselling.

The objectives of this unit are that when we complete this unit you will be able to

- explain the basic concept of cognitive technique of counselling;
- describe some of the cognitive distortions;
- elucidate the concept and relevance of psychoanalytical technique in terms of its usefulness in modern day counselling.

4.1 INTRODUCTION

This unit presents cognitive and psychoanalytical techniques used by counsellors in the process of counselling and helping the clients. The cognitive and psychoanalytical techniques come under the category of Insight Therapies. This type of therapy is also known as "talk therapy". Talking about your experiences will help to get an understanding of the difficulties you may face and sort through the possible solutions. The common types of therapies in this category are psychoanalysis, psychodynamic approaches, client centered approaches, and cognitive therapy. Discussion on all these different cognitive and psychoanalytical psychotherapies will take much more time and space. Therefore, we plan to introduce some of the techniques commonly applied during the course of counselling under this category.

An attempt has been made here to briefly explain the basic concepts, background and some of the common techniques used in cognitive and psychoanalytical

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therapies. This unit is divided into two parts. In the first part the basic concept are discussed and some of the cognitive technique in counselling. The second part is about the concept and the psychoanalytical techniques.

4.2 THE COGNITIVE TECHNIQUES IN COUNSELLING

Basic Concepts: While discussing the cognitive techniques in counselling one needs to understand its meaning and concept. In counselling, cognitive techniques is defined as any therapy that is based on the belief that one's thoughts are directly connected to how one feels. Counsellors, who work in the cognitive field, help the clients to solve their present day problems by helping them to identify distorted thinking that causes emotional discomfort. In these techniques there's little emphasis on the historical root of a problem. Rather, the emphasis is on identifying the wrong ways with the present thinking which is causing distress to the client. The cognitive therapies include Rational-Emotive, Cognitive-Behavioural, Reality, and Transactional Analysis. These will be discussed in the later part.

The cognitive techniques in counselling are based on the premise that the way a person thinks can affect the way s/he feels and behaves. In the field of mental health it is felt that faulty patterns of thinking may produce stress related, emotional disturbances such as anxiety, depression, hyper tension, etc. In order to overcome such emotional disturbances and experience better, mental health persons need to change their ways of thinking. Cognitive therapy seeks first to identify dysfunctional thought processes, and next to correct them.

The ways of faulty thinking and use of cognitive technique

It will be appropriate at this stage to get to know some of the dysfunctional thoughts and the ways of faulty thinking. This will provide an understanding of the faulty ways of thinking and the need for correcting such dysfunctional thought processes. Important dysfunctional ways of thinking include cognitive distortions, repeated intrusive thoughts, unrealistic assumptions and others.

a) **Cognitive Distortions:** These are thinking patterns that distort reality in a negative way, and make persons perceive the world as being more hostile than it actually is. Some of the examples of cognitive distortions are arbitrary inferences which refer to the drawing of unjustified conclusions. Another distortion is selective abstraction which means focussing attention on one detail or one aspect and ignoring the other aspects or the rest of the picture. Sometimes it is over-generalisation in which a general conclusion is drawn based upon a limited event without exploring the totality of the event. Further at times it is magnification which means exaggerations of small things or event which is well known as making mountains out of molehills. And sometimes it is minimisation which is an undervaluation of positive attributes.

   While dealing with the cases of emotional disturbances the counsellor needs to identify the distortions in the thinking pattern that cause the emotional disturbance and help the client to overcome them.

b) **Repeated Intrusive (automatic) Thoughts:** These are negative thoughts that dominate the conscious mind. These thoughts are also called repeated intrusive thoughts.

Under this category of thoughts the person either shows low self regard and lack of self confidence or excessive self depreciation. Persons thinking with low self regard while expressing their thoughts usually use statements like- I can't do it, I am not able to do it, I am going to fail, etc. Likewise the person with excessive self depreciative thoughts criticises himself/herself and expresses like, "I should not have done that", "I should have been more careful", etc. Another category of such thought pattern is excessive self blame or scapegoat. In the case of persons with thoughts of self blame, they assume more blame for whatever happens. These kinds of thoughts are often expressed like "I behave badly with others", "I have wasted my life", "It is my entire fault". On the other hand persons with the scapegoat type of thinking, blame others. For failure or undesirable situations, others are blamed. For example, a person who is not very successful in his career says, "I could not have a successful career because of my family".

There are thoughts about ideas of deprivation. The person with the thoughts about ideas of deprivation focuses more on liabilities or limitations than the assets or strength. For example people with such thought pattern always express their thoughts like, "I am so poor", "I don't know English", "My friends have been to America, I haven't even been to Delhi', etc.

Further the people with the thoughts of irrational injunctions insist on assuming more responsibilities or difficulties. Such thoughts can be understood from their statements like, "I should do more for my family", "I ought to work harder and earn more money", etc.

c) **Unrealistic Assumptions:** This is another dysfunctional way of thinking which causes emotional disturbances to the person. The unrealistic assumptions are expectations or goals which may not be achievable and the person thinks that s/he must or should attain those goals. Failure to attain these goals often lead to ideas of decreased self worth. Some of the examples of unrealistic assumptions are: "Everyone must love me." "I should never fail in anything that I do". "I must stand first in the class". "I must be perfect", "I cannot be happy unless I have a lot of money" etc. Unrealistic assumptions make the person unhappy and bring disturbance in the family.

With regard to the occurrences of such thoughts it must be noted that certain faulty thought processes often occur together. It is seen that depressed persons tend to have a negative view of themselves with their current experience and of the future. As a result of the cognitive distortions, at times, they develop cognitive triad. The cognitive triad is a combination of three negative thoughts together. The person tends to feel hopeless, helpless and worthless. Counsellors need to identify such thoughts and help the client to think rationally.

The Cognitive Techniques

After discussing the patterns of distorted thinking, we will discuss about the techniques used by counsellors in helping the clients with emotional disturbance due to distorted thoughts. The clients having distorted thoughts often come to the counsellors in a miserable state of mind.

As mentioned in the beginning the cognitive techniques in counselling are based on the premise that the way a person thinks can affect the way s/he feels and

behaves. In order to overcome such emotional disturbances and feel better, mental health persons need to change their ways of thinking. Cognitive therapy seeks first to identify dysfunctional thought processes, and next to correct them.

The common characters of the cognitive approach include a collaborative relationship between clients and counsellors, homework between sessions. It will be of short duration. These techniques are effective for treating mild depression, anxiety, and anger problems. Some of the important techniques can be mentioned as rational emotive, cognitive behavioural, reality and transactional analysis.

i) Rational-Emotive

The rational-emotive approach to counselling is based on the theory developed by the American Psychologist Albert Ellis. His theory is that everyone has emotions. But some have emotions which are either too intensive or last too long for their own good. He suggests that intense emotions should last only a few moments and if they are more enduring than this, then the person needs to look closely at his/her way of thinking. According to the theory, which Ellis calls an ABC theory of events and emotions, the events themselves do not cause emotions, it is rather what we learn to believe or think about these events, create the emotions. He further suggests that emotions are so intense that that they interfere with normal life.

The rational-emotive counsellor helps the counsellee to understand how and why his/her thinking is illogical. Further the counsellor demonstrates the relationship between irrational ideas and unhappiness. The aim is to help the person to change the way of thinking and to abandon irrational ideas. This is done by directly contradicting, by encouraging, persuading and at times insisting that the clients try some activity which will counteract. Although the counsellor attacks the beliefs of the client, this approach can be very supportive in helping the client to try new ways of thinking and examining the subsequent emotional and behavioural responses. As in reality therapy, one of the main tasks of the counselling relationship is to encourage and motivate the client for new behaviours.

ii) Cognitive-Behavioural

A common form of insight therapy is Cognitive Behavioural Therapy. This therapy looks at changing negative thought patterns and maladaptive beliefs. Maladaptive beliefs are ideas about oneself that may not necessarily be true, but still have a negative impact on their wellbeing. Cognitive Behavioural Therapy is one of the most common forms of counselling. For the behaviourist, counselling involves systematic use of a variety of procedures that are intended specifically to change behaviour in terms of mutually established goals between a client and a counsellor. The procedures employed encompass a wide variety of techniques drawn from knowledge of learning processes. A well known leader in psychology, John D. Krumboltz (1966), historically placed these procedures into four categories, viz. Operant Learning, Imitative Learning, Cognitive learning and Emotional learning.

The cognitive-behaviourists helped popularise behavioural methods of skill practice and homework assignment. Behaviourists believe that stating the goals of counselling in terms of behaviour that is observable is more useful

than stating the goals that are more broadly defined, such as self-understanding or self-acceptance. This means that counselling outcomes should be identifiable in terms of overt behaviour changes. Three examples of behavioural change appropriate to counselling are the altering of behaviour that is not satisfactory, the learning of the decision-making process, and problem prevention (Gibson:2008). In many ways, practicing behavioural counsellors follow an approach similar to that of other counsellors in clarifying and understanding the needs of their clients. They use reflection, summarization, and open-ended inquiries. Behavioural counsellors however, take a more directive role rather than many counsellors in initiating and directive therapeutic activities. Sessions tend to be structures and action oriented. Behavioural counsellors often take on roles of a teacher or a coach.

iii) Reality Therapy

Another technique of counselling that has gained popularity in recent decades is that of Reality therapy. It was developed by William Glasser, an American psychiatrist. Reality therapy holds that people are responsible for their behaviour. Glasser believes that man's basic problem is moral, in the sense that being responsible is the requirement for mental health. He defines responsibility as 'the ability to fulfill one's needs and to do so in a way that does not deprive others of the ability to fulfill their needs'. Sometimes, counsellors identify that the person seeking help has feeling of failing in his/her responsibility. The way to help the people with such feeling of failure is to involve them, through the counselling relationship, in behaviour which will lead them to success.

Reality therapy is based on the person's need for love and constructive activity. The counsellor by understanding present activities of the client helps him/her to plan better choices and obtain a commitment to work towards those choices. This technique, guides the client towards making those choices of behaviour which help them to move in the direction of successful involvement with others.

iv) Transactional Analysis

Transactional analysis is another cognitive-behavioural technique. It assumes that a person has the potential for choosing and redirecting or reshaping one's own destiny. Eric Berne did much to develop and popularize this theory in the 1960s. It is designed to help a client review and evaluate early decisions and to make new, more appropriate choices.

Transactional analysis places a great deal of emphasis on the ego, which consists of three states: Parent, Adult, and Child. Each of these states can take charge of the individual to the point that his or her observable behaviour indicates "who's in charge" (Adult, Parent, or Child). When one of the three ego states is unwilling to relinquish its control and asserts it rigidly, especially in inappropriate ways, the client is in difficulty and in need of psychological assistance. The client is assisted in gaining social control of his or her life by learning to use all ego states appropriately. Transactional analysis views normal personality as a product of healthy parenting. (I am OK, You're OK). The ultimate goal of counselling, by using transactional analysis, is to help the client change from inappropriate life positions and behaviours to more productive behaviours.

'An essential technique in transactional analysis is the contract that precedes each counselling step. This contract between the counsellor and the counselee is a way of training or preparing a person to make his/her own decision. In addition to the contract technique, transactional analysis also utilizes questionnaires, life scripts, structural analysis, role-playing, analysis of games and rituals, and "stroking" (reinforcement). Although not a counselling technique, transactional analysis sessions are tape recorded in their entirety.' (Gibson:2008, p 140). Transactional analysis is basically a procedure for counselling persons within a group setting.

Check Your Progress I

Note: Use the space provided for your answer.

1) What is the basic concept of cognitive technique?

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2) What are the faulty thinking patterns under the category of cognitive distortions?

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3) Briefly discuss any one cognitive technique of counselling.

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4.3 THE PSYCHOANALYTICAL TECHNIQUES IN COUNSELLING

Having discussed the cognitive techniques of counselling we will now discuss the psychoanalytical techniques in counselling. Prior to discussing the psychoanalytical techniques, let's first understand its theoretical basis and basic premise on which this technique is based i.e. psychoanalysis.

Basic Concept

Psychoanalysis is a system of psychology derived from the discoveries of Sigmund Freud. Psychoanalytic theory views the personality as divided into three major systems; the id, the ego, and the superego. The id is inherited and thus is present from birth. The id is believed by many to work on the pleasure principle and provides the drive for the pursuit of personal wants. The ego is viewed as the

only rational element of the personality. The ego also has contact with the world of reality. Because of this, it controls consciousness and provides realistic and logical thinking and moderates the desires of the id. The Superego represents the conscience of the mind and operates on a principle of moral realism. It represents a person's moral code, usually based on one's perceptions of the moralities and value of society. As a result of its role, the superego in a sense is responsible for providing rewards, such as pride and self-love, and punishments, such as feelings of guilt or inferiority to its owner.

Thus the superego is most aware of the impulses of the id and seeks to direct the ego to control the id. As a result, psychoanalytic theory views tension, conflict, and anxiety as inevitable in humans and that human behaviour is therefore directed toward reduction of this tension. In order to handle this tension, conflict and anxiety the mind uses certain unconscious processes called ego defense mechanisms. Everybody uses such defence mechanisms. Some ego defence mechanisms are termed mature; they promote adaptation. Other defence mechanisms are dysfunctional; they predispose to psychological or interpersonal maladjustment.

Defense mechanisms and psychoanalytical techniques

In order to have more clarity, while discussing the psychoanalytical techniques, let's discuss some of the commonly employed dysfunctional defense mechanisms.

a) **Projection:** It is about ascribing ones own thoughts, feeling and impulses to others. For example, a person who is untrustworthy tends to think that others are untrustworthy. It is one of the most frequently and commonly used defense mechanisms.

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

c) **Acting Out** is the immature expression of emotions because of a failure to keep them under adequate check. Example of such defence mechanism is a person who shouts at the drop of a hat, slams doors, easily dissolves into tears, or otherwise highly demonstrative.

d) **Passive aggressive behaviour** is the display of resentment in subtle forms. A woman, who is angry with her husband, may prepare dishes that he positively dislikes. Forgetting, coming late, failing to comply with instructions, etc. are other ways of showing resentment in non-obvious and non-aggressive ways. Passive aggressive behaviour is shown by persons who, by virtue of their personality or their position, are unable to show their resentment openly.

e) **Regression** is returning to an earlier form of behaviour or stage of development. This usually occurs when the more mature or appropriate behaviour is blocked by feelings of uncertainty, anxiety, fear, conflict, or lack of reward. This can be seen in terms of the exhibition of childishness, helplessness, or immature behaviour.

f) **Identification** is the manifestation of behavioural patterns that unconsciously imitate those of the significant other. Identification gives one satisfaction or compensation by identifying with others and their achievements. For example,

an aggressive, violent-tempered young man may have unconsciously absorbed the behavioural characteristics of his punitive father.

g) **Displacement** represents movement away from one object to another that is less threatening or anxiety producing. A common form of displacement is sublimation, wherein unacceptable urges may be channeled into more acceptable behaviours. Displacement takes place when a person vent out feelings and frustrations not in the situation in which they arose, but in other situations. A classical example is: 'The boss reprimands a person. He man shouts at his wife. The wife punishes the son. The son kicks the dog and the dog bites the cat.' Each individual in the chain cannot show anger and frustration to the person who provoked the anger; and so, takes it out on another who cannot retaliate. The feelings are thus 'displaced'.

h) **Rationalization** is a commonly practiced defense mechanism that seeks to justify or provide a seemingly reasonable explanation to make undesirable or questionable behaviours appear logical, reasonable, or acceptable. It is frequently used to modify guilt feelings because the valid or true explanation for the behaviour would produce feelings of guilt or anxiety. Rationalisation is dysfunctional when it leads to the repeated making of excuses for failures instead of taking corrective measures.

The counsellor must be alert to the possible role of various dysfunctional defence mechanisms in the client's problems. His/her role is one of helping the client to understand and correct these maladaptive responses to stress. In the psychoanalytical context, then, reducing tension becomes a major goal of counselling. Because personality conflict is present in all people, nearly everyone can benefit from professional counselling.

Psychoanalytic theory usually views that client being weak and uncertain, need assistance in reconstructing normal personalities. The counsellor is in the role of the expert who facilitates or directs this restructuring. The client is encouraged to talk freely, to disclose unpleasant, difficult, or embarrassing thoughts. The counsellor provides interpretation as appropriate, attempting to increase client's insights. This in turn may lead to working through the unconscious and eventually to achieving the ability to cope realistically with the demands of the client's world and society as a whole. In this process, among the techniques the psychoanalytic counsellor may employ, are projective tests, play therapy, dream analysis, and free association.

Some of the Psychoanalytic Techniques

As we mentioned above, psychoanalysis is mainly interested in exploration of the unconscious mind. It strives to probe into the deeper part of the psyche and get to those issues that were not resolved during cognitive development. It does not aim simply to uncover these issues, but rather to understand and experience them so that a change in character can occur.

It involves analyzing the root causes of behaviour and feelings by exploring the unconscious mind and the conscious mind's relation to it. Many theories and therapies have evolved from the original Freudian psychoanalysis which utilizes free-association, dreams, and transference, as well other strategies to help the client know the function of their own minds. One thing they all have in common is that they deal with unconscious motivation. Traditional analysts have their clients

lie on a couch as the therapist takes notes and interprets the client's thoughts. Usually the duration of therapy is lengthy. However, many modern therapists use psychoanalytic techniques for short term therapies.

In this respect, it applies specific techniques or methods. We present some of the techniques in the following paragraphs.

1) **Free Associations Method** - This method replaced hypnosis in Freud's therapy. It consists of gathering the free associations produced by the patient during the cure. These associations points to the inner conflicts and repressed drives included in neurotic symptoms. It relied on Freud's belief in psychic determinism. According to that perspective, psychic activity is not subordinated to free choice. All that ones mind produces have unconscious roots. This can be reached by means of free associations, following the model provided by the adage "all roads lead to Rome".

   This method is the golden rule of the psychoanalytic therapy. Let us see how it works. Lying on a couch (a position imposing a certain state of relaxation), the patient speaks freely of anything that may cross his/her mind, without searching for some specific subject or topic. The flow of his/her thoughts is free, and followed with no voluntary intervention. The important thing is that the critical mind does not intervene to censor spontaneous thoughts. We truly have the drive to censure the products of our thinking, starting from various criteria: moral, ethical, narcissistic, cultural and spiritual. The method of free associations demands one to temporarily give up intellectual censorship and freely speak about any thought.

   Later analysis of thoughts produced by means of the above-mentioned method reveals certain repetitive topics indicative of psychic complexes of emotional charge. These complexes are unconscious. They are autonomously activated by chance verbal associations, and influence conscious psychic life in a frequently dramatic manner. The task of psychoanalysis is to bring such complexes to the surface of conscious mind, and integrate them into the patient's life.

2) **The Interpretation of Faulty Acts (Freudian Slips and Mistakes)**

   This is a remarkable contribution of Freud to the exploration of the unconscious. For most of us the so-called "faulty acts" - as for instance lapses, slips of all kinds - have no contextual significance for our psychic life. Freud is the first to detect the significance of the faulty acts, starting from the premise, acknowledged in practice, of the determinism of all the psychic processes.

   These are the symptomatic acts, the most frequent one being to play with the wedding ring on your finger. These acts indicate serious unconscious drives that are revealed only after a thorough analysis. Common mistakes such as forgetting names, projects or book titles, pronunciation errors, when instead of saying the word we want to say we say another one, writing errors - when we write something else than what we had intended. There are many slips and mistakes of this type - generally called lapses - studied and analyzed by Freud in order to prove they are not hazardous but meaningful acts.

3) **The Interpretation of Dreams** - Dream interpretation was developed by Freud as an irreplaceable means to access the unconscious. The first dream ever interpreted in Freud's style is the Irma's injection published in the Interpretation of Dreams (1900). Dream analysis, in psychoanalysis, provides the possibility of deciphering the mystery of neurotic disorders, specifically hysteria, and secondly, it opens the road towards unconscious.

   Working with his patients, Freud invented the method of free associations in order to explore their unconscious. The same method, with a few minor modifications, also applies to the interpretation of dreams. The modification consists of the fact that the associations are no longer free and spontaneous, but connected to the themes that form the content of the dreams. But even in this case, the dreamer has to allow him/her to be led by his/her associations without deliberately interfering in his/her course, without selecting or choosing something special.

   The main features of the Freudian method are that the dreams are interpreted only with the help of the dreamer's associations. The interpretation consists in the transformation of the manifest content into the latent one. Dreams express repressed wishes; dreams are interpreted on the object level, on the base of the relationship of the dreamer with persons or situations from his outer, social, life. Dreams are restricted to traumatic events from the dreamer's childhood and the interpretation of dreams concerns only the practice of analysis in the therapeutical environment.

4) **The Interpretation of Symbols:** Symbols occur in dreams, phantasies, fairy tales and other products of popular art, and they may be interpreted in the same way as dreams. Freud claims that most of such symbols are sexual. Freud defines the symbol as a comparison where the compared term disappears. If one compared, for example, a snake with a staff, when the compared object - the snake - is no longer specified, only the staff which could be a symbol for the snake is considered.

   The relationship relies on the transference and the projection of the client of the counsellor. They also seek to enable the client to deal with impulsive and irrational behaviour and to cope with anxiety. Thus, this leads to a greater sense of self-awareness and hopefully more successful relationships.

The therapist also tunes in to the client's resistances and interprets dreams and free-associations to get an overall picture of what the client's problems may be. It is hoped that increasing the client's awareness will encourage them to change, though it is up to the client to want to change. The therapist's interpretation can therefore be seen as being not as important as the client's willingness to change.

Check Your Progress II

Note: Use the space provided for your answer.

1) What is the basis of psychoanalytic techniques?

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2) What are the commonly used defence mechanisms?

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3) Briefly explain any two psychoanalytical techniques?

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4.4 LET US SUM UP

After going through this unit one gets to know about the cognitive and psychoanalytical techniques in couselling. One would have become aware of about when and how to make use of these techniques. Two more important techniques commonly used in counselling were also discussed the cognitive techniques and psychoanalytical techniques. The cognitive techniques in counselling focuses on correcting faulty ways of thinking and the psychoanalytical techniques in counselling is about tackling ego defense mechanisms. Now one will be able to highlight the basic concepts and applications of these two techniques in the process of counselling.

4.5 KEY WORDS

Acting out : This is an ego defense mechanism whereby tensions are dissipated by the free expression anger and other emotions arising from conflicts.

Altruism : This is an ego defense mechanism whereby feeling of unhappiness and guilt are reduced by doing good to other.

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

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

Circularity : This is the situation in which one problem in the client's life generates and maintains another, and vice versa.

Cognitive distortions : These are maladaptive thinking patterns that distort reality in a negative way, and make persons perceive the world as being more hostile than it actually is.

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

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

Denial : This is an ego defense mechanism whereby we minimize stress by unconsciously pretending that the stress does not exist.

Displacement : This is an ego defense mechanism whereby feelings and frustrations are expressed upon uninvolved individuals rather than upon the individuals who evoked those frustrations.

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

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

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

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

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

Identification : This is an ego defense mechanism characterized by an unconscious imitation of the behaviour of others.

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

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

Magnification : This refers to making mountains of molehills.

Minimization : This refers to the undervaluation of positive attributes.

Over-generalization : This is the drawing of general conclusion based upon a limited event.

Passive aggressive behaviour : This is an ego defense mechanism whereby resentment is expressed in subtle and indirect ways.

Projection : This is an ego defense mechanism whereby we ascribe to others thoughts, feelings and impulses that arise in ourselves.

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

Rationalization : This is an ego defense mechanism whereby excuses are made for errors, failures or other frustrations and conflicts.

Regression : This is an ego defense mechanism whereby conflicts are handled through childish behabiour and helplessness.

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

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

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

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

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

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

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

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UNIT 5 PRACTICAL ISSUES INVOLVED IN COUNSELLING

*Renu Sharma

Contents

5.0 OBJECTIVES

The purpose of this block is to help you to understand the basics of counselling. In line with the above requirements, the process of counselling along with various supportive and behaviour techniques were discussed. In the last unit of this block, we shall discuss some practical issues that are associated with counselling. After completing this unit, you will be able to know:

- the practical arrangements for counselling;
- handling of difficult situations;
- what are the common problems to pay attention to; and
- other practical issues of counselling.

5.1 INTRODUCTION

Counselling is a unique helping process that allows the client an opportunity to learn, feel, think, experience and being about changes in ways that are socially desirable and personally beneficial. Most clients enter the counselling relationship voluntarily and in some cases through referral services. Although, some clients typically expect the counsellors to find solutions to their difficulties, the counselling relationship is actually collaborative: client and counsellor work together towards achieving the goals of counselling. To facilitate the achievement of the goals of counselling, the counsellors use learning and interpersonal relationship to establish conditions favourable to client change. In this unit, we shall try to explain some practical issues that are associated with counselling. This will enable you to understand the practical arrangements required for counselling and how to handle difficult situations.

*Dr. Renu Sharma, Nirmala Niketan

5.2 PRACTICAL ARRANGEMENTS FOR COUNSELLING

The Client

Counselling is providing guidance and support to those with psychological problems that are personal or interpersonal in nature. When the problems are personal, the individual is the focus of counselling. However, at times the problem could be inter-personal in nature. At such times, the group to which the individual belongs can also profit from the counselling sessions and thus be included. For example, when counselling an alcoholic, it is important to counsel his family also.

Thus, when problems are interpersonal, the group becomes the focus of counselling. However, individuals in the group may also benefit from independent counselling. For example, during the process of marital counselling sessions, it may be that one spouse requires special sessions separately.

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

Place to Conduct Counselling

Counselling is a formal process and should ideally be conducted in a formal setting, such as a counselling centre, hospital, or some other appropriately designated place. Unless the circumstances are exceptional, counselling should never take place in domestic premises or any public place for various reasons. Counselling should not take place in any situation in which frequent interruptions or disturbances disrupt the continuity of the session.

Counselling should not take place where privacy is likely to be violated. A client, for example, will not feel comfortable if other persons are present in the counselling room, even if the other persons are busy with their own work.

Seating Arrangement during the Sessions

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

Payment of Fees

The disadvantage of free counselling is that clients take the services less seriously as they do not have to pay for them. In such situations, paradoxically, utilizing free services harms rather than benefit the client. Thus ideally a counsellor should charge the client. The charges depend whether the counsellor sees the client in his private practice or is part of a service rendered by a non-government organization where charges are fixed by the organization or other settings where fees are decided upon.

Duration of Counselling Session

Counselling sessions are commonly 50 minutes to an hour in duration. Sessions that are shorter may not be adequately therapeutic and sessions that are much longer than an hour may be tiring for both the client and the counsellor and lose out on its profitability quotient. In crisis situations, extended sessions may be helpful. A follow-up session may be for shorter duration.

Frequency of Sessions

The frequency of sessions depends on the seriousness of the problem faced by the client. In crisis situations, frequent sessions may be required for as long as the crisis exists and if the client is highly stressed. In problems that have been in existence for months or years, once a week sessions may sufficient.

A common practice is that sessions are conducted more frequently initially (e.g. 2-3 times a week) and less frequently subsequently (e.g., once a week). Once the goals of counselling have been met, follow-up sessions should be carried out. These could take place from once a fortnight to once a month.

Number of Sessions Required

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

5.3 HANDLING DIFFICULT SITUATIONS

Client find it difficult to open up in therapy

The counsellor should create an atmosphere and have genuine attitudes of kindness, patience and understanding. The counsellor who finds that the client is not willing to open up could help such clients by talking about neutral issues, such as education, likes and dislikes, friends etc. The counsellor should approach the problem areas, such as family or love life, with tact. As the client begins to feel more comfortable, the counsellor can aim at more specific issues. Moreover, in Indian context counselling is not a recognized profession. Largely, people have negative preconceived notions about counselling and it is not an accepted aspect. This creates the biggest problem in developing a workable relation with clients.

Addressing silences during counselling session

Silences may mean several things. It could mean

- The client may have finished what he had to say.
- He may be thinking of what to say next.
- He may be experiencing a mental block.
- He may be reluctant to discuss the issue further.
- He may be overcome by feelings.
- He may be considering some important thoughts which have just occurred to him or which the counsellor might have suggested.

- He may want some reassurance from the counsellor concerning an issue which has just been discussed and
- He may be feeling hostile towards the therapy or the counsellor.

In such situations, the counsellor should decide which one of these possibilities is likely to be experienced by the client. The counsellor can reflect with the client and find out, what triggered the silence. In some situations, the client may need to be given the opportunity to think his way through. In other situations, the counsellor may need to break the silence, guide the client, or shift to other topics for the moment and return to the critical area later. The counsellor could probe gently with questions such as, "What are you thinking of"? What is to be done depends best on the understanding and judgement on the part of the counsellor based on the situation assessed and faced by him. There is no hard and fast rule that can be applied given the uniqueness of each client and the diverse problems faced by them and the proceedings of the session.

Handling situations where clients cry

Many counsellors find it uncomfortable to attend to clients who begin to cry during a session. Their immediate reaction is to convey to the client "Please, don't cry; it's not so bad". Such a response is inappropriate. Ideally a client's tear should not cause embarrassment to the counsellor. The tears are signs of the client's trust, that he is comfortable revealing it to the counsellor. An appropriate response of the counsellor would be to allow the client to express his emotions, and thus allow the tears to flow. The counsellor should not wait for the client to stop crying. This would draw direct attention to the client's reaction, and could make the client embarrassed for crying. The counsellor could continue with the discussion, using a softer tone. If he considers it necessary, the counsellor may add a sympathetic remark, "This has upset you very' much, hasn't it?

Clients shows an excessive and inappropriate emotional reaction

Sometimes, a client may show emotions, which do not match with the situation. A client may weep without any provocation, or show anger or other emotions to an extent that is greater than what the situation demands or calls for. In dealing with such situations it is usually best to allow the client to run out of steam on their own. Then the counsellor can gently, at the same time firmly, examine the reasons for the outburst and help the client to understand the inappropriateness of the reaction. Sometimes, in certain situations, it may be that the counsellor may wish to abort the expression of emotion. This may be necessary in situations when the emotions appear histrionic or when the emotions appear to be getting out of control or when repeated expressions of emotions interfere with the progress of the sessions.

Counsellor does not know what to do

A counsellor not knowing what to say or do next in the session will sounds silly. However, there are situations when counsellors are stuck for ideas. They do not know what to say or ask, or how to proceed with the counselling session. Some questions that a counsellor could ask to obtain information about the client's problem situation as well as to convey some insightful benefit are as follows:

- Tell me about yourself.
- What do you like about yourself?

- How do you take care of yourself?
- How do you know when you need to take care of yourself?
- Who are the people in whom you confide?
- How do people around you help you?
- How do you allow people around you to help you?
- What makes you happy?
- What do you do to make yourself happy?
- What do you do each day to make you want to get up in the morning?
- How do you indulge yourself?
- What are you not allowed to want?
- What are you not allowed to need?
- What are you not allowed to feel?
- Tell me about a funny side to your problems.
- What can you do about this situation?

5.4 PROBLEMS TO PAY ATTENTION TO

Few problems that a good therapist must learn to guard against are briefly discussed

Transference

During the process of counselling as issues are worked upon and the clients share personal details, the clients sometimes develop attitudes towards the counsellor that they hold or held towards some significant others in their lives. For example, a client may perceive the counsellor's concern and support as that arising from their parent or a client who may perceive the counsellor's *tact* guidance as reproof, reminiscent of a critical spouse. This reflection of attitudes that the client develops and expresses towards the counsellor is called transference. Transference may become apparent from a change in the client's personal attitudes towards the counsellor.

Transference can be either positive or negative. When the counsellor is perceived as someone good, it's a positive transference and when he is not very much favored then it is perceived as a negative transference. Transference, in general, should be discouraged because it can interfere with therapy, or make the client dependent on the counsellor.

Thus, counsellors should become aware of this phenomenon to prevent from abiding to a role imposed by the client as it could make the client dependent and can interfere in bringing about therapeutic changes in the client. The client's attitudes towards the therapist can directly be discussed where a strong transference phenomenon is observed.

Counter-Transference

Just as transference phenomenon happens on the part of the client, counter-transference is the attitude that a counsellor develops towards the client in the process of the therapeutic alliance. This attitude that the counsellor develops towards

the client are the attitudes held or hold towards some significant other in his life. For example, a counsellor may perceive a client to resemble his daughter/son, or his spouse. Counter-transference too can be positive or negative depending on the way the client is perceived, whether favorably or unfavorably.

Counter-transference can interfere with therapy because it can create a lot of bias into the counsellor's judgement. A counsellor can identify counter-transference when he perceives that his attitudes towards the client have inexplicably changed. Counsellors should make all possible efforts to prevent the development of counter-transference.

Dependence

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

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

Resistance

Resistance is the phenomenon wherein the client unconsciously and indirectly does not bring forth the changes sought. He fights against the progress of therapy. Resistance occurs as client finds it hard to make the desired behavioural changes, or because the issues being probed awake deep frightening emotions.

Resistance is demonstrated in many ways. It could be missing sessions, coming late for appointments, showing restlessness, prolonged silence, being inattentive during sessions, making superficial responses rather than examining issues with the thoroughness that the counsellor requests, etc. Resistance can be best dealt by directly examining the observable behaviours and examining the unconscious underlying motives.

External Interference

In some cases the clients may be too much influenced by others, that is, significant others in his life. Thus, external interference from various sources can hinder the course of counselling. For example, significant others in the client's life may offer contradictory counsel, or may be responsible for stressing the client in ways that undermine the course of therapy. The counsellor must be aware of such interfering influences, and must handle the situation as appropriate to the context.

Omniscience and Omnipotence

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

- I have completely understood the client and his problems.
- This is an open and shut case.
- The problem is a straightforward one, and the solution is simple.
- I know what is best for the client.

Such thoughts the counsellor needs to become aware of. There are chances of it being wrong. These thoughts tend to affect the quality of the therapeutic alliance and also the potential of the counsellor.

Check Your Progress I

Note: Use the space provided for your answer.

1) What does a counsellor do when client shows an excessive and inappropriate emotional reaction?

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2) How long should counselling session last?

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3) What is Counter-transference?

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5.5 OTHER PRACTICAL ISSUES

The following steps provide a good structure for each session to be conducted:

1) Summarize what was dealt with in the previous session.
2) Discuss the behavioural outcome of the previous session.
3) Discuss the assignments given during the previous session.
4) Review the previous sessions, if necessary.
5) Set the agenda for the current session.
6) Proceed with the current agenda.
7) Sum up the current session.
8) Set assignments for the inter-session interval.
9) Set a tentative agenda for the next session.

Homework Assignments

Assignments are practical exercises, which the counsellor sets and agreed upon by the client, which is to be executed by the client in the interval between sessions.

Assignments can be introspective exercises. For example, a counsellor may instruct the client to think of all possible explanations for his inability to overcome shyness when talking with his age-mates. Such assignments can be delivered verbally or in writing. Writing is more affective as it reflects the thoughts and records in paper. This helps client to think more clearly.

Assignments could be behavioural exercises. For example, a counsellor may instruct the client to go and talk to five unknown persons belonging to the person's age group in an attempt to reduce his shyness. Assignments are important because they give information, they force the client to introspect or implement behaviour change and because the process of therapy is continued in between the counselling sessions.

Recording of Sessions

At the end of each session, the counsellor should make detailed notes that summarize the content of the session. A brief plan for the next session should also be outlined. The purpose of these notes is to record the progress of therapy, to facilitate the recall of the case material, and to facilitate the structuring of the next session. These recordings help the counsellor to introspect and explore the client's situation, reflect upon his responses as a counsellor and examine the possible help that can be offered by him.

These recordings have to be kept and maintained in total confidentiality in keeping with the code of ethics.

Drop-Outs

There are times when clients stop coming for therapy. Dropouts occur for one or more of several reasons

1) The client is unwilling to undertake the changes suggested during counselling.
2) The client finds counselling unhelpful or inconvenient.
3) The client finds counselling no longer necessary because the problem has been solved.
4) Other reasons such as too high fees, other inconveniences, not taken favorably towards the counsellor etc.

The number of clients at any given point in time

A counsellor is at ease seeing not more than 5-6 clients per day in sessions of 40-50 minutes duration. This is because counselling involves mental work and therefore taxing and can decrease professional efficiency as well as predispose the counsellor to burn-out. Having too many clients in ongoing therapy could be confusing- the counsellor may mix up details across clients and a too heavy caseload may compromise on the counsellor's commitment to individual clients.

Supervision in counselling

Counsellor can discuss their cases with a colleague, preferably on a session-to-session basis, if needed. In some centres, group discussions of case material could be held. These discussions provide the counsellor with ideas for conducting future sessions, help to see the case from a different perspective and help counsellor feel less responsible and guilty if the client fails to benefit. There is also a need for a system where young counsellors receive mentoring in a supportive way.

Counselling can be harmful

Counselling can be harmful if the counsellor is not confident to handle the case or the case situation is of such a type, which is not under the counsellor's skills or expertise. In such cases it would serve best to refer the clients to other appropriate counsellors. A letter of referral stating the name and a few important personal details alongwith the problem could be given to the client to be handed to the appropriate authority.

Counselling can be harmful for the counsellor too

Taking any vocation too seriously can interfere with personal and family functioning. There is one problem, which can specifically affect counsellor's burnout syndrome.

The burnout syndrome is a highly stressful emotional state, which interferes with emotional, personal, interpersonal and occupational functioning. The impaired emotional functioning can be characterized by

- Loss of enthusiasm and motivation;
- Anxiety;
- Depression;
- Boredom;
- Pessimism and cynicism.

The impaired personal functioning can be characterised by

- Fatigue;
- Laziness, Sloppiness;
- Loss of Originality and Creativity;
- Vulnerability to alcoholism and psychosomatic disorders, etc.

Impaired inter-personal functioning may be characterized by

- Irritability;
- Decreased concern and caring;
- Family disharmony and withdrawal, etc.

Impaired occupational functioning may be characterized by

- Decreased efficiency;
- Absenteeism;
- Procrastination;
- Working to rule;
- The desire to quit etc.

Overcoming burn-out

- Do not have too many clients in a day.
- Take breaks between sessions.
- Discuss cases with a colleague so that the responsibility is shared.
- Stay emotionally detached from the lives of clients.

- Do not take counselling failures personally. If a client does not improve with counselling, it does not reflect upon your competence.
- Have a healthy social and family life. Do not carry caseload home.
- Have a healthy leisure life.
- Use various ways to relax.
- Meditation and breathing exercises.

Check Your Progress II

Note: Use the space provided for your answer.

1) How can counsellor deal with burnt-out syndrome?

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5.6 LET US SUM UP

Counselling should ideally involve the client and important others in the family who are significantly involved in his/her problems. Counselling should be conducted in a formal environment with both counsellor and client comfortably seated. Sessions are commonly 50-60 minutes in duration and shorter during follow-up. The frequency and number of sessions differs for each client. Counsellors need to become adept at handling difficult situations such as those in which the client has difficulty in talking, silences during session, client crying or expresses strong emotions.

Counsellors need to guard against situations such as a transference, dependence, and counter transference. Counsellors should stay alert to the possibility of external interference with therapy.

Counsellors are to carefully record the counselling sessions and seek supervision wherever needed. Only if the counsellor is skilled and confident should take up a particular case or else more harm would be done in the name of counselling by the counsellor. The counsellor should take appropriate care of self to prevent succumbing to burnout syndrome.

5.7 KEY WORDS

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

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

Counter-Transference : This is the situation in which the counsellor experiences feelings towards the client that he feels or felt towards some other significant persons in his life.

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

Resistance : This is the phenomenon wherein the client indirectly and unconsciously fights against the progress of therapy.

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

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

5.8 FURTHER READINGS AND REFERENCES

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