Counseling

Learning Objectives

- Define counseling
- Describe common counseling models & approach in primary care settings
- Exercise some counseling intervention skills & strategies depending on the presenting problem.

CONTENT

- **Introduction**
- **Definition**
- **Indications**
- **Who is the counselor?**
- **Time and Setting**
- **Counseling Models/Approach**
- **Conclusion**

HISTORY
1920 in USA by Carl Rogers

- The term emerged in reaction against psychoanalysis and psychotherapy. When Roger started working as psychologist in America, he was not permitted to practice psychotherapy and called “counseling.”
- Carl Rogers named his work from *Parsons* (doing vocational counseling developed as a part of radical community action program).
- Rogers started counseling center movement to democratize talking therapist by emphasizing the importance of the clients contribution with enabling the client to achieve his/her own improved well-being.

WHAT IS COUNSELING?

- By dictionary it means to give advice or even to recommend.
- Help someone resolve personal, social, or psychological problems.

(Persall 1998)

- More detail, process undertaking in a professional sitting by which a certain client is helped to examine his/her own responses to a problem seek his/her own solutions and put this into effect
- The skilled and principled use of relationship to facilitate self- knowledge, emotional acceptance and growth and the optimal development of personal resources.

Aim of Counseling

- Helping the patients understand and accept themselves “as they are”, And counseling is to help the patient to help him/herself.
- To enable the client to discover and build on his /her own wisdom rather than have wisdom imparted to them from the counselor.
- Counselors don’t normally give advise (BA of Counseling 1997)

INDICATIONS FOR COUNSELING

There is evidence to suggest that a wide range of problems may respond to counseling.

- Family and other relationship e.g. marital , Mental and emotional illness such as anxiety depression, Addictive behavior such as drug and alcohol abuse.
- Preventive measures e.g. smoking, cessation , diet, immunization and anti-natal care
- Unpleasant forms of treatment e.g. colostomy, mastectomy
- Chronic illness e.g. Diabetes Mellitus

Who will benefit from counseling?

- Bereavement.
- Recovery from trauma.
- Terminal illness.
- Coping with illness or stressors.
- Stress management.
- Alcohol or drugs.
- Sexual problems.
- Family planning.
- HIV/AIDS.
- DECISION-MAKING.

Who is unsuitable for Counseling

- Person who does not want counseling
- Someone who has no insight
- People with undiagnosed clinical conditions
- Person who consistently externalized problems into other people

Characteristics of counseling and psychotherapy

Counseling:

1. Educational

2. Situational

3. Problem-solving.

4. Conscious awareness.

5. Emphasis on working with people How do not have severe or Persistent emotional problems.

6. Focus on present.

7. Shorter length of contact

Psychotherapy:

1. Reconstructive

2. Issues arising from personality

3. Analytic

4. Preconscious and unconscious

5. Emphasis on neurotics or working With persistent and/or severe Emotional problems

6. Focus on past

7. Longer length of contact

WHO IS THE COUNSELOR?

- Counseling carried out by many different people, professional and even lay with different degrees of specific preparation and training.
- There is a different schools who is concentrate on a particular need e.g. abortion counselor, marriage counselor.
- Other have been accredited by British association for counseling (BAC) which requires 450 hours of training and 450 hours of supervised practice

Time

- Counselors usually allow up to 50 minutes session with clients and the contracts generally last between six to ten sessions.
- Although the problem can be resolved in one or two sessions.

Setting

- The room should be sound proof.
- Measuring about twelve square feet, containing two easy chairs, light to switch before session.
- To see the counselor in the same room each week for the consultation.

Ethics & Standards for Counselors

- **Confidentiality & Patient Autonomy**
  - Ethical and legal requirement.

- **Counseling Supervision**
  - Formative
  - Restorative
  - Normative
  - Perspective

- **Maintaining Personal Boundary Between Counselors & Clients**

Skills And Techniques

Core Conditions

- **Empathy:** Understanding what the client feels and not just what you would feel if you were the client.
- **Genuineness:** Being who you are without pretense or hiding behind the “therapist” role.
- **Unconditional Positive Regard:** Accepting the person for who he or she may be without putting conditions on it.

Skills And Techniques

Attending

- **Physical Attending**: *Posture, eye contact, and general body position that communicates the counselor is paying attention to the patient*
  - Maintain a comfortable distance between you and the patient.
  - Face the patient directly.
  - Establish eye contact.
  - Maintain an open posture.
  - Lean toward the patient.

Skills And Techniques

Active Listening

- *Focusing on all aspects of a patient's expression.*
  - Resist distractions.
  - Listen to the tone of voice.
  - Listen for cues to the patient's feelings.
  - Listen for common cognitive and emotional themes.

Skills And Techniques

Exploration Skills

- **Responding with Empathy:** *Listening and understanding as if you were the patient and then communicating your understanding.*
  - Reflecting content.
  - Reflecting feeling.
  - Reflecting meaning.
  - Summarizing content.

Skills And Techniques

Probes and Questions

- Probing: *Direct or indirect questions to further explore a line of thought.*

- Questioning:

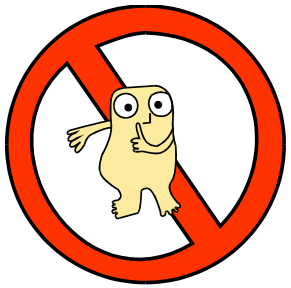
  - Direct Questions: Questions that are to the point.

  - Indirect Questions: Open questions with no question mark at the end.

Skills And Techniques

Silence

- It can be used as an encourager.
- It keeps the focus on the patient.



- It can help the patient absorb what was said.
- It can help the patient collect his or her thoughts for expression.

Skills And Techniques

Self-Disclosure

- *Sharing personal information with a patient*
  - It must be for the benefit of the patient and not the counselor.
  - It can be used as a model to help the patient self-disclose.
  - It should not take the focus off the patient

Skills And Techniques

Directives

- *Instructions given to the patient*
  - Basically it is the counselor telling the patient what to do.
  - The timing in giving a directive is important.

Skills And Techniques

Advising

- *A form of directive.*
  - The advising should not be seen as a command or a demand.
  - Counselors need to take responsibility for the advice they give.
  - Do the advising in such a way as it leaves the patient with the ultimate choice.

Models of Counseling

Psychodynamic counseling (Freud)

concern client's internal relationships with people in that person's development.

Person-centered counseling (Carl Rogers)

understand the effect of past on the client's present experience.

Cognitive behavioral counseling (Trower 1988)

changing the way someone 'self-talks' in order to achieve beneficial changes.

A 3 Stage Counseling Model (Egan 1982)

STAGE 1-Exploring the problem:

Aims:

- Establish rapport /relationship
- Enable patient to explore feelings etc. in order to present and
- Clarify problem (s).

Skills:

- Attending and good listening
- Active listening (reflecting, paraphrasing and summarizing)
- Open questions
- Concreteness /Probing
- Respect/Empathy

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STAGE 2- Understanding The Problem/Defining Goals

Aims:

- Piece together data from Stage 1 to see the "bigger picture"
- Develop new and more objective perspective and better self understanding
- TO SEE THE NEED FOR CHANGE & DIRECTION.

Skills:

- Integrating information
- Challenging (information sharing: advanced empathy; confrontation; self-disclosure).

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STAGE 3 - Facilitating Action:

Aims:

- Defining realistic goals
- Implementing effective change

Skills:

- Goal and strategy setting
- Facilitating action (immediate preparation; support & challenge)
- Evaluation (of participation; of goal of strategies)

Common Counseling approach in PCC

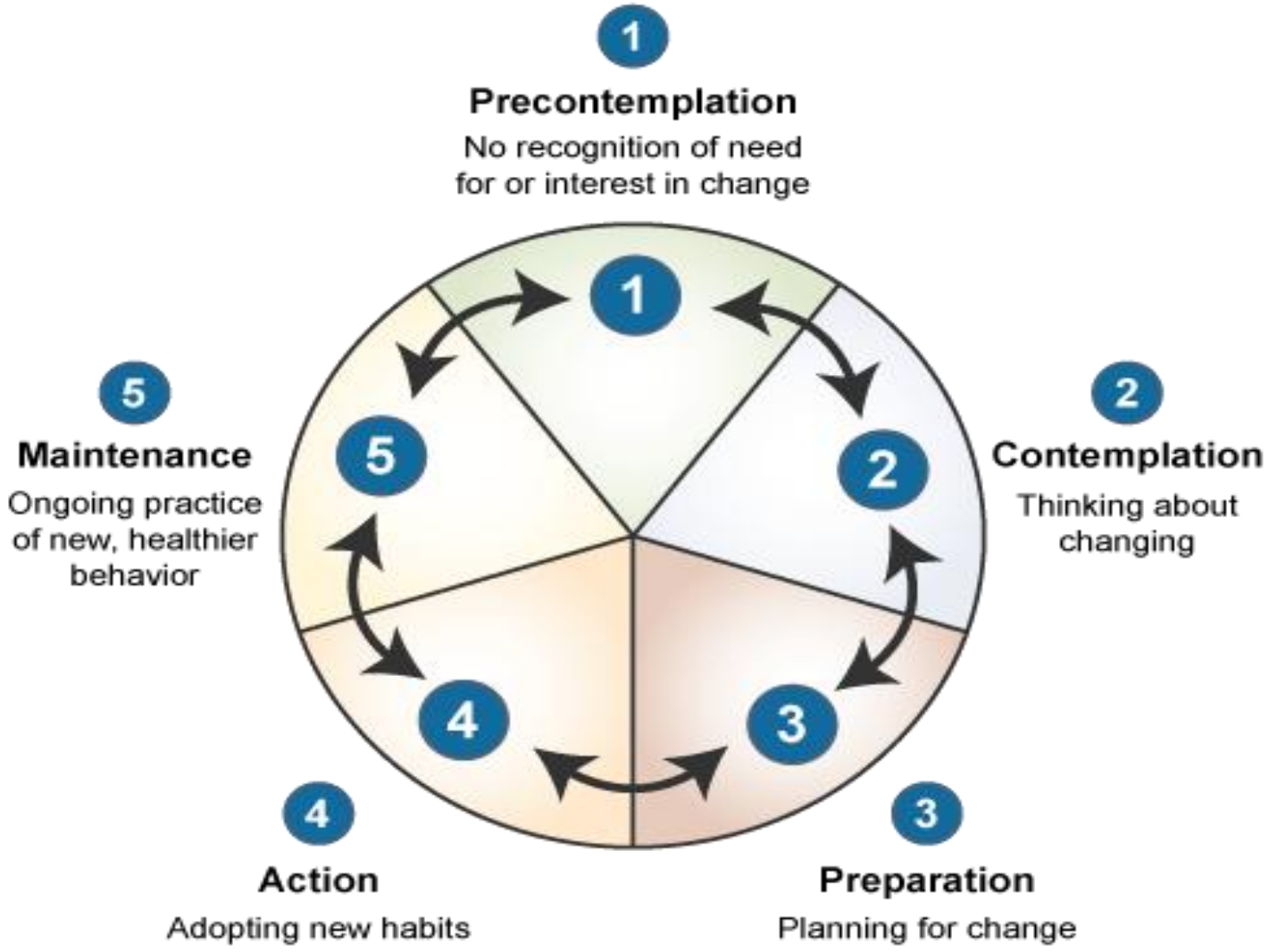
Table 1. Approaches to Counseling in the Primary Care Setting

Counseling approach	*Problem type*	*Patient characteristics*
Five A's	Health risk behavior	Highly responsive to medical authority; benefits from education alone with concrete plan
FRAMES	Health risk behavior	Requires objective evidence to consider change; benefits from emotional support and recognition of personal strengths
Stages of change (transtheoretical model)	Specific behavior (positive or negative)	May be at various stages with respect to readiness for change; needs to consider pros and cons of changing
Motivational interviewing	Applies to specific behavior; however, range of behavior is broad	Highly ambivalent, at best, about change; core values and behavior often are inconsistent; responds to empathy
Problem-solving therapy	Anything that can be formulated as a "problem"	Able to view life issues from an intellectual perspective; not overwhelmed by emotional expression; able to process information sequentially and brainstorm
BATHE*	Any type of psychosocial problem	Reasonable verbal skills; able to meaningfully respond to questions; benefits from emotional support

BATHE = background, affect, troubles, handling, empathy; five A's = ask, advise, assess, assist, arrange; FRAMES = feedback about personal risk, responsibility of patient, advice to change, menu of strategies, empathetic style, promote self-efficacy.

**—Developed specifically for family physicians.*

Stages of changes (Trans-theoretical)



Case Scenario 1

A 23 year old university student, known to have bronchial asthma on ventolin

He is smoking 1 pack/day for the last 5 years. However he had previous history of failed quitting attempts.

Case Scenario 1

- **Discuss behavioral change stages? What is his current behavioral change?**

- **Discuss your general approach for smoking cessation?**

Stages of changes (Trans-theoretical)

- **Pre-contemplation**: (No intention to take action within the foreseeable future (next 6 months)
- **Contemplation:** Considering change within the next 6 months
- **Preparation:** Planning to take action within the next month , (May have already made steps toward quit smoking; often concerned about failure)
- **Action:** Actively changing (first 6 months of new behavior)
- **Maintenance:** More than 6 months since behavior change.

5 As

- **ASK:** about smoking status & documented in each visit
- **Advise:** support for smoking cessation should be expressed by the physician, and the benefits of quitting should be discussed
- **Assess:** Willingness to quit and barriers to quitting should be assessed, as well as smoking history and current level of nicotine dependence; patients should be asked about their timeline for quitting and about previous attempts
- **Assist (or refer):** Offer support and additional resources, offer pharmacotherapy
- **Arrange:** Follow-up plans should be set; especially for patients who have recently quit.

Case Scenario 2

A 45 year old female , known to have DM , HTN & osteoarthritis

On examination:

FBS 10.2 mmol/l BP 153/90, BMI 31

Last visit, you have discussed with her lifestyle changes in addition to pharmacological treatment, today she came for further advice.

- **Discuss your approach?**
- **List some important counseling techniques/skills?**

CONCLUSION

- Basic counseling skills can be incorporated into routine consultation and is possible to produce beneficial outcome provided that the attitude and the behavior of the doctor are appropriate.