Objectives:

- Recognize what is counselling
- Appreciate theories and approaches to counselling
- Recognize values in counselling
- Application of knowledge on an examples

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[Color index : Important | Notes | Extra]

❖ What is counselling?

- advice and support that is given to people to help them deal with problems, make important decisions, etc.

- Counselling is an interactive process between the skilled attendant/ health worker/counselor and a client/patient during which information is exchanged and support is provided so that the client, design a plan and take action to improve their health.
- Psychotherapy and Counselling are professional activities that utilise an interpersonal relationship to enable people to develop self understanding and to make changes in their lives.

- Counselling is a structured conversation aimed at facilitating a client's quality of life in the face of adversity. (Doctor like this definition)

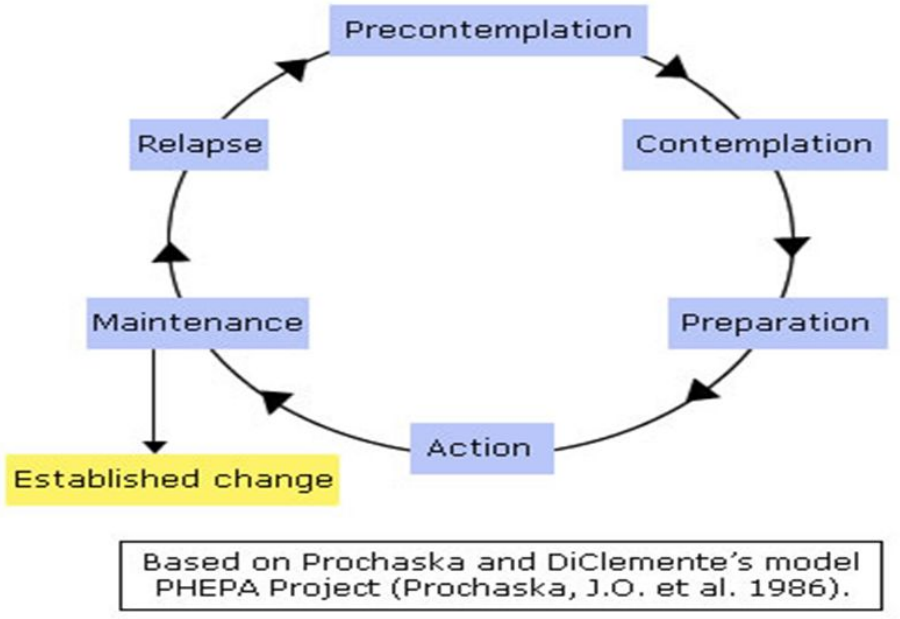
❖ What is the difference between counselling and psychotherapy?

COUNSELLING	PSYCHOTHERAPY
Helps people identify problems and crises and encourages them to take positive steps to resolve these issues.	Helps people with psychological problems that have built up over the course of a long period of time.
It is the best course of therapeutic treatment for anyone who already has an understanding of wellbeing, and who is also able to resolve problems.(no need for professional specialist)	It will help you understand the feelings, thoughts and actions more clearly. -need a psychologist to be done
Counselling is a short-term process that encourages the change of behaviour	Psychotherapy is a longer-term process of treatment that identifies emotional issues and the background to problems and difficulties.

❖ Aims of counselling

1. Help people **understand** their problems better
2. Help people **manage** their problems
3. Help to **empower** clients/patients
4. Help people to **think positively** about their problems
5. Help in **changing behavior** positively

Stages of change



❖ Different approaches / theories:

1. Psychodynamics.
2. **Humanistic:**
    - studies the whole person, and the uniqueness of each individual.
    - encourages self-awareness and self-realization.
    - everyone has a capacity to grow emotionally and psychologically towards personal fulfillment.
    - help people to explore teir own thoughts and work on their solutions.

3. **Behavioral:**
    - environment determines behavior.
    - Is based on the belief that behavior is learned and can be changed.
    - The initial concern in therapy is to help the client analyze behavior, define problems, and select goals.

❖ Phases of counselling:

1. Defining the relationship:

- Introduce yourself/establish rapport.

- Defining the objectives and roles.
- The setting and seating.
- Allow the client/ patient to negotiate.
- Observation skills like (Verbal and nonverbal cues).
- Sensitivity and response to emotions.

2. Gathering information:

- Obtain information about the client/patient.
- Attempted intervention.
- Allow patient/client to talk freely and express himself .
- Use facilitative questions (open-ended).
- Give feedback when appropriate.
- Understand the patient's world.

3. Describing the problem dynamic:

- The formal phase.
- Explain your understanding of the problem.
- Sharing information/understanding.

4. Making intervention and action:

- Counselor is supportive/ agent of change,but non-directive.
- Help the patient/ client to answer the questions:
  - What do I do to solve the problem?
  - How do I make it happen?

❖ Styles of counselling:

1. Directive:

- **Counsellor-centered.**
- The counselor direct the patient/client.
- Allow the counselor to control the situation all the way through.

2. Non-directive:

- **Patient/client-centered.**
- Allow client/patient to tell his story in his own way.
- The role of the counsellor is to create an atmosphere in which the client can express himself more freely.
- Stress on emotional elements and development of insight.

3. Eclectic(selective)/combination:

- **Alternating between patient-centered and counsellor-centered styles.**
- Client-specific (tailored according to situation and client).

❖ Values in counselling:

- Respect.
- Acceptance.
- Respect rights: privacy,confidentiality.
- Respect uniqueness of each client.
- Honesty.
- Refrain from judgment.

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical recommendation	*Evidence rating*	*References*	*Comments*
Primary care counseling leads to short-term benefits for psychiatric symptoms.	B	45, 46	Most studies involved a mental health counselor in a primary care practice; heterogeneous counseling models were used.
Brief alcohol intervention is associated with reduced alcohol use over time.	B	47, 48	Systematic review and meta-analysis; benefit may be more enduring for men; counseling methods included the FRAMES technique.
The five A's technique is effective for smoking cessation.	B	12, 13	Most studies in the systematic review evaluated pregnant women.
Stages of change (transtheoretical model), using individualized patient feedback, is associated with improved adherence to a hypertensive regimen at 12 and 18 months.	B	24	Study relied solely on patient self-report of adherence behavior.
Brief motivational interviewing provided by nonspecialists for substance abuse reduces alcohol and marijuana use.	B	32	Follow-up periods were variable; there was a limited number of marijuana studies.

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.

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to http://www.aafp.org/afpsort.xml.

Table 2. Five A's: A Brief Intervention for Addressing Health Risk Behavior

Five A's	*Physician intervention*
Ask	"How often do you drink alcohol?" "How much do you smoke?" "How often do you exercise?" Administer self-report questionnaire.
Advise	"As your doctor, I strongly recommend that you quit smoking/quit drinking/initiate regular exercise. It is one of the most important things you can do for your health." Briefly describe patient-relevant risks of continuing the behavior and the benefits of changing. Provide written educational material to reinforce your message. Do not admonish the patient.
Assess	"Are you ready to quit drinking/quit smoking/initiate exercise in the next 30 days? I can help you with this change."'
Assist	"Quitting smoking/drinking can be a real challenge. Pharmacotherapy/community resources/spousal support may help." Develop a clearly stated action plan; write it down and make a copy for the patient and for the patient's chart.
Arrange	"I'd like to see you again in two weeks. A nurse will call you next week to see how the plan is going."

Information from references 13 and 14.