

PATIENT COUNSELING

Objectives:

1. Explain the meaning and concept of patients' counseling
2. List three examples of cases where counseling is needed
3. Describe the theories and approaches to counseling
4. Recognize values in counseling
5. Application of the stages of counseling to solve patients' problems

Lecture overview:

- Skills of counseling
- Stages of counseling
- Change cycle
- Barriers of counselling

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References

- Doctor's slides and notes

Important *Notes* *Extra* *Golden*

Editing file [link](#)

Definition:

- “Counselling is a **structured conversation** aimed at **facilitating** a client’s quality of life in the face of adversity.
- Johnson (2000, p.3)
- It is the skilled and principled use of relationship to help the patient develop self-knowledge, emotional acceptance and growth including personal resources.

The aims of counseling:

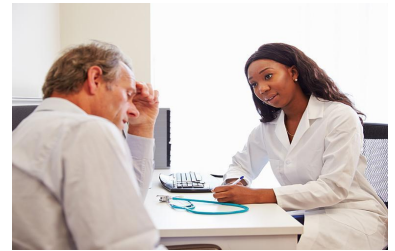
The aims of counseling should always be based in the need of the client, which are:

- To help the client manage their problems more effectively and develop unused or underused opportunities to cope more fully
- To help and empower clients to become more effective self-helpers I. The future (Egan,1998)

Helping is about constructive change and making a substantive difference to the lode of the client.

Values in counseling:

- Respect.
- Acceptance. “Do not judge people”
- Respect rights: privacy, confidentiality.
- Respect uniqueness of each client.”different educational background, ways of thinking ...etc”
- Honesty.



Key skills of counselor:

- Active Listening
- Believing in client
- Recognize your own limitations.
- Patience
- Non-judgemental
- Stay focused
- Knowledgeable.

6 microskills of counsellor:

1. Listen Actively



- **Accept** the clients as they are.
- **Listen** to what your client say and **how they say** it. Notice the tone of the voice ,facial expression and gesture, **eye contact (body language)**
- **Keep silent** sometimes. Give your client to think ,ask question.
- Sit comfortably.
- **Look directly into the client** when they speak ,not on your papers and windows.
- Ensure that you are **continually involved** in the conversation by either “nodding head, saying then or oh

According to communication expert:-

- **60 %** are represented by **body language** (eg- eye contact, body posture etc.)
- 30 % are represented by sounds we make (by minimum verbal)
- 10 % of our communication represented by words.



1. 2. Questioning

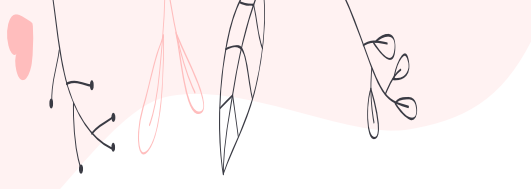
- Ask the question to understand clearly the client problem or worries to help the client go deeper into his/her own awareness or insight.
- Question- centered around the concerns of client and open ended.

At the time of asking question: Remember

- Ask one question at a time.
- Look at one person
- **Be brief and clear**
- Ask question that **serve for purpose**
- Use question that enables clients to talk about their feelings and behaviours.
- Use question to **explore and understand issues** and not to collect juicy material for gossip.

Don't ask

- Irrelevant question.
- Too many question at one time.



3. Using silence

- Give time to the client to think about what to say next.
- Provide space to experience feeling.
- Allows client to proceed at their own pace.
- Give the client freedom to choose whether or not to continue.

4. Non-verbal behavior

- It is not what you say but how you say is important.
- Majority –non verbal
- Person body language is not similar to what they are saying, it results in verbal confusion/mis-interpretation.
- Effective counsellor-sensitive to nonverbal communication .
- Examples :-gestures, facial expression, posture, **eye contact**, tapping fingers, change in voice pitch and fluency of voice.



5. Accurate Empathy

- Empathy means- recognition and understanding of clients thoughts and emotions.
- It is characterized by ability to put oneself into another's shoes i.e experience the viewpoint of another within oneself.

Empathy: to put yourself in someone's shoes (feel what they are feeling)

Sympathy to understand what someone is feeling

6. Paraphrasing

- Counsellor repeat in his/her own words what client has said to show understanding.
 - Say in few words so that it can give summary of client's word.
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Stages of Counselling

GATHER

Important for osce



G = Greet client in a friendly, helpful, and respectful manner.

A = Ask client about needs, concerns, and previous use.

T = Tell client about different options and methods.

H = Help client to make decision about choice of method s/he prefers.

E = Explain to client how to use the method.

R = Return: Schedule and carry out return visit and follow-up of client

Example: A woman comes to the clinic asking for contraceptives:

Greet

- Welcome and register client
- Introduce yourself to the patient
- Prepare chart/record.
- Determine purpose of visit.
- Give clients full attention.
- Assure the client that all information discussed will be confidential.
- Talk in a private place if possible.

Ask

- Ask client about her/his needs (aim of the visit)
- Write down the client's: age, marital status, number of previous pregnancies and births, number of living children, basic medical history, previous use of family planning methods, history and risk for STDs, DVT
- Assess what the client knows about family planning methods (is she aware of all the types and their uses -long term, short term- ? or if she ever used them before)
- Ask the client if there is a particular method s/he is interested in.
- Discuss any client concerns about risks vs. benefits of modern methods (dispel rumors and misconceptions).



Tell (Education)

- Tell the client about the available methods. (She might not be aware of all the methods)
- Focus on methods that most interest the client, but briefly mention other available methods.
- Describe how each method works, the advantages, benefits, possible side effects, and disadvantages.
- Answer client concerns and questions

Help

- Help the client to choose a method that at is most suitable to them
- Repeat information if necessary.
- Explain any procedures or lab tests to be performed.

After educating the patient about all the methods, help the patient choose what is Most appropriate for her

E.g. the patient tells you I always forget to take pills, so you would avoid prescribing pills and opt for other ways.

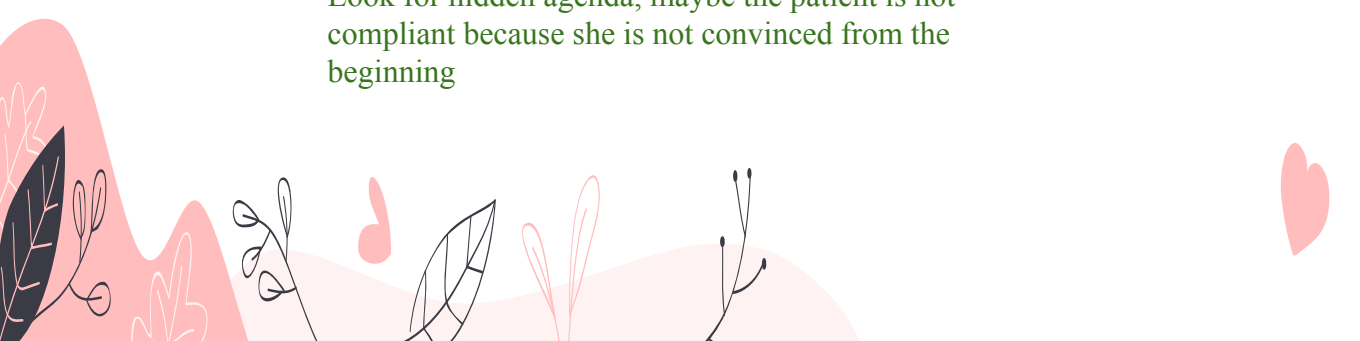
Explain

- Explain how to use the method (how, when, where).
- Explain to the client how and when s/he can/should get resupplies of the method, if necessary.

Return

- At the follow-up or return visit ask the client if s/he is still using the method. (compliant?)
- If the answer is yes, ask her/him if s/he is experiencing any problems or side effects and answer her/his questions, solve any problems, if possible.
- If the answer is no, ask why s/he stopped using the method and counsel her/him to see if s/he would like to try another method or re-try the same method again.
- Make sure s/he is using the method correctly (ask her/him how s/he is using it).

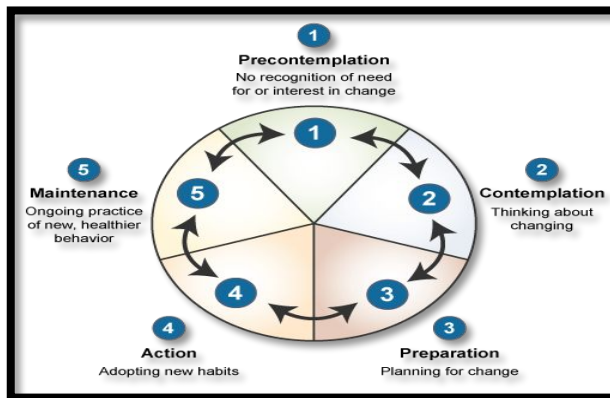
Look for hidden agenda, maybe the patient is not compliant because she is not convinced from the beginning



Difference between counselling and health education:

| Counselling | Health education |
|--|---|
| Confidential | Not confidential |
| One to one process or a small group. | For a group of people |
| Focused, specific and goal directed | Generalized |
| Facilitates change in attitude and motivates behavior change | Information is provided to increase the knowledge |
| Problem oriented | Content oriented |
| Based on needs of client | Based on public health needs. |

Cycle of change:



- 1) E.g. smoker who doesn't believe that smoking is harmful (he won't respond if you don't educate)
- 2) The patient is aware of the problem, but didn't take any action. (you educate the patient on what he can do)
- 3) The patient started to take action, e.g. a smoker asks for referral to the smoking clinic. Here the patient is ready for change, your role is to help him find resources and follow up with him
- 4) Here the patient is ready for change e.g. the patient starts to quit smoking

Barriers to Counseling in Clinical Practice

- Personal Barriers
- Lack of training: undergraduate/postgraduate
- Undervaluing importance of communication
- Focus only on treating diseases
- Personal Limitations
- Organizational Barriers
- Lack of time
- Pressure of work
- Interruptions

Counseling is a process and not merely a technique through which clients are helped to modify their behavior and cope with their status effectively.

Counseling is not

- Telling or directing
- Giving advice
- A casual concern
- A confession
- Praying

Greet
Ask
Tell
Help
Explain
Return

**Sequence
of steps**

Client-centered
Listening
Interaction
Exploration
Nonjudgmental
Trust

**Key elements
in counseling**



QUESTIONS

1. You are caring for an unmarried 28-year-old woman. She is overweight, and you are conducting a brief intervention to help her develop an action plan for weight loss. Which of the following will be most effective?
 - a. Let the patient know what has worked for you in your efforts to maintain a healthy weight.
 - b. Discuss the impact of successful weight loss on her overall appearance.
 - c. Work with her to agree to a weight loss goal, for example, losing 1 lb per week.
 - d. Work with her to agree to an exercise goal, for example, walking 1 mile daily.
 - e. Encourage her to set a start date for beginning her new dietary and exercise regimen.

Answers:

1.d

