



**CCB/ EYE CARE CARIBBEAN  
CARIBBEAN COUNCIL FOR THE BLIND  
&  
THE FOUNDATION FOR EYE CARE IN THE CARIBBEAN**

**PURPOSE**

**“Preventing blindness and visual impairment; while restoring sight and creating opportunities for persons whose sight cannot be restored.”**

**ELEMENTS OF COUNSELING**

**A COURSE FOR  
ADJUSTMENT TO BLINDNESS INSTRUCTORS/TECHNICIANS  
(REHABILITATION FIELD OFFICERS)  
WORKING IN THE CARIBBEAN**

**[MODULE FIVE (5)  
OF REGIONAL TRAINING COURSE FOR ADJUSTMENT TO BLINDNESS  
INSTRUCTORS/TECHNICIANS]**

## **DEFINITION OF COUNSELING:**

Counseling can be defined as an interactive process which involves unique relationships between a client and a Counselor which leads to changes in the client in a number of ways. These include:

1. Behaviour
2. Beliefs
3. Ability to cope with life so as to make the best use of opportunities and reduce the effect of adverse environmental condition.
4. Change in decision-making, knowledge and skill.
5. Change in levels of emotional stress.

Counseling helps an individual to: explore problems, clarify conflicting issues and discover alternative ways of dealing with these. This will help them to decide what to do about it.

Counseling is said to be a set of beliefs, values and behaviours to be found in the community at large. The belief is one that says individual benefits and grows from a particular form of relationship and contact. The values is concerned with recognizing that each individual has worth and therefore is entitled to their independence and should be allowed to make their own decisions. The behaviours cover a combination of listening, conveying warmth, asking open questions and encouraging specificity concreteness and focus.

## **WAYS OF HELPING:**

Scolly and Hobbs identify six helping strategies.

1. Giving advice: (offering somebody your opinion as to what would be the best course of action based on your view of his or her situation).
2. Giving information: (giving a person the information he needs in a particular situation).
3. Direction: (doing something on behalf of somebody else, or acting to provide for another's immediate needs such as helping a blind person to obtain a job).
4. Teaching: (helping someone to acquire knowledge and skills; passing on knowledge and skills which improves somebody's situation).
5. Systems change: (working to influence systems that are causing difficulty for people). For instance, working to get Government to change the Law to enable persons who are blind to use alternate means to identify their attackers
6. Counseling: (helping persons to explore a problem, clarify conflicting issues and discovering alternate ways of dealing with it so that they can decide what to do about it).

## **TYPES OF COUNSELING:**

Counseling can occur either as a result of a situation or as a stimulus to assist the client to develop and grow. In the past counseling was concerned with assisting persons with a problem when they are experiencing crisis. This focus has changed, however more and more a developmental approach is being stressed.

## **INDIVIDUAL COUNSELING:**

With this type of counseling, the main focus is on the one to one relationships. The important element in this process is that clients are helped to reach decisions by themselves.

Relationships of trust are established so that individuals feel that the Counselor cares about them. The Counselor is able to empathize with their problem and is genuine and true in relating to

them. The Counselor will enter the relationship in their own right disclosing relevant information about themselves when appropriate, reacting honestly to client's statements and questions, but never imposing their opinion on the clients. Their task is to facilitate the client's own abilities and strengths in such a way that clients experience the satisfaction of being able to define and solve their problems for themselves. Individual Counseling provides a safer setting in which the client can lower his or her defenses. It enables the individual to develop a trusting relationship with the Counselor and allows for maximum personal contact.

### **GROUP COUNSELING:**

Group Counseling involves one or more Counselors operating with a number of client's in a group sessions. The basic objectives of Group Counseling are similar to those of individual counseling as they both aim to help the client achieve integration, self responsibility, self acceptance and an understanding of their motivation and patterns of behaviour.

The skills required by the Counselor are also similar, and this method also emphasizes the issue of confidentiality.

### **DISTINCTION BETWEEN COUNSELING AND PSYCHO-THERAPY:**

The counseling literature does not often provide a clear distinction between counseling and psychotherapy. The individuals who provide the service usually determine whether a person receives counseling or psychotherapy. Psychiatrists and Psychologist generally use the term psychotherapy. Counseling and Psychotherapy utilizes similar strategies to resolve problems faced by the client. There are four criteria that can help us to distinguish between counseling and psychotherapy:

1. Counseling emphasizes the conscious and focuses on resolving developmental and situational problems; whereas psychotherapy concentrates on the unconscious state providing insight to clients.
2. Counseling is used with persons whose problems do not stem from serious mental disorder but tend to focus on immediate concerns: e.g. helping clients work through relationship problems. Psychotherapy is usually used with clients whose problems are more complex for example persons suffering from serious mental disorder such as major depression.
3. Counseling tends to be short term lasting less than six months where as psycho-therapy is generally long term lasting up to two years.
4. Another distinction which can be identified as to do with the setting. Counseling can take place anywhere e.g. Schools under a tree, clinical setting, etc; whereas, with psychotherapy, this usually occurs in a hospital or clinical setting.

### **FORMAL VERSUS INFORMAL HELPING:**

One way to answer the question what is counseling is to differentiate between formal and informal helping.

Informal helping usually takes place between friends. Informal helpers sometimes have some of the qualities of professional Counselors such as caring, non-judgmental and utilize listening skills. Some of the ways in which professional Counselors can be distinguished from informal

helpers are:

1. Counselors can maintain some degree of objectivity because they are not directly involved in the client's life. Counselors usually do not have preconceived ideas as to how a client should behave.
2. Counselors are guided by a code of ethics, which is designed to protect the client's right counseling can be an intense and exhausting experience. For example, Counselors may find it necessary to confront the client with regard to painful formal issues.
3. Informal helpers generally play a more supportive role. Counselors have a repertoire of counseling strategies available to them and will utilize these strategies and techniques to facilitate client's growth. Informal helpers rely on advice giving as a main method of helping.

### **COMMUNICATION:**

It has been said that many human relations problems arise as a result of failure to communicate effectively. In an effort to develop our communication skills, one must have knowledge as to how the process works and be able to take the necessary steps to reduce the barriers to effective communication.

Communication has been defined in a number of ways. Webster's Dictionary defines communication as: "The act of giving and receiving of information, signals or messages." It can also be defined as the process by which information, ideas, attitudes or emotions are passed on from one person to another and from an individual to a group of persons. It is an interactive process as it takes place between people. It is seen as a two way process. This is so, as one way communication does not enable the person to know if his message is successfully passed on; therefore, he has not communicated. Communication is also seen as a transactional process. That is, a person will be involved in the communication process if he or she feels that there is some thing to be gained by being involved.

### **THE COMMUNICATION PROCESS:**

The communication process will be looked at in terms of six stages. These are as follows:

1. Ideation: As the name suggests, the process begins with someone having an idea he or she wishes to communicate to others. The sender must have something meaningful to say.
2. Encoding: In this step, the sender translates his ideas and thoughts in to symbols which will make them understood. In deciding on the choice of symbols, there has to be agreement as to its meaning. Understanding of symbols enables one to correctly interpret these. It also enables the sender of the message to construct these to convey the intended meaning.
3. Transmission: In this step the sender decides how this message is to be passed on. It is the means by which the encoded communication is made, or the channel through which the message must pass from the sender to the receiver. This medium can take several forms - some of which are: writing, passing information through speaking, use of electronic and print media. Messages are also sent by e-mail, use of the telephone, etc.
4. Receptions: This has to do with whether the message is received or not. If the message is received by the receiver then the channel is open. The type of channel chosen will determine the sensory organ which enables the message to be perceived. For example, if the medium of communication chosen is the radio, then the sensory organ used to receive the message would be the ear.
5. Decoding: Decoding is translating the message into meaning. Decoding is done by the receiver who gives meaning to the transmitted message. The closer the interpretation of the

meaning by the receiver is to that of the sender, the more successful will be the communication process.

6. Response or Feedback: Response is the action taken by the receiver after the message is received. The response taken by the receiver should provide some feedback to the sender. With feedback, the receiver, which is the individual (s) for whom the message was intended gets the message and interprets it. If he decides to respond to the message, he chooses a medium by which to convey his response and hence the process begins all over. Feedback enables the sender to determine whether the message was conveyed correctly and if not, it enables the sender to make adjustments in order to convey the correct meaning. Feedback also allows the sender to determine the attitude of the receiver to the information received. That is, whether the message is received in a favourable or unfavourable way.

### **TYPES OF COMMUNICATION:**

There are two basic types of communication: verbal communication and non-verbal communication.

Words are a necessary part of verbal communication; therefore, careful consideration must be given regarding its use. It is said that there are three meanings to a word. The sender's meaning, the receiver's meaning and the dictionary's meaning. For effective communication to take place, the receiver must understand the sender's meaning. There are two forms of verbal communication - the written and the spoken word.

It is felt by some persons that verbal communication is probably the most effective way of changing attitudes, beliefs and feelings. As is the case with written communication, there are certain factors which must be considered, and which will enhance the effectiveness of verbal communication. The speaker must listen to how the receiver is reacting to his demands.

Always put yourself in the place of the other person and propose to him only what you would accept if you were in his position.

Try to recognize in advance which points are likely to cause difficulty and clarify them from the very beginning.

Non-verbal communication suggests the absence of words in the communication process. With non-verbal communication, the sender relies on observation to determine how messages are interpreted. Forms of non-verbal communication include: the use of gestures, facial expression and proximity.

### **FACTORS WHICH IMPACT ON EFFECTIVE COMMUNICATION:**

Effective communication is dependent on a number of factors. With regard to verbal communication, care has to be taken with the choice of words. As was mentioned before, words have three meanings, the dictionary's meaning the sender's meaning and the receiver's meaning. The receiver must understand the sender's meaning for effective communication to take place. Language difference is a major barrier to communication.

It is obvious, that one needs to be able to understand; if one does not understand the language which is being used to communicate then effective communication will not take place. Culture is another barrier to effective communication. This is of special concern when using non-verbal communication. For example, a nod in one culture might mean "yes"; whereas, it has the

opposite meaning in another.

### **UNDERSTANDING AND MANAGING ANXIETY AND LOSS:**

The goal of counseling is to help the client understand anxiety and loss and to reduce the level of stress that can accompany anxiety. Anxiety can be placed in to three categories, namely - reality anxiety, moral, and neurotic anxiety.

Reality anxiety is a fear of real danger and is a safeguard to life. Moral anxiety is the fear of doing something wrong. This type of anxiety serves as a control on people's social behaviour and enables them to live with a certain amount of security. Neurotic anxiety is a fear of imagined dangers and humiliation and serves no useful purpose because it does not relate to reality. Reality anxiety is seldom the subject of counseling, as counselors rarely attempt to change the level of reality anxiety exhibited by the client. Moral anxiety serves as a hindrance to persons attempting to take another's property, privacy or life. It is said that persons who experience no moral anxiety are socio-pathic. On the other hand, persons who develop moral anxiety control that is too rigid cannot enjoy life. When moral anxiety becomes too excessive it becomes neurotic, thus becoming a need for concern. Neurotic anxiety is the real concern of many as it creates anguish and limits the person's ability to function. The goal of counseling is to assist clients to recognize appropriate levels of anxiety.

A second situation, which often brings a client to counseling, is loss. Dealing with the pain of loosing valued relationships, necessary jobs, physical functioning and health that have been taken for granted, or dreams and expectation that are unfulfilled is at the core of many presenting problems. Professional counseling exists to help people sort out the meaning of their lives in the face of such loss.

### **STAGES OF THE GRIEVING PROCESS:**

Whenever a person loses sight or any other physical functioning, they go through a phase of grieving which is similar to that experienced by persons who have lost someone in death; they are mourning the loss of their sight. Psychologists believe that the main process involved in mourning is the identification of the bereaved person with the deceased. Similarly, the individual who is mourning the lost sight identifies with the loss; it is as if a part of the "self" has died.

Grief is defined as an extreme degree of sorrow usually associated with loss. The extent to which an individual adjust to blindness and the duration of time it takes for that adjustment is usually dependent on the attitude that he or she has toward blindness. Persons who possess a positive attitude toward blindness usually take a shorter time to adjust to the situation.

Before an individual can be fully adjusted he or she has to go through a number of phases. These are:

- 1. Shock:** - A person who is in the shock phase experiences a period of numbness and may feel normal, calm or dazed, unable to understand the reality of the news. He/she does not believe that this is happening to him/her. This state of shock cannot continue indefinitely, hence the individual is constantly being made aware of terrible situation. In order to cope, the

individual resorts to using the defense mechanism known as “denial”.

**A person who is going through the phase of denial refuses** to accept that they have suffered a particular loss. Hence, they pretend that the problem does not exist in the hope that it would go away. Denial helps the individual to mobilize their defenses. He/she will exhibit withdrawal and avoid discussing the subject of loss. It is said that denial is the first step taken by an individual in coping with disturbing news. Some of the features of denial are:

- (a) The person employs what is called searching behaviour. That is, the person will go from Physician to Physician in the hope that something would be done to correct the lost sight.
- (b) He or she pretends that nothing has happened by continuing to do what he/she did before. Denial is said to be a temporary protection against loss and is usually replaced by partial acceptance.

**2. Bargaining:** - Bargaining in this instance is exactly what it means, the individual who is at the bargaining phase attempt to trade cash or kind in exchange for the lost sight, for example. The individual may bargain with the Physician by offering increased fees in the hope that something could be done. They often bargain with God by pledging endless service in exchange for restored level of functioning. Bargaining can also be seen as an attempt to postpone the inevitable.

**3. Aggression:** - During the phase of aggression the person, who becomes blind, for instance, experiences levels of frustration because they are unable to perform simple acts sighted persons perform without much thought. He or she also becomes frustrated because he sees himself as being unable to meet the life plans he has set for himself. A blind person’s response to frustration may take a variety of forms, one being aggression, displacing the fight against frustration. Aggression is usually displayed toward relatives or those closest to the person who is blind. The individual exhibits behaviour which results in family members feeling uncomfortable around him/her. Anger may also be displayed toward Health Personnel, as they are sometimes seen as being directly responsible for the individual’s condition. The individual experiencing aggression may feel considerable relief expressing anger.

**4. Depression:** - This is the stage in which the person is preparing himself to accept the loss of sight, for instance. During the depression phase the person experiencing loss finally realizes that his condition is permanent and there is nothing he or she can do about it, thus he becomes depressed. The depression phase is characterized by:

- (a) Feelings of restlessness: - the individual is unable to remain still for any length of time.
- (b) Listlessness: - Individuals are apathetic in their behaviour. They lack energy and so are unable to take an interest in their surroundings. They experience feelings of despair. They may even withdraw from personal contact with other people.
- (c) Insomnia: - Such persons experience difficulty in sleeping pattern. This may take two forms, firstly, they find it extremely hard to go to sleep at nights; and secondly, they awake in the middle of the night and are unable to go back to sleep.
- (d) Loss of appetite: - The person experiences difficulty in eating pattern; hence, they refuse to eat and can become anemic.
- (e) Neglecting hygiene: - The person may become careless with their appearance, and refuse to take care of their personal hygiene.

**5. Acceptance:** - This is the final stage in the adjustment to loss. In this phase, the person has finally come to terms with his loss and is now ready to move on. They can now appreciate the need to make adjustment in their lives so that their level of functioning can be improved. Accepting one's loss does not mean that there would not be moments when a person experiences grief over the loss; it simply means that they would not be immobilized by it.

### **SOCIAL IMPLICATION OF LOSS OF SIGHT:**

The extent to which blindness has a negative impact on a person's life is partly dependent on societal attitude and the individual who is blind. One situation, which often has a negative social impact on a blind person, is that of stereotyping. That is, there is a pronounced tendency to regard persons who are blind as a separate class. This implies that persons who are blind are different from sighted persons and that persons who are blind are similar to one another. Another way in which persons who are blind are stereotyped is the tendency to regard all disabled as one and the same. For instance, the fact that one is blind means that you also possess other disability. One way in which this is manifested is by talking loudly to the person who is blind as if he or she is deaf. Persons who become blind often experience problems with relationships. This is largely due to the ignorance of sighted persons about matters relating to persons who are blind and blindness. Their perception of persons who are blind and blindness is often a negative one. If such persons are seen as helpless and to be pitied it stands to reason that it would be difficult to form genuine and lasting relationships with them. Relationship building is not a one-sided affair as persons who are blind sometimes do play a part in preventing the establishment of successful relationships. Such individuals may be exposed to environments that do not promote integration and often they are not taught interacting skills, which would enable them to develop caring and lasting relationships. This situation is common among persons who are congenitally blind as they very often develop mannerisms that are socially unacceptable. This can result in the individual who is blind becoming socially isolated. Social isolation can also occur when persons do not possess the necessary skills, such as mobility training that would allow them to travel independently. The attitudes of persons who are blind also impact on social isolation, for instance, failure to use the white cane because of their perception of how they would be viewed by society.

## **REHABILITATION COUNSELING:**

Rehabilitation counseling is twofold: it focuses on educating clients who have been disabled for life and never been self-sufficient; and it also focuses on persons who have recently become disabled and have lived independent lives. Rehabilitation Counselors also distinguish between having a disability and being handicapped. People with a disability have either a physical or mental condition that limits the person's activities or functioning. Rehabilitation Counseling differs from other types of counseling. First, there is a difference in the nature of the clients served. They work with a more impaired population than others do. These Counselors are responsible to provide clients with educational information and remedial and therapeutic treatment. One of the main tasks of Rehabilitation Counselors is to assist their clients to accept and adjust to disabilities and the attitude and reactions of society at large. Some theorists put forward the point that rehabilitation clients with physical disability go through twelve stages of adjustment: shock, anxiety, bargaining, denial, mourning, depression, withdrawal, internalized anger, externalized anger, acknowledgement acceptance, adjustment and adaptation. For a client who is in shock, intervention strategies would be comforting the person both verbally and physically. Listening, attending, offering support, and allowing the person to ventilate. In the situation where persons suffer major physical loss, rehabilitation counseling requires concentration on the client and his adjustment to the situation. Everyone involved needs help in working through the mourning process. In addition to serving as a Counselor, a professional must be an advocate, a consultant and an educator. Rehabilitation Counselors must be "a jack of all trades". He or she must not only provide services directly, but must also coordinate services with other professionals and monitor client's progress in gaining independence and self-control.

Roles and Functions: - A Rehabilitation Counselor must be a person with a clear sense of purpose.

Functions of the Rehabilitation Counselor are identified as follows: -

- ◆ Personal Counseling: - This function entails working with the client individually from one or more theoretical model.
- ◆ Case Finding: - Rehabilitation Counselors aim to make their services known to Agencies and potential clients through promotional and educational material.
- ◆ Eligibility Determination: - Rehabilitation Counselors determine through a standard guideline whether client meet the criteria for funding.
- ◆ Training: - The primary aspects of training involve identifying client skill or purchasing resources (educational or training) to help in client's enhancement to make them eligible for employment in specific areas.
- ◆ Support Services: - These services range from providing medication and offering individual and group counseling. These help the client to develop in interpersonal areas.
- ◆ Job Placement: - This function involves directly helping the client find employment.
- ◆ Planning: - The planning process requires the Counselor to treat the client as an equal. The

plan they work out together should change the client from a recipient of service to an initiator of services.

- ◆ Evaluation: - This function is continuous and self-correcting. The Counselor combines information from all aspects of the client's life.
- ◆ Agency Consultation: - The Counselor works with the Agency to set up, and coordinate client services.

We can identify six major functions, which are essential in any work setting.

- ◆ The Counselor prepares and monitors client's progress in reaching specified rehabilitation objectives.(Counselor and client need to be sure of goals and how well they are being achieved).
- ◆ Counselors must make client referrals and coordinate services with other Agencies. (Rehabilitation Counseling is a diverse task, the success of which is dependent on a strong system and Inter-Agency coordination).
- ◆ Rehabilitation Counselors must offer vocational counseling which includes discussing clients' assets, limitation and possible occupation.
- ◆ Rehabilitation Counselor focuses on affective counseling - (he or she must be able to listen to the client expressing himself without focusing on employment and achievement goals).
- ◆ The Counselor interprets tests and combines rehabilitation patient planning. (It is essential that goals and plans be based on realistic information).

**Counselor must continually read the professional literature to keep up with current business and legal trends. This knowledge is essential in helping clients achieve their goals. There is a striking similarity between the reports Rehabilitation Counselors do and their job description. Rehabilitation Counseling has a strong clear identity.**

## **THE FAMILY:**

The family can be defined as a unity of interacting persons related by ties of marriage, birth, adoption or mutual consent whose central purpose is to promote the physical, mental, emotional, social and spiritual development of each member. The family can be viewed in terms of two ways: the family of origin, which is the family one is born into; and the family one creates, that is - children growing up getting married or starting an intimate relationship and having children.

The primary function of the family is that of procreation. Simply put, procreation is the act of producing offspring. Procreation ensures the continuity of the family. The second function is socialization. It is the process by which values, norms, attitudes and culture are passed on from generation to generation. Thirdly, teaching function: This function is carried out to facilitate the education of members in early childhood, which is informal and very permanent. The first two years of a child's life are very important. Fourthly, the family gives psychological protection where mistakes are made and members show understanding of such. Fifthly, the family provides emotional support to its members. Another function that can be identified is status placement. Children in a family are accorded an ascribed status. This status can be changed by marriage,

education, money, etc.

### **FAMILY LIFE CYCLE:**

The family life cycle that is considered to be the ideal begins with male and female establishing intimate relationship which could end in marriage. Children are born to these persons and they go through phases of development. It is said that during the first five years of a child's life, the family plays a more significant role in the development of the personality. During adolescence the significance of the family is reduced and the peer group assumes a more significant role. Children grow up and leave home and start a family of their own. Parents become old and some times live with children, and then die.

### **THE IMPACT OF BLINDNESS ON THE FAMILY:**

The birth of a child in a family is usually greeted with much rejoicing. When it is discovered that a child is blind, family members experience disappointment. The intensity of the impact of loss of sight on a family will be determined by the role the individual plays in family. When the family member who is affected is a child, the impact is not as incapacitating on the family as when the affected member is an adult. Loss of sight can affect the family in a number of ways. A very important way in which this impacts is loss of income. When a person experiences loss of sight, often times this also result in a loss of job as well. This occurs BECAUSE people lack the necessary knowledge regarding the capability of persons who are blind. When such a person is the sole breadwinner of the family, the impact of the loss can be devastating. Another way in which loss of sight impacts on the family, is through what is termed as "role reversal". Traditional families ascribed different roles for each member of the family. The perception of helplessness which is usually associated with the unset of loss of sight sometimes cause persons to become overly dependent on the family and unable to perform their ascribed role and this has to taken over by other members of the family. Sight loss can also cause family breakdown. This sometimes happen because persons may have a negative perception of blindness. They do see persons who are blind as being able to perform their family roles, such as procreation, provider or nurturing.

### **THE COUNSELING PROCESS:**

#### **FACTORS THAT INFLUENCE THE COUNSELING PROCESS**

##### **Structure:**

Clients and Counselors sometimes have different perception about the counseling process. Some times clients do not know how to act, or what to expect from the counseling process. Seeing a counselor is some times the last resort for many individuals, as they are likely to have already sort help from more familiar sources such as: friends, family members, ministers or teachers. Many clients enter counseling hesitatingly and reluctantly. This can inhibit the counseling process unless some structure is provided.

Structure in counseling is defined as a joint understanding between the Counselor and Client

regarding the characteristics, procedure, conditions and parameters of counseling. Structure helps clarify Counselor/Client relationship and give direction. Structure protects the right, roles and obligation of both Client and Counselor and ensures the success of counseling. These are some practical guidelines for building structure: time limit, role limit, action limit, and procedural limits in which the client is given responsibility to work on specific goal or needs. Structure is provided in all stages of the counseling process but especially important at the beginning. Structure is most important when clients arrive with unrealistic expectations.

### **Initiative:**

Another factor which influences the counseling process is initiative.

The majority of clients who come to counseling do so with some degree of reluctance. A reluctant client is usually one who is referred by a third party and, therefore, is reluctant to seek help. A reluctant client is one who is unwilling and opposed to change. Such an individual may seek counseling, but unwilling to go through the pain that change demands. Most Counselors assume that clients will be cooperative. Many clients come to counseling on a self-referred or voluntary basis. Even though this is so, they experience tension about themselves or others, but are willing to work hard in counseling sessions. Other clients, however, are more reserved about participating in counseling. When Counselors meet reluctant clients, very often they do not know what to do with them. Therefore, some Counselors may be impatient, irritated and insensitive and may give up trying to work with them. The result is not only termination of the relationship but also 'scape-goating' (blaming a person when the problem is not entirely his or her fault). Many Counselors end up blaming themselves or their client if counseling is not successful. This need not occur if Counselors understand the dynamics involved in working with difficult clients. A Counselor can be helped to understand by assuming the role of an involuntary client and imagining how it would feel to come for counseling. This can help to promote Counselor empathy in dealing with reluctant client. There are a number of ways to come to grips with initiative and gain success in counseling. One way is to anticipate the anger, frustration and defensiveness that some clients display.

A second way is to show acceptance patience and understanding as well as a non-judgmental attitude.

A third way is for Counselors to use persuasion. All Counselors have some influence on clients and how a Counselor responds to the client (directly or indirectly), can make a significant difference in whether the client takes initiative in working to produce change. Two persuasion techniques, which can be used, are: "the foot in the door" and "the door in the face". In the first technique, the Counselor asks the client to comply with a simple request then followed by a larger request. In the second technique, the Counselor asks the client to do a seemingly impossible task and then followed by asking the client to do a more reasonable task.

Fourthly, the use of confrontation with the Counselor pointing out to the client what he is doing. The client then takes responsibility in responding to the confrontation. Three primary ways of responding are: denial, accepting all or part of the confrontation as true or developing a middle position that combines the two. Doing some thing differently or looking at a problem differently can be a beneficial result of confrontation, especially if what has been tried has not worked.

### **Client Qualities:**

Counselors most enjoy working with clients with a potential to change. Clients come in all shapes and sizes, personality, characteristics and degrees of attractiveness. Some clients are more likely to be successful than others. Some Counselors ascribe certain qualities to their clients. The more successful clients for traditional approaches to counseling are YAVIS (young attractive,

verbal, intelligent and successful). Less successful clients are HOUNDS - (homely, old, unintelligent non-verbal and disadvantaged). Counselors are influenced by the appearance of the people with whom they work. Counselors need to become aware of physical attractiveness in their own lives and monitor the behavioural reactions when working with attractive clients. Non-verbal behaviours of clients are also very important. Clients often send Counselors unspoken messages about how they think or feel. Facial expression has the greatest impact in determining thoughts and feelings, followed by tone of voice and finally the spoken word.

### **Counselor Qualities:**

The personal and professional qualities of Counselors are very important in facilitating any helping relationship. It is said that it is very hard to separate the Counselor personality or characteristics from his/her levels and styles of functioning, as both are interrelated. Five important characteristics that Helpers should possess can be identified.

- ◆ Self awareness
- ◆ Honesty
- ◆ Congruence
- ◆ Ability to communicate, and
- ◆ Knowledge.

Counselors who continue to develop their self-awareness skills are in touch with their values thoughts and feelings. They are likely to have a clear idea of their client's needs as well as their own and can accurately assess both. Such awareness can help them to be honest with themselves and others. They are able to be balanced and build trust at the same time. Counselors who possess this type of knowledge are likely to be able to communicate clearly and accurately.

Three other characteristics which make Counselors more influential - are perceived expertness, attractiveness and trustworthiness. Expertness is the degree to which the Counselor is perceived as knowledgeable and informed about his or her special field of employment. Clients want to work with Counselors who appear to know the profession well. Attractiveness is the apparent similarity between the client and the Counselor. Counselors can make themselves attractive by speaking in clear simple words and offering self-disclosure. The manner in which a Counselor greets a client and maintain eye contact can also increase the attractiveness rating. Counselors who use non-verbal cues such as head nodding and eye contact are seen as more attractive than those who do not. The attire of the Counselor also makes a difference. Clothes should be clean, neat and professional looking, but it should not call attention to oneself.

Trustworthiness is related to the sincerity and consistency of the Counselor. The Counselor is genuinely concerned about the client and shows it over time by establishing a close relationship with the client. Intimacy and trustworthiness are generated through patterns of behaviour, which shows care and concern. Most clients do not totally distrust Counselors; neither are they given to blind trust. Many clients test the trustworthiness of Counselors by requesting information, telling a secret, asking a favour; thus inconveniencing the Counselor or questioning the motivation of the Counselor. It is essential that the Counselor deals with the question of trust, rather than what the client is saying in order to facilitate the counseling relationship. Beginning Counselors may make the mistake of dealing with surface issues rather than real concerns. For example, Client: "Can I tell you anything?" Counselor: "It would appear that you do not think you can trust me".

### **CATEGORIES OF POSSIBLE CHANGE:**

The ultimate purpose of the counseling experience is to help the client achieve some kind of change that he or she will regard as satisfying. Virtually every significant counseling theory states that creating growth-oriented change in the client is the ultimate intended outcome of the counseling experience. Some feel that behavioural change is the main focus of counseling, while others say that this is just a symptom change; real and lasting change comes when the client develops new perceptions of self, significant others and life. Client change is very often difficult to document. Behavioural change, if it occurs, is probably the easiest to observe because it is most tangible. Counselors may also change their views about other possible change clients may undergo are: change in views about behaviour they previously regarded to be undesirable or they may change the extent to which they experience stress, or reduce the level of emotional distress. A Counselor who cannot describe the changes a client has undergone will not be able to determine when counseling is successfully completed.

### **WAYS TO INVITE COMMUNICATION AND BUILD THE COUNSELING PROCESS:**

Communication is an important element in the counseling process. It is the essence of what Counselors do when they work with their clients. A Counselor's non-verbal message can either serve to block communication or terminate the counseling relationship or it invites communication and builds the counseling relationship.

Counselor's non-verbal message: - The active listener faces and leans toward the communicator in a posture of interest and even excitement with eyes focused in the general direction of the communicator's face. Arms are in open mode in relation to the trunk as if to say, "I am very interested in receiving with all my sensory processes what it is you want to say to me". The attentive listener maintains an interested facial expression and makes encouraging gestures. (Nods, smiles, hand gestures). These skills of reception are referred to as attending skills. They communicate that the Counselor's undivided attention is on the client's concerns. Attending behaviour encourages talk by the client, and therefore, reduces the need for the Counselor to talk, thus placing the content of the session more in the client's control. The listener, who is disinterested and uncomfortable, does not use his or her body to invite communication. Facial focus may be forty-five degrees or more away from the communicator's face, with arms folded in a self-protected position, with eyes on the desktop. Counselors can share what clients talk about by purposefully showing greater attention when the client is discussing significant material, and less attentively to non-productive talk. During the initial stages of a counseling relationship, the intentional withholding of attention, could easily be misinterpreted by client as a lack of caring. The Counselor can also communicate attending or caring by tone of voice and normal speaking. These qualities are normally referred to as para-linguistic because they are communicated by voice but have nothing to do with verbal content; example, rapid speech stumbling over words, loud tone or tightness of voice may connote stress. Slow quiet listless speech may indicate inattentiveness.

### **GOALS OF COUNSELING:**

In the final part of building a counseling relationship, the Counselor helps the client to focus on specific areas and then begins to identify goals that the client wants to achieve.

Establishing goals is crucial in providing direction, exploration and the identification of goals when the client is given the opportunity to talk about situations and to tell personal stories. Some goals are described as unfocused, unrealistic and uncoordinated. Unfocused goals are goals that are too broad or not prioritized. Unrealistic, as defined by client or Counselor - happiness,

perfection, progress and self-actualization being number one; they have merit, but not easily obtained or sustained. Uncoordinated goals are divided in to two groups: those that are really uncoordinated and those that are seemingly so. The first group consists of those goals that are incompatible with one another or with the personality of the client. For example, a person seeks counseling, but is unwilling to work on change. With the second group, those individuals may be afraid to take responsibility.

Criteria for judging effective goals in counseling:

- ◆ Goals are mutually agreed on by Client and Counselor.
- ◆ Goals are specific
- ◆ Goals are relevant to self-defeating behaviour.
- ◆ Goals are achievement and success oriented.
- ◆ Goals are quantifiable and measurable.
- ◆ Goals are restated clearly.

### **THE PHYSICAL SETTING:**

One of the important factors that help or hurt the process is the place where the counseling occurs. Some of the features of the Counseling Office, which prove non-distractible to client, are: soft lighting, quiet colours, an absence of clutter and comfortable furniture. The distance between Counselor and client can also affect relationship. Cultural background, gender and the nature of other relationships can also influence comfort level. A distance of thirty to thirty-nine inches has been found to be the average comfort range between Client and Counselor of both genders. This distance may vary because of room size and furniture arrangement. The arrangement of the furniture is usually dependent on the Counselor. A desk can be seen as a physical barrier to the development of a close relationship. Regardless of the arrangement of the room, Counselors should not be interrupted during sessions.

### **TYPES OF INTERVIEWS:**

The counseling process begins with an initial session. The results of the initial session will determine whether there will be other sessions. In the first, both Counselor and Client work toward whether they want to, or can continue the relationship. Counselors should quickly assess whether they can manage client's problems. On the other hand, clients must ask themselves if they feel comfortable with, and can trust the Counselor before they can enter the relationship wholeheartedly.

Client versus Counselor initiated interviews: -

We can distinguish between two types of first interviews, those initiated by clients, and Counselor initiated interviews. When clients request the initial interview, the Counselor is unsure of the purpose of the interview. This can create anxiety in the Counselor, especially if background information is not available. These feelings can be overcome by listening carefully to what clients have to say. Counselors are cautioned not to ask the client if they have a problem, as the client may not have a problem in the traditional sense of the word. When the Counselor requests the first session, Counselor should immediately inform the client of the reason this interview is requested. Failure to inform the client of the reason for the interview will cause him or her to keep guessing, thus creating tension in the client. Early exchanges of information increase the likelihood that client and Counselor will make meaningful choices and participate more fully in the counseling process.

### ***Information oriented first interview:***

Initial counseling interview can serve two purposes, it can serve as a process of intake and it can signal the beginning of a counseling relationship. There are certain tasks common to both types even though the skills emphasized in each differ. If the purpose of the first interview is to gather information it will be Counselor focus. The Counselor will respond to the client predominantly through the use of probes, accents, closed questions and request for clarification. The probe is the question that usually begins with - who, what, where or how. It requires more than a two-word response. Few probes ever begin with the word why. This usually implies disapproval and places the client on the defensive. An accent is highlighting the last few words of the client, for example; Client: "the situation I am in now is driving me crazy". Counselor: "driving you crazy?" A closed question is one that requires a specific response such as, yes or no. It often begins with the words, is, does or is. Closed questions are effective in obtaining a good deal of information in a short period of time, but it does not encourage elaboration. Open questions typically begin with what, how, or could. These types of questions allow the client more latitude to respond. A request for clarification is a response the Counselor uses to be sure he or she understands what the client is saying. These requests require the client to repeat and elaborate on material just covered. For instance: "I do not see the connection". Some of the data Counselors acquire in these interviews are:

- ◆ Identifying data:

- (a) Clients name, address telephone number through which client can be reached). This serves two purposes to contact client, if necessary, and gives an indication as to the condition under which clients live.
- (b) Age, sex, marital status, occupation, etc.

- ◆ Presenting problems - primary and secondary:

It is best to present these in exactly the way the client reports them. If the problem have behavioural component these should be recorded. Questions that help reveal these types of information include:

- (a) How much does the problem interfere with clients every day functioning?
- (b) How does the problem manifest itself? What are the thought feelings associated with it? What observable behaviour is associated with it?
- (c) How often does the problem arise? How long has the problem existed?
- (d) Can the client identify a pattern of events that surround the problem? When does it occur, with whom? What happens before and after its occurrence?
- (e) What cause the client to enter counseling at this time?

- ◆ Client's current life setting - how does the client spend a typical day or week? What are his/her social, religious and recreational activities, etc.? What is the client's vocational or educational situation?

- ◆ Family history:

- (a) Father's and mother's age, occupation, description of their personality, relationships with each other and each to the client and other siblings.
- (b) Sibling sequence
- (c) Is there any illness or mental disorder in the family?
- (d) Description of family stability, including number of jobs held and number of family moves, etc.

- ◆ Personal history:
  - (a) Any unusual or relevant illness or injury from prenatal period to present.
  - (b) Educational history and academic progress. Also extra curricular history and relationships with peers.
  - (c) Vocational history - where the client works and at what kind of jobs, for what duration and what were the relationships with fellow workers.
  - (d) Sexual and marital history - where did the client receive sexual education, what was the client's dating history, engagements and or marriages? Other serious emotional involvement prior to the present reason for termination of previous relationship? What was the courtship like with the present spouse?
  
- ◆ Description of the client during the interview - may want to include: facial expression, voice quality, tensions, how he seem to relate to you during the session
  
- ◆ Summary and expectations.

### **RELATIONSHIP ORIENTED FIRST INTERVIEW:**

Interview that focus on feelings and relationship dynamics are considerably different from Information oriented first sessions. They concentrate more on the client's attitude and emotion. Common Counselor responses include restatement, (reflection of feelings), summarizing feelings, request for clarification and acknowledgement of none verbal behaviour. Restatement enables the client to know that the Counselor is listening. Reflection of feelings deals with verbal and non-verbal expressions. Some reflection conveys more empathy than others do. Summarizing feelings is the act of paraphrasing a number of feelings that the client has interest in, and maintained by Counselors who are genuinely interested in, and accepting of their clients. Counselors who are genuinely interested in and accepting of their clients establish rapport. It is said that the two most important skills for rapport building are basic attending behaviour and client observation skills. Counselors need to tune into what the client is feeling and thinking and how he or she is behaving. Establishing and maintaining rapport is vital for the disclosure of information and the ultimate success of counseling. Rapport can be established by inviting clients to focus on reasons for seeking help. Such non-coercive behaviour is called door openers.

Empathy: - Empathy is the ability of the Counselor to enter the client's phenomenal world, to experience the client's world as if it were his/her own without ever losing the "as if" quality. Empathy involves two specific skills, perception and communication.

A Counselor who can accurately experience what is like to be the client but cannot communicate that experience is a limited helper. The ability to communicate plays a vital role in the counseling relationship. In the initial interview, Counselors must be able to convey primary empathy. Primary empathy is the ability to respond in such a way that it is clear to both client and Counselor that the Counselor has understood the client's major themes. Primary empathy is conveyed through various non-verbal communication and various verbal responses. Advance empathy is a process of helping a client explore themes, issues and emotions new to his awareness.

Non-helpful interview behaviour: - When building a relationship, Counselors must realize what they should not do, otherwise non-helpful behaviour will be included in their Counseling repertoire.

Four major actions that usually block Counselor/Client relationships are:

- ◆ Advice giving: - When a Counselor gives advice especially in the first session it denies the client the opportunity to work through thoughts and feelings and curtails his/her ability to make difficult decisions. A response meant to be helpful may end up hurtful by disempowering the client.
- ◆ Lecturing or preaching: - This is really a disguise form of advice giving. It sets a power struggle between Counselor and Client. Some Counseling Theorists feel that Counselors are probably lecturing when they say more than three consecutive sentences in a row to their clients. Instead of lecturing, Counselors can be effective by following the client's lead.
- ◆ Excessive questioning: - This is a common mistake of many Counselors. Verbal interaction with clients needs to include statements, observations and encouragers as well as questions. When excessive questioning is used, the client feels as if he/she is being interrogated rather than counseled. They have little chance to take the initiative and may become guarded. Counseling relationships are more productive when Counselors avoid asking more than two questions in a row and keep their questions open rather than closed.
- ◆ Story-telling: - This is the final non-helpful behaviour. Most Counselors should avoid story-telling as it shifts the focus from the client to the Counselor.
- ◆ Unhelpful behaviour: - Verbal, advice giving, placating, preaching, cajoling, exhorting. Excessive probing, especially "why" questions, directing, demanding, patronizing attitude, over interpreting, using words clients do not understand, straying from topic, intellectualizing, over analyzing, talking about self too much; non-verbal looking away from client, turn away from client sneering, frowning, scowling, tight mouthed, shaking, pointed finger, distracting gestures and yawning.

### **THE COUNSELING PROCESS:**

Counseling has a predictable set of stages that occur in any complete sequence. Initially the Counselor and the client establish contact. They define together where the client is in his/her life, and identify the client's common difficulties. This is followed by conversation that leads to a deeper understanding of the client's needs and desires in the context of his interpersonal world. If client's concerns are specific and separate, the entire sequence of stages may be accomplished in a single session. If the concern is fairly broad-based and long-term, the stages may be accomplished in many sessions. Once rapport has been established and in-depth exploration has been undertaken, goals for resolving the problem will be developed. Finally, a plan of action will be developed. If new information emerges and changes either the diagnosis or goals for counseling, a process is adopted to meet these new circumstances.

#### ***Initial disclosure:***

At the beginning of counseling both Client and Counselor do not know one another well. The Client will be concerned as to how much to disclose, or how the Counselor will receive the disclosures. Clients experience two sets of feelings at the beginning of counseling; "I know I need help"; "I wish I were not here". One task of the Counselor, in the initial stage of counseling is to allay the client's fears and encourage self-disclosure. Without honest self-disclosure, counseling would be ineffective.

Attending is an important Counselor behaviour at the outset of counseling. Attending is simply paying careful attention to the client's words and actions. One demonstrates attending behaviour by posture, facial expression and eye contact. As part of attending, the Counselor observes the client's behaviour for indications of content and feelings that may not be included in the client's verbal message. Signs may include fidgeting, tone of voice and failure to maintain eye contact. Attending behaviour is included at initial disclosure phase because it is the first process goal that is implemented. In the initial disclosure phase of counseling, clients must be helped to talk about his or her personal concerns and to place those concerns in a context so that the Counselor can understand personal meanings and significance the client attaches to them. The Counselor should set conditions, which encourages disclosure and promote trust.

***In-depth exploration:***

In this stage, Clients should reach a clearer understanding of his/her life concerns. At this stage, the goals are still undefined and means to reach them are still unclear. At this stage the Counselor begins to assess the client's coping skills. The empathic response of the Counselor now includes material from previous sessions and focuses more on the Client's awareness of the unsatisfying nature of the old ways of thinking and responding. Such advance levels of empathy reassures the Client that the Counselor has an understanding of his/her world and provide an impetus for still deeper exploration. As the relationship becomes more secure, the Counselor begins to confront the Client about his or her behaviour. Constructive confrontation provides the Client with external view of his/her behaviour based on the Counselor's observation.

***Immediacy:*** - This refers to the current interaction between Client and Counselor in a relationship. It is a communication that provides a feed back about the Counselor's inner experience of the relationship at a given time. It provides opportunity for Client and Counselor to explore together any stresses in the relationship. It is the counseling behaviour, which becomes important in the second stage of counseling. The Counselor tells the Client what he does not like about the client's statements. Immediacy responses often begin with the word, "I" instead of "you". Immediacy responses work best when the counseling relationship has developed enough that the Client is unlikely to interpret the statements as overly critical or unduly supportive. This stage of counseling is particularly painful, as the Client is required to give up the familiar for the unfamiliar.

***Commitment to action:***

In the third and final stage of counseling, the Client must decide how to accomplish any goals that have emerged during the first two stages. The client needs to decide what obvious action he/she might take to alleviate his/her concern. If no action is indicated then the third stage of counseling would focus on helping the Client to see that he or she has done every thing possible in the given situation. The third stage includes identifying alternative courses of action. Possible courses of action are evaluated in terms of the goals the Client wants to attain and the client's value system.

**TERMINATION AND REFERRAL:**

Ending counseling on a positive note is the task of the counseling process. Ideally, termination occurs by mutual agreement when the goals set out by Client are achieved to the satisfaction of both the Client and the Counselor. The Client has grown in the ways he or she wanted and often in unexpected but desirable ways. In addition, in the process of solving the current problem, the Client has deepened his or her understanding and broadens his or her coping skills. The Client is

better able to utilize skills learnt to cope with other problems. Another aspect of 'termination' is that it is achieving closure on the counseling relationship and dealing with the inevitable issues of loss. When relationships have been intense, prolonged termination may be difficult. Termination may also occur because of an independent decision with Client, because of unavailability of the Counselor or because of institutional factors, which is unrelated to either party. There are also sometimes when counseling needs to be interrupted because of illness or long absence on the part of the Counselor; or because Client drops out of counseling or are forced to end by outside factors. The Counselor has to be continually aware of the possibility of a premature end to the relationship and intermittently focus with the Client on what has been achieved so far in counseling. When premature termination is a possibility, Counselor and Client who think in terms of short-term and long-range goals, are likely to feel some measure of satisfaction when counseling ends, even if the termination date is artificially imposed.

**Readiness for Termination:** - It is prudent to terminate when the Client has achieved what he/she wants from the experience. Signs of readiness include positive and identifiable change in the Client's behaviour, positive change in client's mood, consistent report of improved ability to cope with stress and clear expression of commitment to verbalize plans for the future. Important, but less obvious signs, include a sense of relief and an increase in energy. Generally the Client is ready for termination when he/she consistently responds in desirable ways to a variety of situations, including reasonable challenges. Signs of readiness for termination begin to appear before the final session and Counselors need to prepare Client before. For long term Clients, termination should be discussed weeks before the final session especially when issues brought to counseling concern separation and dependence.

One of the goals of termination is to help the Client to gain deeper insight regarding the extent of change that has taken place. Depending on the circumstances, the Counselor may recommend a follow up session to assess whether the Client has been able to implement long-range goals and maintain behaviour change with reasonable effectiveness. If a Client shows strong signs of insecurity, he/she may not be ready for termination.

### ***Referral:***

When a Counselor realizes that a situation is unproductive, it is important to know whether to terminate the counseling relationship or to refer. A referral involves arranging other assistance for a Client when the initial arrangement is not, or cannot be helpful. There are many reasons for making a referral. Some of these are:

- ◆ The Client has a problem the Counselor does not know how to handle.
- ◆ The Counselor is inexperienced in a particular area and does not have the necessary skill to help the Client.
- ◆ The Counselor knows of a nearby expert who is better able to assist the Client.
- ◆ The Counselor and Client have incompatible personality.
- ◆ The relationship between the Counselor and Client is stuck in the initial phase of counseling.

Referral involves a "how" and a "when". The "how" involves, how to call on a helping resource and handle the Client in such a way that he/she will make the best use of the chances to be gained through the referral process. A Client may resist referral if he/she feels rejected by the Counselor. It is suggested that the Counselor spends at least one session with the Client in order to prepare him/her for referral. It may be necessary to spend more than one session with some Clients.

The "when" of making a referral involves 'timing'. The longer a Client works with a Counselor

the more reluctant he/she client will be to see someone else.

## **EFFECTIVE COUNSELOR**

### **UNDERSTANDING HUMAN BEHAVIOUR:**

To be truly effective a Counselor must have knowledge of human behaviour in a social and cultural context. The Counselor must be able to apply that understanding to each client's particular set of problems. Diagnosis is a very important part of a Counselor's work. Diagnosis has two interrelating functions:

1. To describe significant patterns of awareness, and
2. To provide reasons for their existence.

The process of arriving at a diagnosis is a mutual one in which both the Client and the Counselor work together to identify significant patterns and the reason for their existence in the Client's experience. Understanding human behaviour means having a set of concepts and theories that helps one to account for and explain significant human reaction and relate them to experience. Counselors use concepts and theories to understand their own behaviour as well.

### **QUALITY OF THE RELATIONSHIP:**

The quality of the helping relationship is significant for providing a climate for growth. As each person meets another person he or she decides how much of himself or her self to share with that other individual before sharing deeply. We tend to assess the risk involved as to how the listener will react to our personal feelings. If trust is not present, we remain closed and go away from the experience without benefiting. Critical elements of relationship that promote openness are: Respect, rather than rejection; empathy, rather than shallow listening and advice-giving; congruence and genuineness, rather than inconsistency; facilitative self-disclosure, rather than being closed; immediacy, rather than escapism; and concreteness, rather than abstract intellectualizing.

### **CHARACTERISTICS OF EFFECTIVE HELPERS:**

Effective Helpers are skillful at reaching out. Effective Helpers are able to help others to communicate openly and honestly with them. They avoid responding in ways, which creates defensiveness and block communication. Participating in active and involved listening does this. They understand fully what is being communicated to them. Effective Helpers listen for feelings and perspective and assumptions about self, significant others and life circumstances. They are able to control their own feelings and anxiety while hearing about another person's concern and anxieties. Effective Helpers inspire feelings of trust and credibility from the people they help. Effective Helpers do not have hidden agendas and ulterior motives. They are honest straightforward and non-manipulative. Effective Helpers are able to reach in, as well as reach out. Effective Helpers do a lot of thinking about their feelings, actions, value, commitment and motivation. Effective Helpers are able to respond with depth to the question "who am I"? They can help others think openly and non-defensively about themselves and their concerns because; they are not afraid to participate in such experiences. Effective Helpers communicate caring and respect for the persons they are trying to help.

Effectiveness of counseling depends on numerous variables including personality, background education, skill and experience. The Counselor and the counseling process have an effect on others; if not beneficial then most likely harmful. The Counselor's personality is a crucial characteristic in determining the effectiveness of counseling.

- ◆ **Curiosity and inquisitiveness:** - They possess a natural interest in people. Ability to listen. They find listening stimulating.
- ◆ **Comfort with conversation:** -They enjoy verbal exchanges.
- ◆ **Empathy and understanding:** - They put themselves in another person's place even if that person is of a different gender or from a different culture.
- ◆ **Emotional insightfulness:** - They are comfortable dealing with a wide range of feelings from anger to joy.
- ◆ **Introspection:** - They have the ability to see or feel from within.
- ◆ **Capacity for self-denial:** - They can set aside their personal needs to listen to others or take care of other's need first.
- ◆ **Tolerance of intimacy:** - They can sustain emotional closeness.
- ◆ **Comfort with power:** - They can accept power with a certain degree of detachment.
- ◆ **Ability to laugh:** - They can see the bitter-sweet quality of life.

### **QUALITIES OF AN EFFECTIVE COUNSELOR:**

Some of the qualities of an effective Counselor include:

1. Intellectual competence: Counselors must have the knowledge of many helping theories as well as the desire and ability to learn. They must be able to think on their feet.
2. Energy: Counseling is emotionally draining and physically demanding. Counselors must be active in their session and sustain that activity when they see a number of clients in a row.
3. Flexibility: Effective Counselors are not tied to one set of responses, they adapt to what they do to meet the needs of their clients.
4. Support: Counselors support clients in making their own decisions. They also help engender hope and power rather than trying to be rescuers.
5. Goodwill: Counselors must desire to work on behalf of client in a constructive way and ethically promote independence.
6. Self-awareness: This quality consists of knowledge of self, including attitudes, values and feelings and ability to recognize what factors affect them.
7. Awareness of cultural experiences: This skill is the ability to be comfortable and relate well to people in populations that are different from the Counselor.

### **IMPORTANCE OF THEORY:**

Theory helps the Counselor to explain what happens in a counseling relationship and assist the Counselor in predicting, evaluating and improving results. Theory provides a framework for making scientific observations about counseling. Hence, counseling theories can be very practical by helping to make sense out of Counselor's observation.

1. Theory helps Counselors to examine relationships they would otherwise overlook.
2. Theory gives Counselors operational guidelines by which to work, and help them evaluate their development as professionals.
3. Theories help Counselors focus on relevant data and tell them what to look for.
4. Theory helps Counselors to assist clients in the effective modification of their behaviour.

5. Theory helps Counselors evaluate both old and new approaches to the process of counseling.

## **THEORETICAL APPROACHES TO COUNSELING**

There are a number of theoretical approaches to counseling. However, we will only focus briefly on three of them.

***Psycho-Analytic Theory:*** - This theory emphasizes early development of the individual. It puts forward the point that early childhood experiences determine the type of adult one becomes. It is a personality theory and a method of psychotherapy. It concentrates on the past history of a patient. It aims to understand the internal dynamics of the psyche and the relationship between the Client and the Therapist.

***Client-centered Approaches*** - This theory was developed as a reaction against psychoanalytic theory. It was founded on a subjective view of human experiences. It places more faith in, and gives more responsibility to the client in problem-solving. This approach has become the basis for most counseling skills and techniques.

***Behavioural approaches:*** - This arises from attempts to apply the principles of learning to the resolutions of specific behavioural disorders. Results are subject to continuous experimentation and refinement.

## **GROUP COUNSELING**

### **THE PLACE OF GROUPS IN COUNSELING:**

A group can be defined as two or more persons interacting together to achieve a goal for their mutual benefit. Groups have a unique place in counseling. Humans have a tendency to flock together and many personal and professional skills are learnt through group interactions. Groups are economical and effective means of helping individuals who share similar problems and concerns - (for instance, persons who have recently become blind). Groups differ in purpose composition and length. Basically, they all involve work, which describes the dynamic interaction between a collection of individuals for preventing or remedying difficulties. They may also be for the enhancement of personal growth/enrichment. Group work can be defined as a broad professional practice that refers the giving of help, the accomplishment of tasks in a group setting. It involves the application of group theory and process by a capable professional Practitioner to assist an interdependent collection of people to reach their mutual goals. These may be personal, inter-personal or task-related in nature.

Some general advantages of groups are:

- ◆ Group members can come to realize that they are not alone, unique or abnormal in their problem and concern. Through their interaction with one another they learn more about themselves in social situation.
- ◆ In-groups clients can try to find new behaviour, ways of interacting because the group atmosphere provides a safe environment to experiment with change and receive feedback.
- ◆ Finally the group may serve as a catalyst to help persons realize a want or a need for individual counseling, or the accomplishment of a goal.

### **TYPES OF GROUP:**

- ◆ Guidance/Psycho-Educational Groups: - These Groups are preventive and educational. Their

purpose is to teach group participants how to deal with a potential threat, such as AIDS; a developmental life event, such as growing older; or an immediate life crisis, such as losing one's sight, or the death of a loved one.

- ◆ **Counseling/Interpersonal Problem-solving Groups:** - These Groups seek to help participants to resolve their usual, yet often, difficult problems of living through interpersonal support in problem solving. An additional goal is to help participants to develop their existing problem-solving competency so that they may be better able to solve future problems. Non-severe career, educational, personal, social and developmental concerns are frequently addressed. Group counseling can be distinguished from group guidance in the following ways: Group counseling is recommended for individuals who are having temporary or continuing problems, whereas group guidance is recommended on a regular basis as a personal education measure. Group counseling is more direct in attempting to modify attitude and behaviours. For instance, group counseling concentrates on how participants are affected; guidance emphasizes the thinking aspect of the participants. Group counseling is conducted in a small intimate session, whereas guidance counseling is more applicable to classroom size environment.
- ◆ **Psychotherapy/Personal Reconstruction Groups:** - The Groups are set up to help participants remedy immediate psychological problems. The goal is to assist participants reconstruct major personality dimensions. Group psychotherapy usually takes place in patients' facilities because greater control may be necessary for the people involved.
- ◆ **Task/Work Group:** - This Group helps members apply the principles and processes of group dynamics and practices and accomplish identified work goals. The Task/Work Group Specialist is able to assist Groups, such as: Task Forces, Committees, Planning Groups, Community Organizations, Discussion Groups, and other similar Groups to correct and develop their functions, work, or goal.
- ◆ **Support Groups:** - A Support Group is similar to a Self-Help Group and is focused on a particular concern or problem, but it is organized by established professional helping organization or individual, (example Alcoholic Anonymous). Some Support Groups charge fees, some do not. Support Groups centre around topics that are physical, emotional or social.

### **STAGES IN GROUPS:**

Groups, like other living systems, go through stages. Some Theorists believe that there are four stages in Groups: forming, storming, norming and performing. In each stage certain tasks are performed.

- ◆ In the forming stage the foundation is usually laid down for what is to come, and who will be considered in or out of group deliberations. In this stage, (infancy) members express anxiety and dependency and talk about non-problem issues. One way to ease the transition of the Group is to structure it so that members are relaxed and sure of what is expected of them.
- ◆ In the second stage, storming, there is usually considerable turmoil and conflict. Group members seek to establish themselves in the hierarchy of the Group and deal successfully with issues concerning anxiety, power and future expectations. Sometimes the Group Leader is attacked at this stage.
- ◆ The third stage, norming, is similar to young adulthood where having survived the storm, the

group often generates enthusiasm and cohesion.

### **SELECTION AND PREPARATION OF GROUP MEMBERS:**

Screening and preparation of individuals are essential for conducting a successful group. Some individuals who wish to become members of groups are not appropriate for them. If such persons are allowed to join a group they may end up being difficult group members and cause the group leader considerable trouble. They may also join with members who are at a lower functioning level, which could cause regression of the group. When this happens, members become psychologically damaged and the group is unable to accomplish its goals. Screening and preparation are usually accomplished through pre-group interviews and training. This takes place between the Group Leader and prospective members. In a pre-group interview, members should be selected whose needs and goals are compatible with the established goals of the group. Therefore, they will not impede the group process and their well-being will not be jeopardized by the group experience. Group members need to be informed about group process before the group begins.

### **GROUP SIZE AND DURATION:**

The size of the group is determined by its purpose and preference. Large groups are less likely to spotlight the needs of each member.

A generally agreed upon number is six to eight. Some persons feel that groups that run up to six months, up to ten members may productively be included. The group should have enough people to afford ample interaction and be small enough to give everyone a chance to participate frequently without losing the sense of group.

### **CONFIDENTIALITY:**

Groups function best when members feel a sense of confidentiality. To promote a sense of confidentiality and build trust, a Group Leader must be active. In the pre-screening interview, the subject of confidentiality should be raised. The importance of confidentiality needs to be stressed in the first meeting of the Group. Whenever confidentiality has been breached, this should be discussed in the Group.

### **PHYSICAL STRUCTURE:**

A group needs a physical structure that ensures the safety and growth of group members. The furnishing of the space, (attractive) and the way they are assembled), (preferably in a circle) can facilitate the functioning of the group.

### **FOLLOW UP:**

Follow up helps Group Leaders and members assess what has been gained in the group experience and allows the Leader to refer to a group member for help. Follow-up sessions maximize the effects of the group experience and encourage members to keep pursuing original goals. It is felt that a follow-up session should be conducted at least three months after termination.

### **QUALITIES OF EFFECTIVE GROUP LEADERS:**

Four leadership qualities have a positive effect on the group, if not used excessively. Caring, the more the better, meaning attribution, explaining and providing a cognitive framework for change. Emotional stimulation includes activity, challenging, risk-taking and self-disclosure. Executive function includes: developing norms, structuring and suggesting procedures. Effective leaders understand the forces operating in a group; recognize whether these forces are therapeutic and if they are not, take steps to better manage the group with the assistance of its members.

End of Notes.

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